



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

Mental Health Services Act Prevention and Early Intervention Plan

December 2008

Table of Contents

Prevention and Early Intervention Plan Face Sheet	3
Introduction	4-7
Community Program Planning Process	8-19
Project Summary Suicide Prevention	21-36
Project Summary Stigma and Discrimination Reduction	37-52
Project Summary Transition Age Youth Partnership	54-70
Revenue and Expenditure Budget Worksheet	72-78
PEI Administration Budget Worksheet	79-80
Prevention and Early Intervention Budget	81
Summary Local Evaluation of a PEI Project	82-89
Attachments	90-106

INTRODUCTION: Humboldt County PEI Plan

County: Humboldt

Date: December 4, 2008

The Mental Health Services Act (Proposition 63), passed by California voters in 2004, provides funds for counties to expand and transform mental health services. Transformation has been defined as more than just reorganizing, but a quantum change that reflects radical redesign and new strategic intent for an organization or system.

Humboldt County Department of Health and Human Services (DHHS) 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, DHHS 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 infrastructure(s)
- Developing governmental "rapid cycle" change management processes
- Importing or developing Evidence Based Practices and other outcomes-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
- 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 AB 315 and these transformational strategies that the Humboldt County DHHS has planned and implemented its Mental Health Services Act (MHSA) programming. Humboldt County's approved Community Services and Supports (CSS) workplans were developed and have been implemented with cross-departmental integration aimed at the delivery of holistic and transformational programs.

Consistent with the CSS, Humboldt County's MHSA Prevention and Early Intervention (PEI) Plan has also been developed in the context of AB 315, the Humboldt County DHHS AB 315 Strategic Plan and system transformation strategies.

In addition, as part of its strategic planning, DHHS has had a well articulated vision of the need for and role of prevention and early intervention since the adoption of the Humboldt County Strategic Prevention Plan in December 2002. This plan has guided DHHS in its efforts to move resources towards preventing problems and creating healthier communities.

Humboldt County's PEI Plan includes three main focus areas chosen after careful consideration of focused, ongoing stakeholder input, Mental Health Board participation, the department's AB 315 Strategic Plan, local and state data, evidence based strategies, community values and cultural competence:

- Suicide Prevention
 - Maintain a system of suicide prevention
 - Improve suicide prevention project effectiveness and system accountability
- Stigma and Discrimination Reduction
 - Maintain a system that uses external influence strategies to reduce stigma and discrimination
 - Educate communities to take action to reduce stigma and discrimination
- Transition Age Youth Partnership
 - Community outreach, education and training about the early identification of indicators for TAY who are at risk of or experiencing the onset of serious psychiatric illness

- The promotion of prevention and early intervention through support of TAY advocacy groups
- Comprehensive and coordinated services for TAY who are at risk of or experiencing the onset of a serious psychiatric illness.

The PEI Plan builds on Humboldt County’s efforts to provide integrated, holistic and transformational strategies and services under AB 315, the AB 315 Strategic Plan, the Strategic Prevention Plan and the MHTSA—and reflects Humboldt County DHHS’ commitment to its Vision:

Humboldt County is a nurturing, supportive, healthy environment for its children, families, adults and communities.

Currently, in addition to MHTSA PEI-proposed projects and the many prevention and early intervention programs being delivered by DHHS Public Health and Alcohol and Other Drugs divisions, DHHS is engaged in several cross-departmental prevention and early intervention initiatives in the areas of community capacity development, stakeholder support and early intervention for children in foster care:

- The Community/family Resource Center Initiative provides support for capacity-building within the diverse and geographically distant communities of Humboldt County towards the goal of decentralizing DHHS service delivery
- Mechanisms are also currently under development to promote partnerships with local Federally Qualified Health Clinics, Rural Health Clinics and Indian Health Clinics so that holistic healthcare may be provided in locations where the communities obtain services, close to home in decentralized environments
- The development of cross-branch rural, mobile outreach services is also underway
- DHHS has committed to systems and services delivery improvements for transition age youth through a long-term partnership with youth development and empowerment organizations to build a strong Humboldt County youth engagement process
- The Enhanced Mental Health/Foster Care Initiative will provide behavioral health assessment and referral to a variety of behavioral health services, when indicated, to all children in foster care in Humboldt County. It is anticipated that this initiative will result in up to \$3 million dollars of new resources for this at-risk population, and lead to improved outcomes

including stability in placement, school and employment, as well as long-term self-sufficiency.

With a long history of successfully implementing and delivering prevention and early intervention services, and with our proven commitment to providing integrated, holistic and transformational programs across the department, Humboldt County DHHS looks forward to implementing the MHSa PEI projects/workplans described in the PEI Plan.

PREVENTION AND EARLY INTERVENTION COMMUNITY PROGRAM PLANNING PROCESS

(Enclosure 3, Form No. 2)

County: Humboldt

Date: December 4, 2008

Instructions: Please provide a narrative response and any necessary attachments to address the following questions. (Suggested page limit including attachments, 6-10 pages.)

1. The county shall ensure that the Community Program Planning Process is adequately staffed. Describe which positions and/or units assumed the following responsibilities:

a. The overall Community Program Planning Process

- Mental Health Branch Administration, including the Branch Director and the MHSA Administrative Analyst

b. Coordination and management of the Community Program Planning Process

- Mental Health Branch Administration, including the Branch Director and the MHSA Administrative Analyst
- Humboldt County Department of Health and Human Services Senior Management Team

c. Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process

- Humboldt County Mental Health Board Mental Health Services Act Committee
- Mental Health Branch Administration, including the Branch Director and the MHSA Administrative Analyst

2. Explain how the county ensured that the stakeholder participation process accomplished the following objectives (please provide examples):

a. Included representatives of unserved and/or underserved populations and family members of unserved/underserved populations

The Humboldt County Mental Health Board, clients and family members, and Humboldt County Department of Health and Human Services (DHHS) staff

provided recommendations to identify opportunities for gaining input from diverse stakeholders, and served as liaisons with those communities.

An overall strategy was developed that included:

- The Mental Health Board MHSA Committee providing ongoing input and updates
- DHHS staff and Mental Health Board members contacting local community-based organizations and associations that represent or serve diverse stakeholders to request their participation in planning and gathering initial input
- DHHS sponsoring and conducting targeted MHSA PEI stakeholder planning meetings
- Conducting a stakeholder survey to verify diverse participation
- Planning for an ongoing process which will result in updates and discussions at least annually.

For example, youth involved with juvenile justice was identified as an underserved population. DHHS staff (including the Mental Health Branch Director and the Social Services Branch Director) regularly attend the Humboldt County Juvenile Justice and Delinquency Reduction Commission meetings. The Mental Health Branch Director requested that MHSA PEI be an agenda item at monthly commission meetings. The request was granted, MHSA PEI materials were presented at a meeting, a brief survey was distributed, and a discussion occurred including:

- The identification of key community mental health needs and related priority populations
- Assessment of community capacity and strengths
- Selection of PEI strategies to achieve desired outcomes
- Development of PEI projects with timeframes, staffing and budgets
- Implementation of accountability, evaluation, and program improvement activities.

All stakeholder comments and recommendations were recorded and brought back to the MHSA PEI workgroups and have provided guidance throughout this process.

b. Provided opportunities to participate for individuals reflecting the diversity of the demographics of the county, including but not limited to, geographic location, age, gender, race/ethnicity and language

The same overall stakeholder participation strategy was implemented to gain input from individuals reflecting the diversity of the demographics of the county, including but not limited to geographic location, age, gender, race/ethnicity and language.

For example, the Mental Health Board Chair is the Executive Director of a rural healthcare clinic in the southern part of the county. He recommended venues for stakeholder participation in groups with which he regularly participates, and requested time on their agenda for DHHS staff to present MHSA PEI and gather initial and ongoing input.

Regional meetings also were held in the eastern and northern parts of the county and were co-sponsored by both DHHS and a local Family/community Resource Center.

Another example was the request that MHSA PEI be an agenda item at a monthly Positive Indian Family Network meeting. The request was granted, MHSA PEI materials were presented at a meeting, a brief survey was distributed, and a discussion occurred including:

- The identification of key community mental health needs and related priority populations
- Assessment of community capacity and strengths
- Selection of PEI strategies to achieve desired outcomes
- Development of PEI projects with timeframes, staffing and budgets
- Implementation of accountability, evaluation, and program improvement activities.

All stakeholder comments and recommendations were recorded and brought back to the MHSA PEI workgroups and have provided guidance throughout this process.

c. Included outreach to clients with serious mental illness and/or serious emotional disturbance and their family members, to ensure the opportunity to participate

The same overall stakeholder participation strategy was implemented to gain input from clients with serious mental illness and/or serious emotional disturbance and their family members. For example, the Mental Health Branch Director requested time at monthly National Alliance for Mental Illness (NAMI) meetings to discuss MHSA PEI.

Also, several input meetings occurred at the Hope Center, a client-run wellness and empowerment facility. The requests were granted, MHSA PEI materials were presented at a meeting, a brief survey was distributed, and a discussion occurred including:

- The identification of key community mental health needs and related priority populations
- Assessment of community capacity and strengths
- Selection of PEI strategies to achieve desired outcomes
- Development of PEI projects with timeframes, staffing and budgets
- Implementation of accountability, evaluation, and program improvement activities.

All stakeholder comments and recommendations were recorded and brought back to the MHSA PEI workgroups and have provided guidance throughout this process.

3. Explain how the county ensured that the Community Program Planning Process included the following required stakeholders and training:

- a. Participation of stakeholders as defined in Title 9, California Code of Regulations (CCR), Chapter 14, Article 2, Section 3200.270, including but not limited to:**
 - **Individuals with serious mental illness and/or serious emotional disturbance and/or their families**
 - **Providers of mental health and/or related services such as physical healthcare and/or social services**
 - **Educators and/or representatives of education**
 - **Representatives of law enforcement**
 - **Other organizations that represent the interests of individuals with serious mental illness and/or serious emotional disturbance and/or their families**

The PEI planning process was built upon knowledge gained from the Community Services and Supports component of the MHSA. Humboldt County conducted an extensive public planning process that included:

- Proposition 63 Steering Committee
- Six regional meetings (see Table 1 below)
- Thirteen targeted stakeholder meetings (see Table 2 below)
- Four age-specific advisory groups
 - Children and youth
 - Transition age youth
 - Adult
 - Older adult
- Community Strengths & Needs Survey
- Client interviews.

Table 1: Six regional meetings

Location	Number of participants
Eureka	30
Arcata	24
Willow Creek	9
Orick	15
Fortuna	8
Redway	15

Table 2: Thirteen targeted stakeholder meetings

Stakeholder Group	Number of participants
Client consumers	19
Families of clients	10
Education/schools	16
Law enforcement/courts/Probation	6
Native American community	15
Hispanic/Latino community	4
Asian/Pacific Islander community	4
DHHS Mental Health Branch organizational providers	8
Community and primary care providers/clinics	30
Transition-age youth	13
Gay/lesbian/bisexual/transgender community	5
Homeless community	23
DHHS Mental Health Branch staff	8

PEI-specific planning continued with thoughtful, deliberate planning efforts by the Humboldt County Mental Health Board, clients and family members, and Humboldt County DHHS staff to ensure inclusion of required stakeholders.

In addition to conducting demographically targeted regional stakeholder planning meetings, local community-based organizations and associations that represent or serve diverse stakeholders participated in the input process.

- **MHSA PEI education and stakeholder input collected from:**
 - DHHS Family/ Community Resource Center monthly meeting
 - Transition Age Youth, first onset of mental illness planning meeting
 - Juvenile Justice Commission
 - 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 meeting
 - Hope Center MHSA PEI input meeting
 - Paso a Paso meeting
 - AIDS Task Force
 - Community partners
 - In Home Support Services Public Authority Advisory Board
 - DHHS organizational provider meeting
 - Positive Indian Families Network
 - Willow Creek regional meeting
 - Redway regional meeting
 - McKinleyville regional meeting
 - Eureka MHSA PEI public hearing.

- **MHSA PEI education provided to:**
 - Alcohol Tobacco and Other Drug Prevention Committee
 - Mental Health Board
 - Mental Health Branch all-staff meetings
 - Alcohol and Drug Advisory Board
 - DHHS Human Services Cabinet meeting.

b. Training for county staff and stakeholders participating in the Community Program Planning Process

County DHHS staff received MHSA PEI training through multiple methods. First, staff who would be primarily responsible for plan development and ensuring

inclusion of diverse stakeholders participated in several MHSA PEI webcasts that had as a component PEI training sponsored by CiMH and DMH. Training included:

- PEI guidelines webcast
- Disparities in mental health access
- Underserved cultural populations
- Individuals experiencing onset of serious psychiatric illness
- Suicide prevention.

Second, MHSA PEI training-specific activities occurred where county staff were informed about the identification of key community mental health needs and related priority populations; assessment of community capacity and strengths; selection of PEI strategies to achieve desired outcomes; development of PEI projects with timeframes, staffing and budgets; and implementation of accountability, evaluation, and program improvement activities.

MHSA PEI training activities included:

- DHHS Mental Health Branch all-staff meetings
- Program-specific staff meetings
- DHHS Newsletter
- DHHS Trends reports
- Mental Health Branch “Branch Bits” newsletter
- Mental Health Branch Data Book
- Mental Health Board updates
- Local newspapers
- DHHS public education activities.

4. Provide a summary of the effectiveness of the process by addressing the following aspects:

a. The lessons learned from the CSS process and how these were applied in the PEI process

Humboldt County conducted an extensive planning process for the CSS component of MHSA. Many of the individuals who participated in the CSS planning process as Mental Health Board members, clients and family members, and DHHS County staff provided insight and lessons learned for the PEI planning process.

Two significant changes were made to the PEI planning process since the CSS process. First, in addition to conducting targeted DHHS-sponsored MHSA PEI stakeholder planning meetings, requests were made for local community-based organizations and associations that represent and/or serve diverse stakeholders

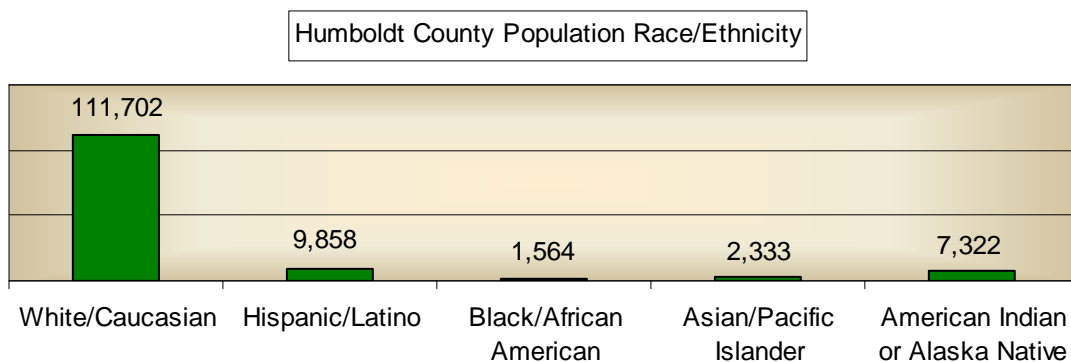
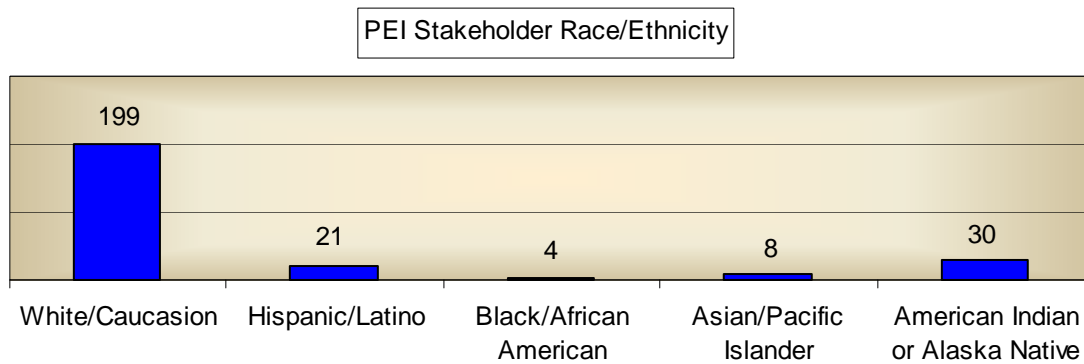
to include MHSa PEI at one of their regularly scheduled meetings. This dramatically increased the number of individuals providing input. Second, individuals who provided stakeholder input were asked to complete a voluntary and anonymous questionnaire that captures demographic information to verify diverse participation.

b. Measures of success that outreach efforts produced an inclusive and effective community program planning process with participation by individuals who are part of the PEI priority populations, including Transition Age Youth

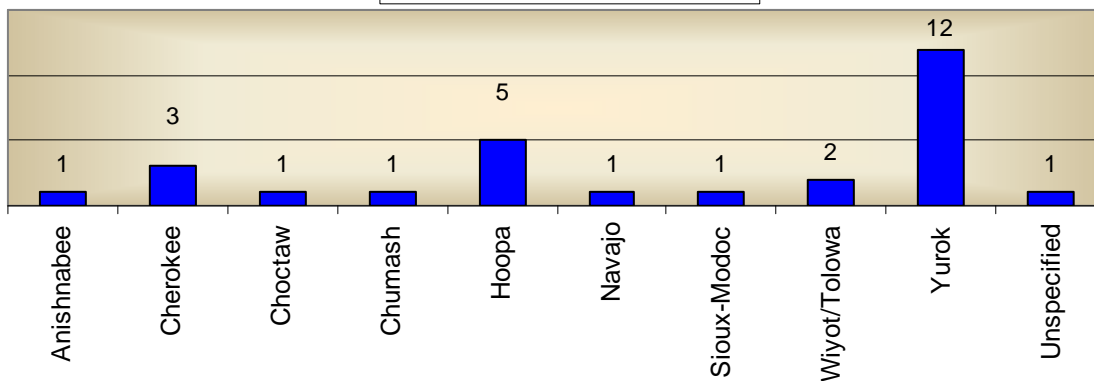
For the purpose of tracking and validating that the number of individuals participating in the stakeholder process represent different stakeholder groups, all participants were asked to complete a voluntary and anonymous demographic questionnaire.

A total of 258 individual stakeholders who provided input completed the demographic questionnaire. The following graphs, compiled from the questionnaires, demonstrate broad-based input from a diversity of stakeholders.

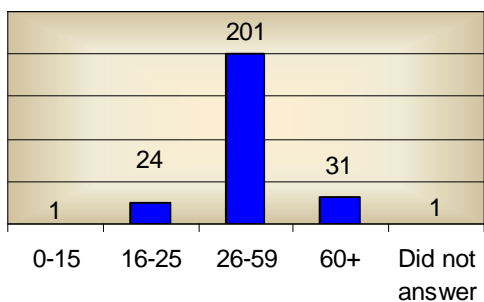
The first two graphs show that the ethnicity of participants in stakeholder meetings generally reflects that of Humboldt County's population.



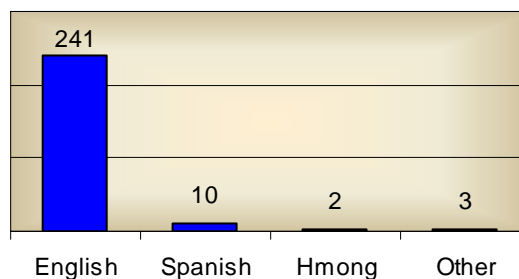
PEI Stakeholder Tribal Affiliation



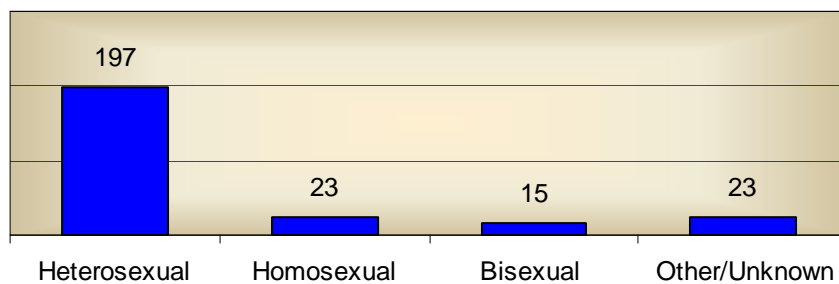
Age Range of Participants



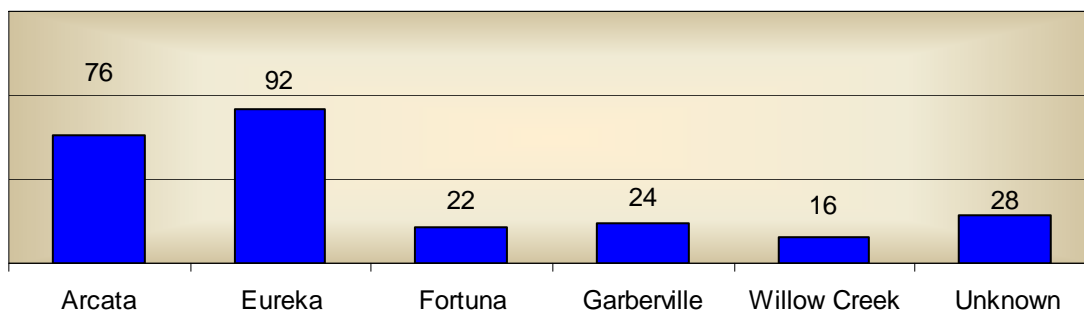
Primary Language

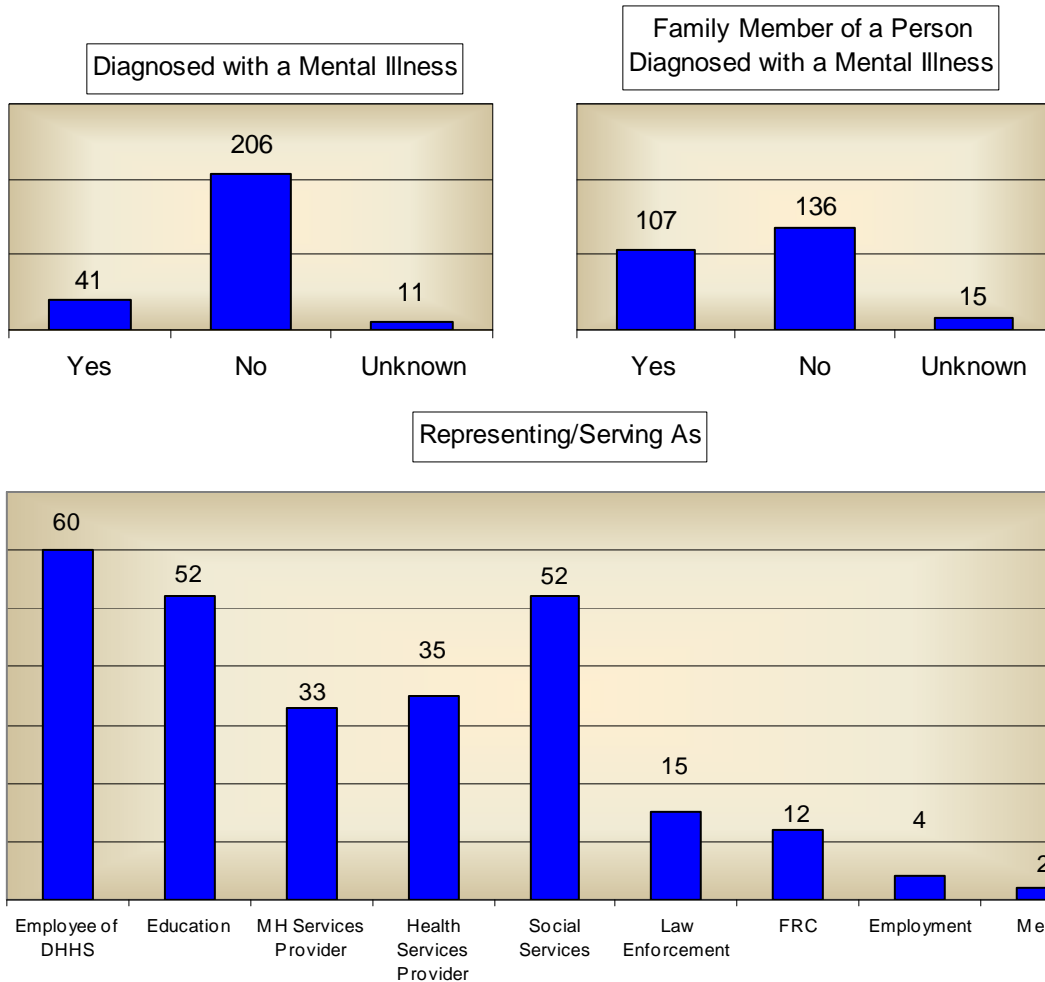


Sexual Orientation



Location of Residence





5. Information about the required county public hearing:

a. The date of the public hearing

November 17, 2008
 5 p.m. to 6 p.m.
 Humboldt County Department of Health and Human Services
 Large Mezzanine Conference Room
 507 F Street, Eureka, CA, 95501
 (Attachment A)

b. A description of how the PEI Component of the Three-Year Program and Expenditure Plan was circulated to representatives of stakeholder interests and any other interested parties requesting it

There was a 30-day Public Comment period from October 18th through November 17th, 2008.

Copies of the MHSA PEI 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 B)
- 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
- Flyers were mailed to over 30 locations around the county, including public libraries, health care clinics, tribes, and senior centers
- 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
- 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 C)
- Advertisements were placed in the local newspaper Oct. 25, Nov. 8 and Nov. 15, with the Plan's availability, including where to obtain it, where to make comments, and where/when the public hearing would be held (Attachment D)
- The Mental Health Branch Director and the MHSA Coordinator announced to DHHS 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.

c. A summary and analysis of any substantive recommendations for revisions

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.

A number of the comments received were outside of the scope of MHSA PEI planning and not substantive to this Plan. However, they are relevant and important to services provided in the community. All comments were carefully documented and used to inform planning and implementation of programs and activities throughout the Humboldt County DHHS.

The value and effectiveness of peer-to-peer activities was a recurring theme in many of the comments received and has resulted in a substantive change to the PEI projects. That change will be to enhance and support peer-to-peer activities such as peer counseling, peer support groups, peer mentors, peer support specialists, and peer educators are a component of PEI activities.

d. The estimated number of participants:

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

PEI PROJECT NAME: Suicide Prevention

County: Humboldt

Date: December 4, 2008

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in access to mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-social impact of trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-risk children, youth and young adult populations	<input type="checkbox"/>	<input type="checkbox"/>		
4. Stigma and discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide risk	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma-exposed individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals experiencing onset of serious psychiatric illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and youth in stressed families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and youth at risk for school failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and youth at risk of or experiencing juvenile justice involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved cultural populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This project supports the statewide suicide prevention initiative.				

B. Stakeholder input and data analysis that resulted in the selection of the priority population (and age groups)

This Project will address suicide prevention on a population-wide basis, across the entire lifespan, utilizing universal prevention strategies as well as selective and indicated prevention strategies. The project supports the statewide suicide prevention initiative; priority population is not addressed.

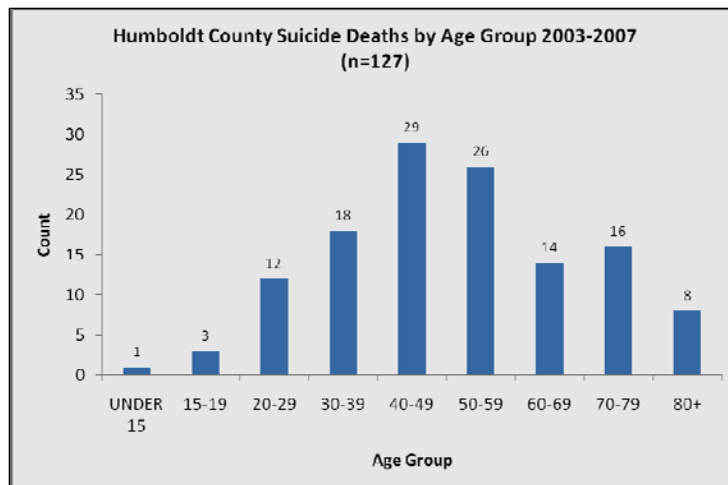
This Suicide Prevention Project recognizes suicide as a serious public health problem. The Humboldt County Department of Health and Human Services Public Health Branch worked closely with the Mental Health Branch to compile a 5-year suicide data report, released in June 2008.¹

The report has been presented to and feedback collected from the Mental Health Board, the Human Services Cabinet, Domestic Violence Coordinating Council, community groups including Alternatives to Suicide and California Catalysts for Change, and the local media.

Further, as part of the Humboldt County Strategic Prevention Plan,² components of suicide prevention and integrated prevention strategies were identified which remain valid today. These include a well-coordinated community education campaign, including media, which can raise awareness about the issue and pave the way for action; support coalitions and collaboratives to build capacity in outlying communities; and development of a suicide death review team.

According to data from the “Suicide in Humboldt County” report:

- During 2007 in Humboldt County, there was a suicide rate of 21.8 per 100,000 total population. There were an additional 74 suicide attempts resulting in hospitalization during the same period
- Between 2003 and

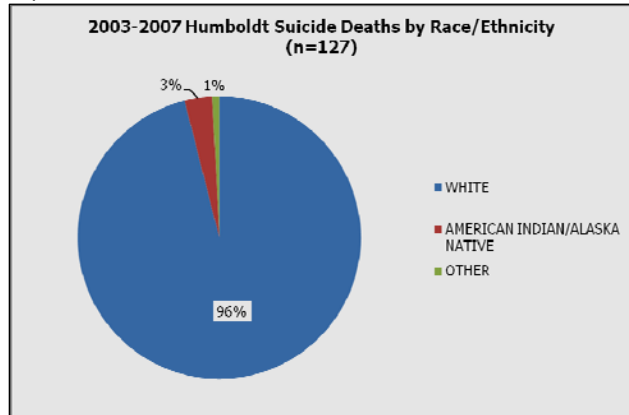


¹ Attachment A: Humboldt County DHHS. (2008). *Suicide in Humboldt County, 2003-2007* (1st ed.) Eureka, CA: Mental Health and Public Health branches.

² Attachment B: Humboldt County Human Services Cabinet Consolidated Prevention Activities. (2002). *Humboldt county strategic prevention plan*. Eureka, CA: Humboldt County DHHS.

2007, suicide was the third-highest cause of death for county residents between the ages of 15 and 44

- The majority of hospitalized, nonfatal suicide attempts between 2003 and 2005 involved poisoning (82.2%)
- Firearms were used in the majority of suicide deaths between 2003 and 2007 (51.2%)
- Between 2003 and 2007, county residents between the ages of 40 and 49 accounted for the highest number of suicide deaths of any age group, with 29.



Between 2003 and 2007, whites were over-represented in fatal suicides with 96%, American Indian/Alaska Natives accounted for 3%, while those with a race/ethnicity indication of "other" accounted for 1%. According to recent census projections, the county population consisted of 82% whites, 5.7% American Indian/Alaskan Natives, with all other groups making up a total of 11.5% of the population.

3. PEI Project Description

Humboldt County DHHS conducted an extensive Community Planning Process as the initial component of the Mental Health Services Act. The process included the Mental Health Board, six regional meetings, 13 targeted stakeholder meetings, four age-specific advisory groups, a Community Strengths & Needs Survey, and client consumer interviews.

At specific phases of the planning process, each group was asked to articulate and prioritize mental health themes and needs. The need to address suicide prevention was a recurring theme. "Better suicide prevention and intervention" was a theme from all of the regional meetings and from the Transition Age Youth stakeholder meeting.

The gay/lesbian/bisexual/transgender/questioning stakeholder meeting included discussion of the need to "look at drug addiction and suicide." Attendees of the homeless community stakeholder meeting were concerned that "too many

people commit suicide.” The Children and Youth Advisory Group included suicide prevention in an education and training recommendation.³

Once suicide prevention was identified as a key community mental health need, the prevention and early intervention planning process, including 22 meetings and more than 250 participants, further assessed the community’s capacity and strengths and selected strategies to address desired outcomes and develop projects.

For example, at an MHSA stakeholder input discussion at a Fetal Infant Mortality Review/Child Death Review Team meeting, recommendations were made to form a similar team to review suicide deaths. That recommendation has been incorporated into this Project.

Identifying practices that would be most effective for specific populations was a strategy recommended a number of times, including at an MHSA PEI stakeholder discussion at a National Alliance on Mental Illness meeting. “We do not need to reinvent the wheel,” one participant said. “There are some proven programs that work that we could use here.” This Project proposes incorporation of a proven suicide prevention program.

Suicide prevention training and education was a recurring theme at all of the MHSA PEI stakeholder input meetings. As a result of this input, training and education are key components of this Project.

Suicide prevention education that would reach the entire community was also repeatedly recommended. Because of this input, media outreach and community-based education have been incorporated into this Project.

Stakeholders also recommended that ongoing accountability and program improvement were key strategies in the success of any suicide prevention projects. Both have been included in this Project.

In addition, stakeholders insisted throughout the MHSA PEI community planning process that local suicide prevention activities not overlap with or duplicate statewide efforts and initiatives. Therefore, as statewide initiatives develop and are implemented, local activities included in this plan will be reevaluated and adjusted to prevent redundancy.

The Suicide Prevention Project is built around a public health approach that defines the problem, identifies risk factors, develops and tests interventions to control or prevent the problem, implements interventions and monitors the effectiveness of employed interventions.

³ Attachment C: Humboldt County Mental Health Services Act. (2005) *Recommendations submitted by advisory groups to MHSA steering committee.*

This Project will address suicide prevention on a population-wide basis, across the entire lifespan, utilizing universal as well as selective and indicated prevention strategies.⁴ Further, the Project will conform to MHSA and PEI policies and concepts, focusing on community collaboration, cultural competence, and programs that are individual- and family-driven. The Project will target underserved communities with an integrated and outcomes-based program design, focusing on wellness while encouraging resilience and recovery.

Humboldt County suicide data indicate that primary populations for selective and indicated prevention are 40- to 49-year-old white males who represent the demographic with the highest rate of suicide completions in the county, as well as 40- to 49-year-old white women and 20- to 29-year-old men, demographics with the highest rates of attempt.

Appropriate early intervention strategies will be employed that may include specific evidence based practices. The Project includes approaches which will remove barriers to receiving services, instill improved cultural and linguistic competency and cultivate broader community involvement in suicide prevention.

Further, suicide was the third-highest cause of death for transition age youth. We will continue to analyze data and trends to effectively employ early intervention strategies within this population.

The Project benefits from the integration of DHHS, assuring seamless service delivery and cross-branch coordination of community outreach. This Project contains plans to be delivered through collaborative strategies that provide integrated service experiences for individuals and their families. Such services are decentralized, culturally appropriate to the identified target populations and, when possible, delivered in natural community settings.

Collaboration with implementation partners and other DHHS programs will provide linkages with other services and supports, including substance abuse prevention and treatment, violence prevention and intervention, and assistance with basic needs such as food, employment and housing. Further, implementation partners will recognize the early signs of mental illness and can intervene or offer linkages to individuals and service providers that can recognize the early signs of mental illness and can intervene.

For the Suicide Prevention Project, Humboldt County will collaborate with individuals, organizations, community groups and others to ensure impact within

⁴ (2008, August 7). Proposed guidelines, Prevention and early intervention component of the three-year program and expenditure plan, Fiscal years 2007-08 and 2008-09. *California Department of Mental Health. Mental Health Services Act*, Retrieved September 2, 2008, from http://www.dmh.cahwnet.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/docs/Rev_PEI_Guidelines.

unserved and underserved racial, ethnic and cultural populations, as well as in remote, geographically underserved areas of the county.

When possible, programs and interventions will be delivered in natural, nontraditional mental health settings, including family and community resource centers, to facilitate easy access for all members of the community. Key to collaboration are partnerships which contribute to reducing mental health disparities across socioeconomic and racial groups.

Potential implementation partners include but are not limited to:

- Humboldt County Mental Health Board
- Individuals, groups and organizations representing unserved and underserved populations including the Native American and Latino communities
- Domestic Violence Coordinating Council
- Multi-Agency Juvenile Justice Coordinating Council
- Alcohol and Other Drug Death Review Team
- Family/community Resource Centers
- Local law enforcement
- Medical examiner and coroner
- Local media
- Schools and youth organizations
- Primary care and health clinics, primary healthcare providers
- Client and family member groups
- And others as specific program design may require or facilitate.

According to the U.S. Census Bureau's 2006 American Community Survey Data Profile for Humboldt County,⁵ there are an estimated 128,330 people in Humboldt County.

- As a whole, the racial and ethnic identification of Humboldt County residents included 122,160 White including 9,858 Hispanic or Latino, 7,322 American Indian/Alaskan Native, 1,564 Black or African American, 2,333 Asian, and 4,660 identifying "some other race"
- There were seven federally recognized tribes and eight reservations or Rancherias including the Hoopa Valley Indian Reservation which is,

⁵ (2006). 2006 American Community Survey, Data Profile Highlights. Retrieved September 3, 2008, from U. S. Census Bureau Web site: http://factfinder.census.gov/servlet/ACSSAFFacts?_event=Search&geo_id=&_geoContext=&_street=&_county=humboldt&_cityTown=humboldt&_state=04000US06&_zip=&_lang=en&_sse=on&pctxt=fph&pgsl=010.

geographically, one of the largest in California, and the Karuk tribe which has one of the largest memberships, with 4,800 members

- 8.3% of households reported that a language other than English is spoken at home
- The median age was 35.9 years, with 26,198 under 18, 86,008 between 18 and 65, and 16,124 age 65 and older
- The median household income was \$40,749
- There were approximately 28,663 families in Humboldt County, with a median family income of \$52,182
- 17.9% of the population was at or below the federal poverty level, including 11.5% of families
- 106,908 people in the county were aged 15 years and older, 52,454 males and 54,454 females
- According to September 2008 data from the State of California, Humboldt County's unemployment rate continues to trend higher than the national average, with a rate of 7.4% in August 2008 outpacing the national rate of 6.1%. This represents an increase over the August 2007 rate in Humboldt County of 5.8% which exceeded the national rate of 4.6%.⁶

As illustrated in the report "Suicide in Humboldt County, CA, 2003-2007,"⁷ suicide impacts every segment of Humboldt County. Initially, though, as part of the Suicide Prevention Project's universal prevention strategies, the project will focus on county residents 15 and older for targeted suicide prevention messages, education and outreach services.

One population identified for selective prevention strategy is the multi-branch workforce of Humboldt County DHHS. Training will include a strong component which will assist frontline staff in identifying individuals who may require mental health assessment or treatment, and suggest ways to facilitate those linkages and referrals to appropriate mental health service providers. Training will be delivered to personnel in the Public Health, Mental Health and Social Services branches. The multi-branch workforce is reflective of Humboldt County's

⁶ (2008) Humboldt county industry employment and labor force. Retrieved September 22, 2008, from California Employment Development Department, Labor Market Information Division: <http://www.calmis.ca.gov/file/lfmonth/humbopds.pdf>

⁷ Attachment A: Humboldt County DHHS . (2008). *Suicide in Humboldt county, 2003-2007* (1st ed.) Eureka, CA: Mental Health and Public Health Branch.

population in its diversity as well as location, with employees stationed in outlying areas of the community.

The Suicide Prevention Project will expand upon existing, successful public health prevention programs including Alcohol and Other Drug Prevention, Violence Prevention, Injury Prevention, the North Coast AIDS Project and others. It will enhance the health education programs already proven successful in the delivery of integrated, culturally competent outreach services in the community, build upon established dialogue with underserved populations, and connect with geographically underserved areas.

This Project will enhance and support peer-to-peer activities such as peer counseling, peer support groups, peer mentors, peer support specialists, and peer educators.

Community priorities identified by research and stakeholder input will serve as the basis for directing local resources, based on the state's suicide prevention blueprint.⁸ Humboldt County will implement this Project which includes and is not limited to strategies within the following policy directions.

Maintain a system of suicide prevention, which may include but not be limited to:

- Appoint a liaison to the State Office of Suicide Prevention
- Integrate suicide prevention programs, and identify resources and programs, including those for underserved populations, as well as a continued assessment of community capacity and strengths
- Establish linkages between Suicide Prevention, Stigma and Discrimination Reduction and TAY Partnership PEI projects with other DHHS programs and projects
- Implement an evidence based practice and/or promising program related to suicide prevention, which will be appropriate to our community and populations. This selection is tentative as we await selection of a statewide program and direction. Potential selection may include Air Force Suicide Prevention Program, with potential selection of a complimentary program with a strong education component such as Question, Persuade, Refer Training (QPR), and/or Applied Suicide Intervention Skills Training (ASIST).

⁸ Attachment E: California Department of Mental Health. Based on the Recommendations of the Suicide Prevention Plan Advisory Committee (2008) *Draft California strategic plan on suicide prevention: Every Californian is part of the solution.*

Training and workforce enhancements to prevent suicide, which may include but not be limited to:

- Use an inclusive process for input from partners, stakeholders, members of underserved communities and the community to establish annual targets for suicide prevention training. The process will further identify the number of individuals and occupations to receive suicide prevention training (e.g., public health nurses, mental health clinicians, social workers, community health outreach workers, eligibility workers and others).

Educate communities to prevent suicide, which may include but not be limited to:

- A community education component which may focus on increasing awareness of protective factors including:
 - Restricting access to highly lethal means of suicide
 - Building strong connections to community and family support
 - Problem solving
 - Conflict resolution and nonviolent dispute resolution
 - Cultural and religious beliefs that discourage suicide and support self-preservation
- Identification and support of client, consumer and family groups
- Community education that is decentralized and integrated with outreach efforts, and includes partnerships within the Latino and Native American communities
- Engagement with and education of local media.

Improve suicide prevention effectiveness and system accountability, which may include but not be limited to:

- Building local capacity for data collection and dissemination to inform prevention and early intervention strategies, as well as evaluation of suicide prevention programs for use in program improvement
- Enhanced capacity for clinical and forensic review of suicide deaths, including working with Coroners Office staff and medical examiners to improve reporting consistency and accuracy
- A process for suicide death review.

Actions to be performed to carry out the PEI Project, including frequency or duration of key activities:

Maintain a System of Suicide Prevention	Frequency/Duration
Hire and/or identify staff sufficient to achieve outcomes, including health education staff and an interpreter/translator. Orient project staff to include knowledge about and identification of individuals needing mental health assessment and referral, and linkages to other services and supports	Early spring 2009
Appoint a Humboldt County liaison to the State Office of Suicide Prevention	Spring 2009
Integrate suicide prevention programs and identify resources and programs including those for underserved populations; provide links between Stigma and Discrimination Reduction, TAY Partnership and Suicide Prevention	Initial identification of resources to begin Spring 2009; program integration commencing Summer/Fall 2009, then ongoing
<p>Implement evidenced based practices and/or promising programs related to suicide prevention, that may include:</p> <ul style="list-style-type: none"> • Air Force Suicide Prevention Program • Question, Persuade, Refer Training (QPR) • Applied Suicide Intervention Skills Training (ASIST) <p>Include components of suicide prevention training with annual targets, community education that is decentralized and integrated with outreach efforts, and engagement and education of local media</p>	Beginning Spring 2009. Annual Training targets include target occupations e.g.; primary care healthcare providers, public health nurses, mental health case managers, community health outreach workers, law enforcement, eligibility workers, and others.
Identify and support client, consumer and family groups; develop method to disseminate information and resources	Spring 2009 and ongoing
Improve Project Effectiveness and System Accountability	Frequency/Duration
Build local capacity for data collection, reporting, surveillance and dissemination to inform PEI strategies; build local capacity for evaluation of suicide prevention programs for use in program improvement	Begin data collection in Spring 2009; remaining components will be addressed in Project development beginning in Spring 2009 and begin in Fall 2009
Enhance capacity for clinical and forensic review of suicide deaths, work with coroners and medical examiners to improve data consistency and accuracy, create process for suicide death review	Beginning in Spring 2009, process in place by Fall/Winter 2009

4. Programs

Suicide Prevention Program	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Maintain a System of Suicide Prevention and Implementation of Evidence Based Practice	Individuals: not less than 500 Families:	Individuals: Families:	4 to 6 months
Improve Suicide Prevention Project Effectiveness and System Accountability	Individuals: Families:	Individuals: Families:	4 to 6 months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: not less than 500 Families:	Individuals: Families:	

5. Linkages to county mental health and providers of other needed services

Since 1999, through initiatives and legislation such as Assembly Bill 315,⁹ Humboldt County Department of Health and Human Services has been an integrated Health and Human Services agency. Mental Health, Public Health and Social Services branches provide interrelated programs for children, families, and adults that deliver coordinated, efficient services and maximize available resources. Services continue to become decentralized and in closer proximity to clients to the maximum extent possible.

Through the Community Services and Supports component of the MHSA, Humboldt County has continued to implement integrated multidisciplinary program teams which have developed successful mechanisms for assessment and referral to appropriate services through both governmental and community providers.

Program implementation for the Suicide Prevention Project will rely upon and strengthen ongoing referral mechanisms to link individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to public and community care providers, as well as to

⁹Attachment D: Humboldt County Department of Health and Human Services. (2008). *AB315 (Berg, 2007) Integrated services initiative 2007-2010 strategic plan*. Eureka, CA: Humboldt County Department of Health & Human Services.

other needed services. Such services will include those provided by community agencies not traditionally defined as mental health that have established or show capacity to establish relationships with at-risk populations.

Specific focus will be in the areas of:

- Substance abuse treatment
- Community, domestic or sexual violence prevention and intervention
- Provision for basic needs such as can be met at the family/community resource centers
- Outpatient treatment settings
- Community-based nonprofit organizations
- Supportive housing programs
- Clinics including rural, Federal Qualified Health Clinics, and Indian Health Clinics
- Schools
- Faith-based organizations.

All staff and community partners are or will be aware of community contact information and ways to access mental health services.

Programs within the Suicide Prevention Project will strive to bridge gaps in the community with new and existing partnerships that will implement and expand services, including to unserved and underserved populations. Partnerships will ensure that all members of these communities are aware of mental health issues and services.

Partnerships established and/or renewed as a result of the project will ensure that an organized system of referrals is developed between community-based organizations, county programs and services. The referral system will ensure that individuals served through these prevention and early intervention programs are able to access other support services as may be required by their individual needs.

This Project will leverage resources by maximizing existing partnerships and creating new ones. Partnerships within these programs consist of established members of the community including family/community resource centers, local clinics and hospitals, agencies and organizations representing unserved and underserved populations, client and family member groups, and others.

All program staff will be encouraged to participate in cultural competency and program- and system-level improvement training. Funded services within the Project will contribute to increased capacity among community and nonprofit partners. The media outreach component of the Suicide Prevention Project will

contribute to community-level improvements and reduction in suicides and attempts, as well as increased awareness of and access to services.

6. Collaboration and System Enhancements

DHHS, as a member of the California Family Resource Association, and in ongoing collaboration with Humboldt County Family/community Resource Centers (FRCs), Healthy Start Schools and Communities Partnership, is able to utilize 17 rural centers as proven and established linkages to outlying areas of the county.

FRCs are key partners in improving the health and safety of Humboldt County residents. In partnership with DHHS, the centers have identified numerous ways to collaborate for improved outcomes for families and individuals, including locating DHHS liaisons at centers, assigning public health nurses and child welfare social workers geographically to centers, cross-training staff, and participation by resource centers in DHHS-promoted evidence based practices.

Further, the FRCs are key collaborators in the DHHS rollout of the MHSa PEI programs, as previously mentioned, and as key informants in development of prevention services. DHHS personnel work with resource center staff on several existing programs such as Differential Response, an innovative approach to child abuse prevention established through the California Child Welfare System Redesign, and by attending regular meetings with center staff and stakeholders.

The Project will strengthen and build upon local community-based mental health and primary care systems by strengthening media outreach to increase community awareness, and by offering workforce training to frontline staff and implementation partners. Training will build cultural competence and reduce disparity among socioeconomic groups and underserved populations.

The Project will also leverage the considerable outreach of existing DHHS Public Health programs, including Family Violence Prevention, Injury Prevention and Alcohol and Other Drug Prevention, to ensure that suicide prevention messages and materials are shared with the greatest number of community members possible. Public Health's knowledgeable health education specialists have built successful community collaborations with clinics and healthcare providers, as well as with organizations and agencies trusted by and with access to underserved populations.

A key feature of the "Educate Communities to Take Action to Reduce Stigma and Discrimination" portion of the Project is outreach with local media. Humboldt County is an unusual media market which offers the Project opportunities as well as challenges.

- Print media: one daily newspaper in Eureka with a daily online edition; two weekly papers in the rural southern part of the county; a weekly paper in the eastern region of the county in Klamath-Trinity; weekly papers also in Arcata, McKinleyville, Fortuna, and Ferndale; one weekly that covers the entire North Coast region; and one monthly paper produced in Spanish.
- Television: several television stations with limited local programming or with offices located locally; one has local news staff and produces a newscast daily.
- Radio: multiple radio stations in Humboldt County including three commercial radio stations, two Public Radio stations, one Spanish station, one centered in the Hoopa Reservation and one low-powered station broadcasting on the Humboldt State University campus.

The project will be sustained by infusing a strong sense of community awareness about suicide prevention into all segments of the Humboldt community. The DHHS workforce and implementation partners will be trained in providing culturally competent suicide prevention strategies and effective identification and referral of individuals requiring mental health assessment and treatment.

7. Intended Outcomes

As documented during the community stakeholder process and consistent with community priorities and local data, the intended individual, system and program outcomes include:

- A reduction in deaths due to suicide
- An increase in the number of individuals and occupations receiving suicide prevention training
- Continued participation from underserved populations providing stakeholder input into PEI programs
- Increased outreach efforts within target populations and the community
- Increased community participation in suicide prevention activities
- Appointment of a liaison to the State Office of Suicide Prevention resulting in increased coordination between county and state suicide prevention activities and selection of suicide prevention program staff
- Provision of culturally competent suicide prevention training to DHHS staff, other agencies, and implementation and community partners

- Promotion of opportunities and settings to enhance resiliency, recovery, resourcefulness, respect and interconnectedness for individuals, families and communities.

As a Result of the Suicide Prevention Project, we expect the following changes to occur:

- Increased competency in all aspects of suicide prevention among DHHS staff, implementation partners and the community
- Creation and strengthening of linkages between Humboldt County DHHS and community partners
- Strengthened links between suicide prevention PEI and other Humboldt County MHSAs components.

8. Coordination with Other MHSAs Components

This PEI project will coordinate to the maximum extent possible with other MHSAs components, including these projects which are a result of the community planning process and function within the context of Humboldt County DHHS integrated services:

- The Hope Center, which provides a safe, welcoming environment based on self-help recovery principles and the resources necessary for the underserved mentally ill and their families to be empowered in their efforts to achieve self-sufficiency. Coordination with the Hope Center will offer crucial training opportunities for staff. Staff members will be able to hear from clients who bring a set of values, beliefs and lifestyles that were molded as a result of their personal experiences with mental illness, the mental health system and their own cultures.
- Rural Outreach Services Enterprise (ROSE), providing mobile access to culturally appropriate services in the rural, remote, and outlying geographic areas of Humboldt County. ROSE links with and provides support to existing community organizations such as the Family/ community Resource Centers, community clinics and tribal organizations. ROSE will have the ability to bring the Suicide Prevention Project to Humboldt's outlying geographic areas.
- Integrated Program and Planning Support Structures, which represents a further integration and expansion of a newly developed division of DHHS. It includes the following infrastructure enhancements:

- The Office of Client and Cultural Diversity, which will assist with development and implementation of culturally competent programs
- The Research and Evaluation Unit, which will be facilitate the capacity-building focus areas of the Project
- The Training, Education and Supervision Unit, which continues to build system capacity to develop, coordinate and integrate educational resources.

At this time, the county is in the early planning stages of the Workforce Education and Training, and Capital Facilities and Technology components of the MHSA.

PEI PROJECT NAME: Stigma and Discrimination Reduction

County: Humboldt

Date: December 4, 2008

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in access to mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-social impact of trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-risk children, youth and young adult populations	<input type="checkbox"/>	<input type="checkbox"/>		
4. Stigma and discrimination	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Suicide risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma exposed individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals experiencing onset of serious psychiatric illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and youth in stressed families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and youth at risk for school failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and youth at risk of or experiencing juvenile justice involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved cultural populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This project supports the statewide stigma and discrimination reduction initiative.				

B. Stakeholder input and data analysis that resulted in the selection of the priority population (and age groups)

This project supports the statewide initiative addressing stigma and discrimination reduction; a priority population is not addressed.

The project description derived from the extensive Community Planning Process Humboldt County Department of Health and Human Services (DHHS) conducted as the initial component of the Mental Health Services Act. Included were six regional meetings, 13 targeted stakeholder meetings, four age-specific advisory groups, a Community Strengths and Needs Survey and numerous consumer interviews.¹

At specific phases during the planning process, each group was asked to articulate and prioritize mental health themes. “Public education to alleviate discrimination” was the third highest-ranking theme for all of the targeted stakeholder meetings. Comments included:

- From the client stakeholder meeting—we need to “reduce stigma” and “learn to accept yourself by being respected,” and “public education is needed to alleviate discrimination”
- From the Native American stakeholder meeting—“De-stigmatize services so people will apply for and use services. People want to maintain their pride and dignity”
- From the transition age youth stakeholder meeting—we need to “reduce feeling shunned by society”
- From the gay/lesbian/bisexual/transgender/questioning stakeholder meeting—we need “education for students in school regarding mental illness”
- And from the homeless community stakeholder meeting—we need “public education to foster compassion and reduce judgment.”

Participants from the children and youth advisory group described their desired outcomes from addressing stigma and discrimination as follows: “The terms ‘mental health’ and ‘mental illness’ no longer make people nervous when mentioned in conversation. Acceptance of services aimed at prevention and intervention of mental illness is similar to society’s acceptance of weight loss programs and treatments for medical diseases.”

¹Attachment C: Humboldt County Mental Health Services Act. (2005) *Recommendations submitted by advisory groups to MHSA steering committee.*

3. PEI Project Description

Humboldt County DHHS conducted an extensive Community Planning Process as the initial component of the Mental Health Services Act. Within that process, stigma and discrimination reduction was identified as a priority. Input identified goals which included increasing the level of interest in and discussion about mental health issues among the public, and engaging all mental health providers, including DHHS, in a common effort that will positively impact all involved.²

Once stigma and discrimination reduction was identified as a key community mental health need, the prevention and early intervention planning process, including 22 meetings and more than 250 participants, further assessed the community's capacity and strengths and selected strategies to address desired outcomes and develop projects.

Identification of programs that would be most effective for specific populations was a strategy recommended a number of times, including at an MHSA PEI stakeholder discussion at a Positive Indian Family Network meeting. The comment was made there that "there are different kinds of stigma for younger people and older people, and the approach should be different." As a result of this input, population-specific program design has been incorporated into this Project.

Stigma and discrimination reduction training and education was a recurring theme throughout the MHSA PEI stakeholder process. For example, at the Hope Center (a client-run wellness and recovery center) MHSA PEI stakeholder meeting, several "power groups," such as landlords and employers, were identified as sources of possible discrimination against people with mental illness. As a result, the training and education component of this Project will include outreach to these and other power groups.

Stigma and discrimination reduction that would reach the entire community was also a recommended project that would include both community-based education and media outreach. At a National Alliance on Mental Illness meeting, the comment was made that "in Crisis Intervention Training (with law enforcement officers) the client and family member panels are the most effective at changing the way people think." Another participant said that "we need to get the message out through advertising that mental illness is like any other illness." As a result of this input, the Project will outreach far beyond client and consumer groups.

Stakeholders also recommended that ongoing accountability and program improvement was a key strategy to the success of the suicide prevention projects. Both have been included in this Project.

² Attachment C: Humboldt County Mental Health Services Act. (2005) Recommendations submitted by advisory groups to MHSA steering committee.

In addition, stakeholders insisted throughout the MHSA PEI community planning process that local stigma and discrimination reduction activities not overlap with or duplicate statewide efforts and initiatives. Therefore, as statewide initiatives develop and are implemented, local activities included in this plan will be reevaluated and adjusted to prevent redundancy.

This Stigma and Discrimination Reduction Project incorporates prevention strategies consistent with the Institute of Medicine Spectrum of Mental Health Interventions.³ Further, the Project will conform to MHSA and PEI policies and concepts and focus on wellness, community collaboration and cultural competence, with programs that are individual and family-driven with attention to underserved communities, and that encourage resilience and recovery, integrate services, and offer outcomes-based program design.

The Project benefits from the integrated service delivery of Mental Health, Social Services and Public Health branches, which were integrated beginning in 1999, through initiatives and legislation such as AB 315.⁴ As a member of the California Family Resource Association, and in ongoing collaboration with Humboldt County Family/community Resource Centers, Healthy Start Schools and Communities Partnership, the 17 centers will provide a platform for decentralized service delivery which places transformational programs into natural, non-mental health settings and leverages community resources and partnerships.

While the Project will be carried out with a population-based perspective, there will be key components matched to the unique cultural and linguistic demands of Humboldt County's diverse, rural population, including Native American, Latino and non-English speaking community members.

For the Stigma and Discrimination Reduction Project, Humboldt County will collaborate with individuals, organizations, community groups and others to ensure impact within unserved and underserved racial, ethnic and cultural populations, and in geographically underserved areas of the county. Collaboration with implementation partners and other DHHS programs will provide linkages with other services and supports, including substance abuse prevention and treatment, violence prevention and intervention, and assistance with basic human needs such as food, employment and housing. Further,

³ (2008). Mental health services act. *Proposed guidelines. Prevention and early intervention component of the three-year program and expenditure plan. Fiscal years 2007-08 and 2008-09.* Retrieved September 2, 2008, from California Department of Mental Health Web site: http://www.dmh.cahwnet.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/docs/Rev_PEI_Guidelines.

⁴ Attachment D: Humboldt County Department of Health and Human Services. (2008). *AB315 (Berg, 2007) Integrated services initiative 2007-2010 strategic plan.* Eureka, CA: Humboldt County Department of Health & Human Services.

implementation partners will offer linkages to individuals and service providers able to recognize early signs of mental illness and intervene.

When possible, programs and interventions will be delivered in natural, nontraditional settings, including Family/community Resource Centers, which provide easy access for all members of the community. Key to collaboration are partnerships which contribute to reducing mental health disparities across socioeconomic and racial groups.

Potential stakeholders and implementation partners include but are not limited to:

- The integrated branches of Humboldt County DHHS: Public Health, Mental Health and Social Services
- Humboldt County Mental Health Board
- Clinics and healthcare providers
- Community partners the Mental Health Branch contracts with
- Client, consumer and family groups
- Individuals, groups and organizations representing target and underserved populations, including the Native American Community, the Latino Community and others
- Family/community Resource Centers
- Local law enforcement
- Local media
- Schools and youth organizations
- Humboldt County nonprofits
- Other organizations that will delivery programs and interventions in natural, nontraditional mental health settings that facilitate access to the entire community.

According to the U.S. Census Bureau's "2006 American Community Survey Data Profile for Humboldt County,"⁵ an estimated 128,330 people reside in Humboldt County.

As a whole, the racial and ethnic identification of Humboldt County residents included 122,160 White including 9,858 Hispanic or Latino, 7,322 American Indian/Alaskan Native, 1,564 Black or African American, 2,333 Asian, and 4,660 identifying "some other race." Approximately 8% of households reported that a language other than English was spoken at home.

⁵ (2006). 2006 American Community Survey, Data Profile Highlights. Retrieved September 3, 2008, from U. S. Census Bureau Web site: http://factfinder.census.gov/servlet/ACSSAFFacts?_event=Search&geo_id=&_geoContext=&_street=&_county=humboldt&_cityTown=humboldt&_state=04000US06&_zip=&_lang=en&_sse=on&pctxt=fph&pgsl=010

There were seven federally recognized tribes and eight reservations/Rancherias, including the Hoopa Valley Indian Reservation, which is geographically one of the largest in California, and the Karuk tribe which has one of the largest memberships, with 4,800 members.

The median age was 35.9 years, with 26,198 under 18, 86,008 between 18 and 65, and 16,124 who were 65 and over. There were 106,908 county residents aged 15 years and older, 52,454 males and 54,454 females.

There were approximately 28,663 families in Humboldt County, with a median family income of \$52,182. The median household income was \$40,749. Almost 18% of the population was at or below the federal poverty level, including 11.5% of families.

According to September 2008 data from the State of California, Humboldt County's unemployment rate continues to trend higher than the national average, with a rate of 7.4% in August 2008 outpacing the national rate of 6.1%. This represents an increase over the August 2007 rate in Humboldt County of 5.8%, which exceeded the national rate of 4.6%.⁶

Initially, the Stigma and Discrimination Reduction Project's universal prevention strategies will focus on county residents 15 and over, who will receive stigma and discrimination reduction messages, education or outreach services. Specific target populations for individual facets of the Project will be contingent upon guidance and selection of a statewide program but may include transition age youth, adults and older adults who are at high risk of having mental health issues, those experiencing discrimination, and key groups that have power in the lives of people with mental health issues, as well as the media.

One target population for selective prevention strategy is the multi-branch workforce of Humboldt County DHHS. Training intended to reduce stigma and discrimination will be delivered to personnel in the Public Health, Mental Health and Social Services branches. Such training will include a strong component to assist frontline staff in identifying individuals who require mental health assessment or treatment and in facilitating referrals to appropriate mental health service providers. The multi-branch workforce is reflective of the Humboldt County population in its demography and geography, with employees stationed in outlying areas of the community.

This Project will enhance and support peer-to-peer activities such as peer counseling, peer support groups, peer mentors, peer support specialists and peer educators.

⁶ (2008) Humboldt county industry employment and labor force. Retrieved September 22, 2008, from California Employment Development Department, Labor Market Information Division. <http://www.calmis.ca.gov/file/lfmonth/humbopds.pdf>.

The Stigma and Discrimination Reduction Project will expand upon existing, successful public health prevention programs, including Alcohol and Other Drug Abuse Prevention, Violence Prevention, Injury Prevention, the North Coast AIDS Project and others. It will enhance the health education programs already proven successful in the delivery of integrated, culturally competent outreach services in the community, and build upon established dialogue with underserved populations in geographically remote areas of the county.

Community priorities identified through stakeholder input serve as the basis for directing local resources consistent with the recommendations from the state's 2007 report "Eliminating Stigma and Discrimination against Persons with Mental Health Disabilities."⁷ Humboldt County will implement this Project, which includes and is not limited to strategies within the following policy directions.

- **Maintain a system utilizing external influence strategies to reduce stigma and discrimination:**
 - Work with the Humboldt County Mental Health Board to develop and implement a Humboldt County Stigma and Discrimination Reduction Plan with the continued input of diverse local stakeholders, addressing improved interaction between agencies, communities and service providers to reduce stigma and discrimination
 - Identify and support client, consumer and family groups
 - Integrate stigma and discrimination reduction programs, and identify resources and programs including those for underserved populations
 - Implement an evidenced based practice or promising program related to stigma and discrimination reduction which is appropriate to our communities and populations and consistent with the statewide program. This Project may work in collaboration with the Suicide Prevention PEI Project as the potential evidence based practice highlighted for its usage
 - Provide links between Stigma and Discrimination Reduction, Suicide Prevention, TAY Partnership PEIs with other DHHS programs and projects.

⁷ Attachment F: (2007) *Eliminating stigma and discrimination against persons with mental health disabilities. A project of the California mental health services act.* Retrieved October 14, 2008
California Department of Mental Health Web site: <http://www.dmh.ca.gov/MHSOAC/docs/StigmaAndDiscriminationReport07Jun12.pdf>.

- **Implement training and workforce enhancements to reduce stigma and discrimination, including but not limited to the following:**
 - Use an inclusive process for input, and establish annual targets for training that identify the number of individuals and occupations that will receive stigma and discrimination reduction training, including training for the DHHS multi-branch workforce (public health nurses, mental health clinicians, community health outreach workers, social workers, eligibility workers and others).

- **Educate communities to take action to reduce stigma and discrimination, including but not limited to the following:**
 - Identify and support client, consumer and family groups
 - Implement decentralized and integrated outreach efforts
 - Develop opportunities to promote greater understanding of stigma and discrimination related to mental health disabilities by engaging and educating local media about their role in promoting the reduction of stigma and discrimination
 - Use an inclusive and collaborative process for input, partnering with advocates and promoting access to programs and educational opportunities for the community to develop competencies that support reduction of stigma and discrimination
 - Develop a method to disseminate information and resources.

- **Stigma and discrimination reduction system accountability, which may include but not be limited to the following:**
 - Build local capacity for evaluation of stigma and discrimination reduction programs for use in program improvement, including input from underserved populations
 - With diverse input, consider strategies to reduce isolation and alienation, and foster and design programs that are culturally and linguistically appropriate.

Actions to be performed to carry out the PEI Project, including frequency or duration of key activities.

Plan Direction and Objectives	Frequency/Duration
Hire and/or identify staff sufficient to achieve outcomes, including health education staff and an interpreter/translator. Orient project staff to identify individuals needing mental health assessment and referral and linkages to other services and supports.	Early spring 2009
Maintain a system that uses external influence strategies to reduce stigma and discrimination	
Work with the Humboldt County Mental Health Board to develop and implement a Humboldt County Stigma and Discrimination Reduction Plan	To begin Spring 2009, full plan completion Fall 2009 and implementation to begin Fall/Winter 2009
Identify and support client, consumer and family groups; build decentralized and integrated outreach efforts; integrate stigma and discrimination reduction programs; and identify resources and programs for underserved populations. Provide links between Suicide Prevention, TAY Partnership, and Stigma and Discrimination Reduction Projects.	To begin Spring 2009, then ongoing
Implement an evidenced based practice or promising program	Beginning Spring 2009
Educate communities to take action to reduce stigma and discrimination	
Establish a workforce training program with annual targets, use an inclusive and collaborative process for input, partner with advocates, and promote access to programs and educational opportunities for the community to develop competencies that support reduction of stigma and discrimination	To begin Spring 2009; annual training targets determined annually based on consumer, client and community input
Engage and educate local media about their role in promoting stigma and discrimination reduction	To begin Spring 2009

4. Programs

Program Title	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Stigma and Discrimination Reduction Project			
Maintain a system that uses external influence strategies to reduce stigma and discrimination	Individuals: Families:	Individuals: Families:	4 to 6 months
Educate communities to take action to reduce stigma and discrimination	Individuals: not less than 500 Families:	Individuals: Families:	4 to 6 months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: 500 Families:	Individuals: Families:	

5. Linkages to County Mental Health and Providers of Other Needed Services

Since 1999, through initiatives and legislation such as Assembly Bill 315,⁸ Humboldt County DHHS has been an integrated health and human services agency. Mental Health, Public Health and Social Services branches provide interrelated programs for children, families and adults, and deliver coordinated, efficient services while maximizing available resources.

Services continue to decentralize and move geographically closer to the clients they support. Following the Community Services and Supports component of the Mental Health Services Act, Humboldt County has continued to implement integrated multidisciplinary program teams which have developed successful mechanisms for assessment and referral to appropriate services, available both through governmental and community providers.

Program implementation for the Stigma and Discrimination Reduction Project will strengthen and rely upon ongoing referral mechanisms to link individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, primary care

⁸ Attachment D: Humboldt County Department of Health and Human Services. (2008). *AB315 (Berg, 2007) Integrated services initiative 2007-2010 strategic plan*. Eureka, CA: Humboldt County Department of Health & Human Services.

providers or other appropriate mental health service providers as well as other needed services, including those provided by community agencies not traditionally defined as mental health that have established or show capacity to establish relationships with at-risk populations. Specific focus will be in the areas of:

- Substance abuse treatment
- Community, domestic or sexual violence prevention and intervention
- Provision for basic needs such as can be met at the Family/community Resource Centers
- Outpatient treatment settings
- Community-based nonprofit organizations
- Supportive housing programs
- Clinics including rural, Federal Qualified Health Clinics, and Indian Health Clinics
- Schools
- Faith-based organizations.

Programs within the Stigma and Discrimination Reduction Project will strive to bridge gaps in the community with new and existing partnerships that will implement and expand services, including to unserved and underserved populations. Partnerships will work to ensure that all members of our communities are aware of mental health issues and services.

Partnerships that are established and/or renewed as a result of the project will ensure that an organized system of referrals is developed between community-based organizations and county programs and services. The referral system will ensure that individuals served through these prevention and early intervention programs are able to access other support services, according to their individual needs.

Selected programs within this PEI Project will provide services on the individual/family level, as well as a strong component of mental health education at the community level. Partnerships within these programs consist of established members of the community, including Family/community Resource Centers, local clinics and hospitals, agencies and organizations representing unserved and underserved populations, client and family member groups, and others.

All program staff will be encouraged to participate in cultural competency and program- and system-level improvement training. Funded services within the project will contribute to increased capacity among community and nonprofit partners. The media outreach component of the Stigma and Discrimination Reduction Project will contribute to community-level improvements, especially in the area of reduction of stigma, and awareness of and access to services.

6. Collaboration and System Enhancements

DHHS, as a member of the California Family Resource Association, and in ongoing collaboration with 17 Humboldt County Family/community Resource Centers (FRCs), Healthy Start Schools and Communities Partnership, is able to utilize the centers as a proven and established linkage into outlying areas of the county.

FRCs are key partners in improving the health and safety of Humboldt County residents. In partnership with DHHS, the centers have identified numerous ways to collaborate for improved outcomes for families and individuals, including assigning DHHS liaisons to centers, geographically assigning public health nurses and child welfare social workers to centers, cross-training staff, and participating in DHHS-promoted evidence based practices.

Further, the FRCs are key collaborators in the DHHS rollout of the MHSA PEI programs, not only as previously mentioned but also as key informants in development of prevention services.⁹ DHHS personnel work with FRC staff on several existing programs including Differential Response, an innovative approach to child abuse prevention established through the California Child Welfare System Redesign. Department staff additionally attend regular meetings with center staff and stakeholders.

The Project will strengthen and build upon local community-based mental health and primary care systems by strengthening media outreach to increase community awareness, and by offering workforce training to frontline staff and implementation partners. Training will build cultural competence and reduce disparity among a variety of socioeconomic groups and underserved populations.

The Project will also leverage the considerable outreach of existing DHHS programs, including Family Violence Prevention, Injury Prevention, and Alcohol and Other Drug Prevention, to ensure that stigma and discrimination reduction messages and materials are shared with the largest possible number of community members.

A key feature of educating communities to take action to reduce stigma and discrimination is outreach with local media. Humboldt County is an unusual media market which offers the Project opportunities as well as challenges. Local media outlets include:

- Print media: one daily newspaper in Eureka with a daily online edition; two weekly papers in the rural southern part of the county; a weekly paper in the eastern region of the county in Klamath-Trinity; weekly papers also in

⁹ Attachment D: Humboldt County Department of Health and Human Services. (2008). *AB315 (Berg, 2007) Integrated services initiative 2007-2010 strategic plan*. Eureka, CA: Humboldt County Department of Health & Human Services.

Arcata, McKinleyville, Fortuna, and Ferndale; one weekly that covers the entire North Coast region; and one monthly paper that is produced in Spanish.

- Television: several television stations with limited local programming or with offices located locally, one has local news staff and produces a newscast daily.
- Radio: multiple radio stations in Humboldt County including three commercial radio stations, two Public Radio stations, one Spanish station, one centered in the Hoopa Reservation and one low-powered station broadcasting on the Humboldt State University campus.

The project will be sustained by infusing a strong sense of community awareness about stigma and discrimination throughout all segments of the local community. The DHHS workforce and implementation partners will be trained to provide culturally competent stigma and discrimination reduction strategies and effective identification and referral of individuals in need of mental health assessment and treatment.

7. Intended Outcomes

As documented during the community stakeholder process and consistent with community priorities and local data, the intended individual, system and program outcomes include:

- Development and implementation of a Humboldt County stigma and discrimination reduction plan
- Improved knowledge and attitudes relating to stigma and discrimination within target workforces
- Increased media coverage related to stigma and discrimination reduction
- Increased cultural competency through specialized training for DHHS, the communities it serves, and other organizations
- New partnerships and maintenance of existing partnerships between DHHS, other agencies, and implementation and community partners
- Promotion of opportunities and settings to enhance resiliency, recovery, resourcefulness, respect and interconnectedness for individuals, families and communities.

As a result of the Stigma and Discrimination Reduction Project, we expect these changes to occur:

- Development of resources, materials and training related to mental health disabilities and stigma and discrimination reduction
- Strengthened links between Stigma and Discrimination Reduction PEI and other Humboldt County MHSA components
- Creation and strengthening of linkages between DHHS and community partnerships
- Increased consumer and family member access to wellness, recovery and early intervention strategies
- Increased competency among implementation partners and the community in stigma and discrimination reduction
- Reduction of negative outcomes resulting from untreated mental illness, which may include prolonged suffering, school failure, removal of children from homes, incarcerations, chronic unemployment, homelessness, hopelessness and suicide.

8. Coordination with Other MHSA Components

This PEI project will coordinate to the best extent possible with other MHSA components, including the following projects which resulted from the Community Planning Process and function within the context of Humboldt County DHHS integrated services:

- The Hope Center, which provides a safe, welcoming environment based on recovery and peer empowerment principles, and the resources necessary for underserved people with mental health diagnoses and their families in their efforts to be self-sufficient. Coordination with the Hope Center will offer crucial training opportunities for staff, who will be able to hear from clients who bring a set of values, beliefs and lifestyles that were molded as a result of their personal experiences with mental illness, the mental health system and their own cultures.
- Rural Outreach Services Enterprise (ROSE), which provides mobile access to culturally appropriate services in the rural, remote and outlying geographic areas of Humboldt County. ROSE links with and provides support to existing community organizations such as Family/community Resource Centers, community clinics and tribal organizations. ROSE will

have the ability to bring the Stigma and Discrimination Reduction Project to Humboldt County's outlying geographic areas.

- Integrated Program and Planning Support Structures, which is a further integration and expansion of a newly developed division of DHHS. It includes the following infrastructure enhancements:
 - The Office of Client and Cultural Diversity, which will assist with development and implementation of culturally competent programs
 - The Research and Evaluation Unit, which will facilitate the capacity-building focus areas of the Project
 - The Training, Education and Supervision Unit, which continues to build system capacity to develop, coordinate and integrate educational resources.

At this time, the county is in the early planning stages of the Workforce Education and Training, and Capital Facilities and Technology components of the MHSA.

PEI PROJECT NAME: Transition Age Youth Partnership Program

County: Humboldt

Date: December 4, 2008

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in access to mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Psycho-social impact of trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. At-risk children, youth and young adult populations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Stigma and discrimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suicide risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. PEI Priority Population(s) Note: All PEI projects must address underserved racial/ethnic and cultural populations.	Age Group			
	Children and Youth	Transition Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma exposed individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individuals experiencing onset of serious psychiatric illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children and youth in stressed families	<input type="checkbox"/>	<input type="checkbox"/>		
4. Children and youth at risk for school failure	<input type="checkbox"/>	<input type="checkbox"/>		
5. Children and youth at risk of or experiencing juvenile justice involvement	<input type="checkbox"/>	<input type="checkbox"/>		
6. Underserved cultural populations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Stakeholder input and data analysis that resulted in the selection of the priority population(s).

Stakeholder input and analysis of data clearly indicate that a priority for our community is comprehensive and coordinated support services for Transition Age Youth (TAY), including those who represent unserved and underserved racial/ethnic and cultural populations and who are at risk of or experiencing onset of psychiatric illness.

Humboldt County Department of Health and Human Services (DHHS) conducted an extensive Community Planning Process as the initial component of the Mental Health Services Act (MHSA).¹ Included were the Mental Health Board, attendees of six regional meetings and 13 targeted stakeholder meetings, four age-specific advisory groups, a Community Strengths & Needs Survey and client interviews. At specific phases of the planning process, each group was asked to articulate and prioritize mental health themes and needs.²

Comprehensive and coordinated early intervention for 16- to 25-year-olds experiencing the onset of a serious psychiatric illness was a high-ranking theme throughout the Community Planning Process. The Arcata community meeting's second-highest ranked theme was to "reduce the timeline between point of crisis and the point of intervention." The Willow Creek and Eureka community meetings' highest-ranked themes were early intervention in crises and ensuring "follow-up services, especially for those who are not system 'savvy.'" A theme at the Orick community meeting was that "early intervention works."

Key stakeholder input has come from DHHS's ongoing dialogue and partnership with TAY advocates, including both local youth and statewide TAY advocacy groups. DHHS initiated this focused input during the 2004-2005 Community Planning Process and has continued to sponsor and support the development of this group of young stakeholders.

These TAY have stated very clearly that it is critical to provide a comprehensive stakeholder-driven work plan that can sustain a strong and ongoing TAY voice in Humboldt County. Another theme is the need for a "one-system, all youth" approach to providing behavioral health services, as well as other TAY-specific services such as emancipation planning and advocacy.

Once a TAY youth partner program was identified as a key community need, the prevention and early intervention planning process, including 22 meetings and more than 250 participants, further assessed the community's capacity and

¹ California mental health services act (2004). *DMHC.ca.gov* . Retrieved: September 2, 2008, from http://www.dmh.ca.gov/Prop_63/MHSA/docs/Mental_Health_Services_Act_Full_Text.pdf

² Attachment C: Humboldt County Mental Health Services Act. (2005) *Recommendations submitted by advisory groups to MHSA steering committee.*

strengths and selected strategies to address desired outcomes and develop projects.

Education, training and outreach for TAY who are experiencing the onset of serious psychiatric illness was a consistent theme in the MHSA PEI community planning process. For example, at an MHSA PEI stakeholder discussion at a Community Partners (foster parents group) meeting, the comment was made that “education is needed for TAY and family members who are first diagnosed with a serious mental illness regarding medications, side effects, and what services are available.” These recommendations have been incorporated into this Project.

The need for youth-driven advocacy for TAY was another consistent theme. At the MHSA PEI regional meeting in McKinleyville, the recommendation was made that “TAY with mental illness need other experiences, besides just mental health services, such as interpersonal skills training, and opportunities to engage with the community and learn that they can be successful in school.” This recommendation has been incorporated into this Project.

Another common theme was the need to implement a project that will deliver intensive services from consistent providers for TAY and their family members from the first onset of a serious psychiatric illness. At a MHSA PEI planning discussion at a Domestic Violence Coordinating Council quarterly meeting, one participant said TAY “need to get to know the people working with them to build trust.” This recommendation has been incorporated into this Project.

According to the literature, the earlier a comprehensive and coordinated intervention occurs, the better the outcomes for TAY experiencing the onset of serious psychiatric illness. The Early Diagnosis and Preventative Treatment of Psychotic Illness Clinic reports that longer duration of untreated psychosis is associated with poorer outcomes.³ The report also indicates that reduced functioning and increased treatment resistance follow repeated relapses. Recommended treatment models are family-focused and include a multifunctional team that provides rapid responses in conjunction with medication management.

In addition, there is evidence that youth development programs promote positive outcomes⁴ which:

³ Attachment G: Carter, C. S. MD. (n.d.). *Early intervention for transitional age populations* [PowerPoint slides]. From http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/docs/Meetings/2008/Apr/OnsetFinalPresentation_DrCarter.pdf.

⁴ Social Development Research Group, (1998, November 13). *Positive youth development in the United States: research finding on evaluations of positive youth development programs*. Seattle, Washington.

- Foster resilience, self determination, spirituality, self-efficacy, clear and positive identity, hope for the future, and pro-social norms
- Promote bonding and social, emotional, cognitive, behavioral and moral competencies
- Provide recognition for positive behavior
- Provide opportunities for pro-social involvement.

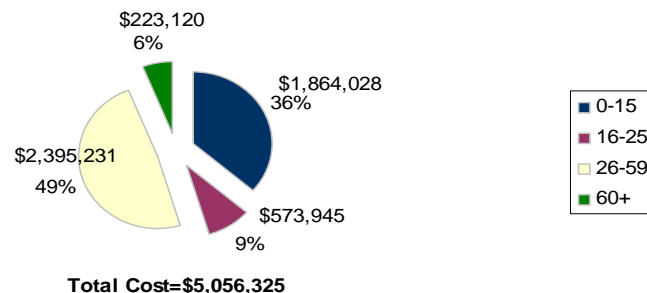
In California, youth who have experienced foster care have a higher incidence of poor outcomes.⁵ The data show that 70% are incarcerated during their lifetime, with one in four in jail within two years of leaving foster care. Half to 80% have mental health needs. Less than half complete high school, and only 3% attend college. By age 21, less than 50% are employed, and 20% are homeless.

The data in Humboldt County support the need for comprehensive and coordinated services for TAY who are at risk or experiencing onset of a serious psychiatric illness, including those who represent unserved and underserved racial, ethnic and cultural populations.

According to Medi-Cal paid claims data for Calendar Year 2007, compiled by California’s External Quality Review Organization (CAEQRO), Humboldt County’s penetration rate of mental health services to the TAY population is ninth in the state, higher than both the statewide and small county averages.

The graphic below shows that as of May 2008, of 99 identified high service users, about 9% of the individuals in Humboldt County who utilize \$30,000 or more per year were TAY between 16 and 25 years old.

**High Usage Clients (\$30,000 and more) by Age
CY07 (N=99)**



⁵ Bass, K. (n.d.). *leginfo.ca.gov*. AB 2216 - assembly bill chaptered. Retrieved September 15, 2008, from http://www.leginfo.ca.gov/pub/05-06/bill/asm/ab_2201-2250/ab_2216_bill_20060922_chaptered.html.

3. PEI Project Description: The TAY Partnership Project

The Community Planning Process identified TAY, at-risk of or experiencing the onset of serious psychiatric illness, particularly those who have experienced foster care, as an unserved and/or underserved priority population for our community.

The Community Planning Process further expressed that the goals for this population include reducing psychiatric hospitalization, psychiatric emergency services, incarceration, suicide attempts and substance abuse, while increasing their ability to succeed in school and employment, define their own recovery, and participate fully with their families and in their community.

This Project will enhance and support peer-to-peer activities such as peer counseling, peer support groups, peer mentors, peer support specialists, and peer educators.

The purpose of this Project is to provide supportive services that will contribute to the achievement of these goals. As a result of the Community Planning Process and an assessment of community capacity and strengths, three Programs were developed for the TAY Partnership Project.

Program #1: Education, Training and Outreach

In partnership with the Stigma and Discrimination Reduction Project, Suicide Prevention Project, and the TAY Advocacy Program, and in coordination with DHHS Public Education staff, this program utilizes a universal approach that will provide education and training throughout Humboldt County about:

- The early identification of indicators for TAY who are at risk of or experiencing the onset of serious psychiatric illness
- The importance of family and community in supporting mental health wellness and recovery
- Ways to access behavioral health services within local communities.

These efforts will raise community awareness about psychoactive illness and the importance of early intervention. Outreach efforts will specifically include historically unserved and underserved rural areas, as well as diverse racial, ethnic and cultural groups.

As a result of this Project, the TAY Plus team will be implemented and ensure youth and their families will receive ongoing education and support for the

development and application of culturally appropriate activities for transition age youth at-risk of or experiencing the onset of serious psychiatric illness.

Their natural supports such as family members, teachers, friends, and employers will receive education to increase their knowledge of the early challenges created by psychiatric illness, the types of assistance and services available, and ways to access those services. This outreach, training and education project will generate optimism and expectations of positive outcomes and recovery so that all TAY at risk of or experiencing symptoms of severe mental illness and their families can achieve optimal levels of support and services.

Program #2: TAY Advocacy

A wide variety of resources and collaborations will contribute to a DHHS-wide TAY Advocacy commitment. This PEI TAY Advocacy Program will bring a selective approach as one component of that larger DHHS-wide commitment, and will provide multiple opportunities to promote prevention and early intervention for serious mental illness.

This program will build on the concepts of Youth Development as used by the DHHS Alcohol and Other Drug Prevention Programs. By providing a safe environment with an approach that is youth-driven and congruent with youth culture, TAY participants will experience opportunities for community engagement, leadership and meaningful and caring relationships with peers and adults. These protect against risk factors of serious mental illness by promoting development of relevant personal and interpersonal skills, healthy personal attitudes and behaviors toward violence prevention, academic completion and minimization of the use of drugs, tobacco and alcohol.

Similar to other counties in California, Humboldt County is home to a population of transition age youth who are unserved or underserved and are in need of county system assistance. As part of our commitment to serve these youth in the best possible ways, Humboldt County will begin a five-year process to increase transition age youth input into systems improvement by ensuring the ongoing contribution of TAY-driven influences on DHHS policies and programs, and to provide strength-based advocacy and training to local TAY.

DHHS is engaged in an ongoing, department-wide collaboration with statewide community-based groups that advocate for the unique needs of TAY. Youth in Mind (YIM),⁶ California Youth Connection (CYC),⁷ and Youth Offering Unique

⁶ (2008) Youth in mind: youth inspiring leadership and advocacy in mental health. Retrieved October 10, 2008 from *CMHACY California mental health advocates for children and youth* Web site <http://www.cmhacy.org/conf-yla.html>

Tangible Help (Y.O.U.T.H.)⁸ are currently involved. TAY advocacy groups initially will develop and, with DHHS assistance as needed, implement a comprehensive work plan that may include but not be limited to:

- Development of digital stories from Humboldt County youth who have experienced the foster care, mental health and other systems. Those stories may be utilized in trainings and for departmental staff development
- Recruitment and hiring of a small team of Humboldt County Youth Advisory Board members to serve on a workgroup
- Planning and implementation of a countywide youth leadership program to support and prepare youth for strong youth engagement throughout Humboldt County DHHS
- Development of ongoing mechanisms for youth concerns and recommendations, to be incorporated into various county initiatives such as foster care, mental health, and housing
- Creation of ongoing opportunities for youth to exercise their leadership and expand their learning through conference presentations and participation.

Program #3: TAY Plus

This is an indicated approach that will include a comprehensive, coordinated and multifunctional team to provide an integrated service experience through culturally appropriate support services to TAY who are at risk of or experiencing the onset of serious psychiatric illness, their families, and their other significant supports. Those services may include but are not limited to:

- Comprehensive diagnostic assessment
- Tailored treatment pathways and therapies for early treatment and rehabilitation, with targeted pharmacological therapies, if indicated
- Treatment and planning in conjunction with a multifunctional team, to include the youth and their natural supports

⁷ (2002-2003). CYC foster youth building a foundation for the future *California youth connection*. Retrieved: October 10, 2008, from <http://www.calyouthconn.org/site/cyc/>

⁸ Youth training project: about us (n.d.). Retrieved: October 10, 2008, from *Y.O.U.T.H. training project overview*. <http://www.youthtrainingproject.org/article.php?list= type &type=3&printsafe=1>

- Emergency outreach intervention to address immediate needs
- Individual and group therapies (psycho-educational, motivational, therapeutic)
- Advocacy (school, vocational, insurance, disability, housing)
- Independent living skills training and support
- Modified peer support therapeutic groups with involvement of mental health professionals
- Engagement of the family, and support to the family in its role in the individual's recovery
- Inclusion in a multifamily support group
- Education on the role of the family and community in supporting mental health wellness and recovery
- Information about how to access behavioral health services within the community.

The core team will consist of two case managers to serve as navigators and one mental health clinician, who will work together to provide consistent, ongoing relationships with program participants. The goal of this program is to engage the youth and the parent/support systems in sustained treatment focused on stabilizing and supporting recovery of function and developmental trajectory.

During the Community Planning Process, TAY and their family members prioritized the need for ongoing, consistent relationships with service providers in order to build trust with providers who know their stories. A recurring concern has been the difficulty TAY face when they are forced to start new relationships with multiple new providers.

A community strength identified in the Community Planning Process is DHHS's increasing ability to provide services within communities, where individuals and families can access and participate in those services in their natural settings. The TAY Plus team will continue to build on this strength by providing recovery-based, culturally competent services in the community, where such services are most effective. For example, when requested, TAY Plus team members may accompany program participants to locations such as homes, schools, work sites and doctors offices to support their recovery goals.

As youth and families served in this program define their own needs and preferences, the core team will provide, partner or link with services that will be

most effective. A community strength identified in the Community Planning Process is the successful collaboration with partners currently servicing the community. As youth and family needs are identified, the TAY Plus team will engage with those partnerships to meet the individual needs of those served in the program. These will include but not be limited to:

- Department of Health and Human Services integrated Public Health, Mental Health and Social Service branches
- TAY advocacy groups
- Mental Health Board
- Primary healthcare providers
- Probation Department
- Law enforcement
- Youth and family education and advocacy community groups
- Family/community Resource Centers
- Individual and organizational providers of mental health services
- Schools
- Substance abuse providers
- Vocational training providers.

Evidence Based Practices (EBPs)⁹ currently provided in conjunction with DHHS are another community strength identified during the Community Planning Process. As appropriate, TAY Plus youth will be referred to and enrolled in DHHS EBPs which may include but not be limited to Aggression Replacement Therapy (ART) or Functional Family Therapy (FFT).

The TAY Plus team will gain proficiency in Trauma Focused Cognitive Behavioral Therapy (TF-CBT). This EBP has been selected for the TAY Plus program in order to provide knowledge and skills related to processing trauma by managing distressing thoughts, feelings and behaviors, and enhancing safety, parenting skills and family communication for TAY and their significant supports.

TF-CBT has the flexibility to achieve the desired outcomes for this population. This approach can be used in a variety of settings in the community, such as homes, schools, clinics, or hospitals. It can be offered individually or in groups, and can be provided using a brief intervention model. When appropriate, it is inclusive of parents and caretakers and has been shown to be appropriate for unique rural and diverse racial, ethnic and cultural populations.

To be eligible for participation in this program, TAY must be at risk of or experiencing (within the past 12 months) the onset of a serious psychiatric

⁹ County of Humboldt (n.d.). *County of Humboldt Department of Health and Human Services*. Retrieved September 15, 2008, from <http://co.humboldt.ca.us/HHS/Administration/EvidenceBasedPractices.asp>

illness. There will be specific outreach and engagement to TAY from unserved and underserved racial, ethnic and cultural populations, as well as to TAY in foster care. Eligibility will be based on a combination of several symptoms, some of which may include:

- Impaired cognition which threatens academic performance and decision making¹⁰
- Anxiety or suspiciousness which impairs social function and increases risk for substance abuse, hostility and aggression
- Loss of interest and motivation which negatively impacts social functioning.

Onset of a serious psychiatric illness is defined as the first time an individual meets full DSM-IV criteria for a psychotic illness. If onset of a serious psychiatric illness has occurred, eligibility will be met when diagnosed by a qualified mental health professional.

Referrals to the TAY Plus program may come from a variety of sources, including family members, primary healthcare providers, psychiatric emergency services, hospital emergency rooms, family resource centers, schools, community-based agencies, county agencies, faith-based organizations, and/or the youth themselves.

Selection of participants will be made by a multifunctional committee comprised of Mental Health, Social Services, and Public Health representatives. When appropriate, the youth and/or their family may be included. A component of the referral and selection process may include the Strategic Assistance for Adult Recovery Intervention (SAFARI) committee which routinely reviews and authorizes services.

This committee, which includes DHHS management and clinical staff, provides an intensive and highly responsive review process to ensure that participants in the mental health system of care are being cared for in the least restrictive setting possible. The goal of SAFARI is to maximize opportunities for recovery for individuals served by the mental health system.

Similarly, the Children's System of Care's referral process will coordinate with TAY Plus. These referral mechanisms will also be utilized when additional or increased intensity of services is required for TAY Plus youth.

¹⁰ Attachment G: Carter, C. S. MD. (n.d.). *Early intervention for transitional age populations* [PowerPoint slides]. Retrieved from http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/docs/Meetings/2008/Apr/OnsetFinalPresentation_DrCarter.pdf.

Actions to be performed to carry out the PEI Project, including frequency or duration of key activities

Education, Training and Outreach	Frequency/Duration
Identify and/or hire public education staff	Fall '08
Develop and implement training program	Spring '09 and then ongoing
TAY Advocacy	
Develop and implement work plan in coordination with DHHS representatives	Early Spring '09
Develop evaluation mechanism to monitor and report on progress	Mid Spring '09
Implement a countywide youth leadership program	Spring '09 and then ongoing
Implement communication mechanism for youth concerns and recommendations	Spring '09 and then ongoing
TAY Plus	
Hire and/or identify TAY Plus core team members	Winter/Spring '09
Develop program policies and procedures including referral and selection mechanisms	Winter '09
Identify eligible TAY Plus youth	Spring '09 and ongoing
Initiate services to five TAY Plus participants	Spring '09

4. Programs

Transition Age Youth Partnership Program	Proposed number of individuals or families through PEI expansion to be served through June 2009 by type		Number of months in operation through June 2009
	Prevention	Early Intervention	
Education, Training and Outreach	Individuals: at least 500 Families:	Individuals: Families:	4-6 months
TAY Advocacy	Individuals: 20 Families:	Individuals: Families:	4-6 months
TAY Plus	Individuals: Families:	Individuals: 5 Families:	4-6 months
TOTAL PEI PROJECT ESTIMATED UNDUPLICATED COUNT OF INDIVIDUALS TO BE SERVED	Individuals: not less than 500 Families:	Individuals: 5 Families:	4-6 months

5. Linkages to County Mental Health and Providers of Other Needed Services

Since 1999 and through initiatives and legislation such as Assembly Bill 315,¹¹ Humboldt County Department of Health and Human Services has been an integrated health and human services agency. Mental Health, Public Health, and Social Services branches provide integrated programs for children, families, and adults which deliver coordinated, efficient services and maximize available resources.

Services continue to become increasingly decentralized and in closer proximity to local communities to the maximum extent possible. Throughout the Community Services and Supports component of the Mental Health Services Act, Humboldt County has continued to implement integrated, multidisciplinary program teams which have developed successful mechanisms for assessment and referral to appropriate services, available through county and community providers.

¹¹ Attachment D: (2008). *AB315 (Berg, 2007) Integrated services initiative 2007-2010 strategic plan*. Retrieved September 3, 2008, from Humboldt County Department of Health and Human Services Web site: <http://co.humboldt.ca.us/HHS/Administration/Documents/AB%20315%20Strategic%20Plan%20June%202008.pdf>.

This project will both strengthen and rely upon ongoing referral mechanisms to link individual participants who need assessment, services or treatment to primary care providers or other appropriate service providers. Included are those provided by community agencies not traditionally defined as mental health, agencies which have established or show capacity to establish relationships with TAY at-risk populations.

Specific focus will be in the areas of:

- Substance abuse treatment
- Community, domestic or sexual violence prevention and intervention
- Provision for basic needs such as can be met at the family/community resource centers
- Outpatient treatment settings
- Community based nonprofit organizations
- Supportive housing programs
- Clinics including rural, Federally Qualified Health Clinics, and Indian Health Clinics
- Schools
- Faith-based organizations.

Programs within the TAY Partnership Project will bridge gaps in the community with new and existing partnerships which will help implement and expand prevention and early intervention services, including those for unserved and underserved at-risk TAY. Partnerships that are established, expanded and/or renewed as a result of the project will better ensure that both an organized system of referral and early response to intervention are developed between the community organizations, county programs and services that are youth- and family-driven.

The project will leverage resources by maximizing existing partnerships and creating new ones. Partnerships within these programs may consist of established community infrastructure, including Family/community Resource Centers, local clinics and hospitals, statewide and local TAY advocacy groups, agencies and organizations representing unserved and underserved populations, client and family member groups, and others.

All programs will be encouraged to participate in trainings created and facilitated by TAY advocacy groups and program-/system-level improvement trainings. Funded services within the project will contribute to an increased capacity among community partners to meet the special needs of TAY who are at risk of or experiencing the onset of serious psychiatric illness.

6. Collaboration and System Enhancements

The TAY Partnership Project is built upon multiple partnerships among numerous stakeholders. As a result of targeted, collaborative efforts, the entire community will be strengthened.

DHHS, as a member of the California Family Resource Association, and in ongoing collaboration with Humboldt County Family/community Resource Centers, is able to utilize 17 existing centers as proven and established linkages to outlying areas of the county. Resource centers are key partners in improving the health and safety of the people of Humboldt County.

In partnership with DHHS, the centers have identified numerous ways to collaborate for improved outcomes for individuals and their natural supports. The suggestions include locating DHHS liaisons in the centers, and assigning public health nurses, social service workers and behavioral health clinicians to geographically-based centers; cross-training staff; center participation in evidence based practices; and Casey's Family-to-Family Initiatives, such as Team Decision Making and family-finding activities.

Resource Centers have also collaborated with Public Health, Child Welfare and Mental Health with Differential Response, an innovative approach established through the California Child Welfare System Redesign. This project will further enhance an already strong partnership among DHHS and the resource centers, and provide the focus and prioritization necessary to address the special needs of this target population.

DHHS, as an integrated health and human services agency, has several forums in place to share information and sustain strong working relationships with community-based mental health and primary care systems. Monthly Community Service Provider meetings have enabled both the community and multi-disciplinary DHHS staff to engage in ongoing dialogue to best meet the needs of the community.

Examples include quarterly clinics meetings with the local consortium of Federally Qualified and Rural Health Clinics. The project, in partnership with the Stigma Reduction and Suicide Prevention projects, will strengthen and build upon local community-based mental health and primary care systems by providing more opportunity for cross-training and coordination on behavioral health issues specific to the target population.

DHHS is also a founder of Humboldt County's Children's Health Initiative, Healthy Kids Humboldt, whose goal it is to assure access to healthcare for all Humboldt County children and youth.

DHHS enjoys an ongoing collaborative relationship with Humboldt County educational institutions to meet the educational needs of our community. Specifically for the TAY foster care population, the Independent Living Skills Program through Child Welfare Services coordinates with school liaisons to provide advocacy and support for TAY exiting foster care and bridging to higher education. This partnership continues to generate positive outcomes for TAY. Humboldt County's foster youth receive priority and assistance in class selection and scheduling, as well as homework assistance and counseling services.

Of particular note is the expansion of the residential housing program at a local community college, which now provides year-round service to foster youth, rather than closing during holidays and other academic breaks. This change in program allows foster youth to have stable housing when they may not otherwise have a place to go.

Additionally, the formation of a former foster youth club on a local community college campus provides successful, peer-to-peer advocacy and support that has been supported through the partnership.

The local university also supports a former foster youth club on campus. The TAY Partnership Project will expand upon the current advocacy and support structures to meet the needs of the participants who may or may not be former foster youth, but who are equally, if not more, vulnerable.

7. Intended Outcomes

Education Training and Outreach (Universal)

- Program/System: Provide education, training and outreach to 500 individuals

TAY Advocacy (Selective)

- Person/Family: Build youth capacity to self-advocate
- Program/System: Digital storytelling workshop and screening completed

TAY Plus (Indicated)

- Person/Family: Increased engagement in TAY recovery activities, maintenance of healthy and stable living environment, achievement of personal recovery goals, and increased access to family member support services
- Program/System: Improved methods for assessing TAY outcomes, and implementation of an EBP to improve outcomes.

8. Coordination with Other MHSa Components

Benefiting from the “lessons learned” of already established programs, it is anticipated that consultation and training with other MHSa programs will be invaluable during planning and implementation of the TAY Partnership Project, as well as on an ongoing basis. TAY Plus, TAY Advocacy, and Education, Training and Outreach will be significantly stronger programs and provide better outcomes by linking to such programs as:

- Rural Outreach Services Enterprise (ROSE), which provides mobile access to services in the rural, remote and outlying geographic areas as well as to the homeless populations throughout Humboldt County. ROSE links with and provides support to existing organizations such as the family and community resource centers, community clinics and tribal organizations. ROSE will have the ability to bring the TAY Partnership program to Humboldt’s outlying geographic areas.
- The Hope Center, which provides a safe, welcoming environment based on recovery and peer empowerment principles, and the resources necessary for underserved people with mental health diagnoses and their families in their efforts to be self sufficient. The Hope Center provides a foundation of peer-to-peer activities that the TAY partnership program can build upon.
- Comprehensive Community Treatment (CCT), providing intensive community services and supports including housing, medical, dental, educational, societal, vocational, rehabilitative and other community services. Peer clients and peer family members, whenever possible, provide services to partners in their natural settings. TAY Plus youth may be referred to CCT when appropriate.
- Outpatient Medication Services Expansion, providing medication support via video conferencing equipment to people with serious mental illness residing in remote rural areas. This service strategy enhances existing collaborative efforts with primary healthcare providers, and TAY Plus youth residing in remote rural areas will have access to this resource.
- Crisis Intervention Services (CIS) staff, who respond to intervene in the community and prevent hospitalizations and incarcerations. CIS staff provide crisis support to emergency rooms and primary care settings, as well as during potential or actual critical incidents in the community involving individuals who may have a mental illness. CIS and TAY Plus staff will collaborate when TAY Plus youth are involved.
- Integrated Program & Planning Support Structures, including the Office of Client & Cultural Diversity. OCCD provides cross-branch leadership to

DHHS 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. The OCCD will provide resources and technical assistance that will increase TAY Partnership program's ability to be culturally competent and client- and family-driven.

- The Research and Evaluation (R&E) Unit, which includes a full spectrum of evaluation services from data management, data verification, statistical analysis and interpretation, to written progress reports. The unit increases DHHS's capacity for outcomes-based program planning and improvement. R&E will provide resources and technical assistance to increase the TAY Partnership program's ability to evaluate and improve services and activities.
- The Training, Education and Supervision (TES) Unit, which 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. TES will provide resources and technical assistance to increase the TAY Partnership program's ability to develop and coordinate training and education opportunities.

At this time, Humboldt County is in the early planning stages of the Workforce Education and Training and the Capital Facilities and Technology components of MHSA.

Prevention and Early Intervention Budget Narratives

County: Humboldt

Project: Suicide Prevention

Fiscal year: 2008-09

PEI project budgets for FY 2008-09 are calculated for six months of operation.

Personnel expenditures include Salaries and Wages for the following staff positions:

Health Education Specialist 1.50 FTE; Senior Health Education Specialist .05 FTE; Public Education Officer .15 FTE; Administrative Analyst .20 FTE; Translator / Interpreter .01 FTE. Benefits and taxes are calculated at 41% for these Public Health Branch positions. **Total Personnel Expenditures are budgeted at \$57,539.**

Operating expenditures include facility cost for leased space and utilities calculated at \$5,079 annually per FTE.

Other operating expenses include the following:

Media and materials, including production and promotion of Suicide Prevention messages, education or outreach services \$37,593.

DHHS multi-branch staff development and training \$6,987; Professional and Special services \$5,000.

Workers Compensation, Liability Insurance \$1,495 annually per FTE

Recruiting costs estimated at \$405

Communications \$1,289; Office supplies \$3,502; copier equipment and postage \$1,500; books and periodicals \$1,080

Mileage \$2,984; out of county travel \$2,525

Computer equipment and software – 2 personal computers \$4,180

Total Operating Expenditures are budgeted at \$73,322

Total proposed Suicide Prevention project budget / funding requested is \$130,861.

In-Kind Contributions include \$33,933 for DHHS personnel providing discussion of Suicide Prevention activities in forums such as Domestic Violence Coordinating Council, Alcohol and Drug Advisory Board, AIDS Task Force, and Human Services Cabinet.

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: Humboldt Date: 10/15/08
 PEI Project Name: Suicide Prevention
 Provider Name (if known): DHHS - Public Health Branch
 Intended Provider Category: County Agency
 Proposed Total Number of Individuals to be served: FY 07-08 _____ FY 08-09 500
 Total Number of Individuals currently being served: FY 07-08 _____ FY 08-09 _____
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 500
 Months of Operation: FY 07-08 0 FY 08-09 6

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	FTE		
Health Education Specialist	1.50	\$0	\$30,612
Senior Health Education Specialist	0.05	\$0	\$1,210
Public Education Officer	0.15	\$0	\$4,521
Administrative Analyst	0.20	\$0	\$4,301
Translator / Interpreter	0.01	\$0	\$164
b. Benefits and Taxes @ 41 %		\$0	\$16,731
c. Total Personnel Expenditures		\$0	\$57,539
2. Operating Expenditures			
a. Facility Cost		\$0	\$4,850
b. Other Operating Expenses		\$0	\$68,472
c. Total Operating Expenses		\$0	\$73,322
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
_____		\$0	\$0
_____		\$0	\$0
_____		\$0	\$0
a. Total Subcontracts		\$0	\$0
4. Total Proposed PEI Project Budget		\$0	\$130,861
B. Revenues (list/itemize by fund source)			
_____		\$0	\$0
_____		\$0	\$0
_____		\$0	\$0
1. Total Revenue		\$0	\$0
5. Total Funding Requested for PEI Project		\$0	\$130,861
6. Total In-Kind Contributions		\$0	\$33,933

Prevention and Early Intervention Budget Narratives

County: Humboldt

Project: Stigma and Discrimination Reduction

Fiscal year: 2008-09

PEI project budgets for FY 2008-09 are calculated for six months of operation.

Personnel expenditures include Salaries and Wages for the following staff positions:

Health Education Specialist .50 FTE; Senior Health Education Specialist .05 FTE; Public Education Officer .10 FTE; Administrative Analyst .10 FTE; Translator / Interpreter .01 FTE. Benefits and taxes are calculated at 41% for these Public Health Branch positions. **Total Personnel Expenditures are budgeted at \$23,608.**

Operating expenditures include facility cost for leased space and utilities calculated at \$5,079 annually per FTE.

Other operating expenses include the following:

Media and materials, including production and promotion of Stigma Reduction and Anti-Discrimination messages, education or outreach services \$36,188.

DHHS multi-branch staff development and training \$4,658; Professional and Special services \$5,000.

Workers Compensation, Liability Insurance \$1,495 per FTE; Recruiting costs estimated at \$270

Communications \$513; Office supplies \$1,393; copier equipment and postage \$1,500; books and periodicals \$475

Mileage \$1,989; out of county travel \$1,683

Computer equipment and software – 1 personal computer \$2,090

Total Operating Expenditures are budgeted at \$58,257

Total proposed Stigma and Discrimination Reduction project budget / funding requested is \$81,865.

In-Kind Contributions include \$22,622 for DHHS personnel providing discussion of Stigma and Discrimination Reduction activities in forums such as Domestic Violence Coordinating Council, Alcohol and Drug Advisory Board, AIDS Task Force, and Human Services Cabinet.

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name:	HUMBOLDT	Date:	10/15/08	
PEI Project Name:	Stigma and Discrimination Reduction			
Provider Name (if known):	DHHS - Public Health Branch			
Intended Provider Category:	County Agency			
Proposed Total Number of Individuals to be served:	FY 07-08	0	FY 08-09	500
Total Number of Individuals currently being served:	FY 07-08	0	FY 08-09	0
Total Number of Individuals to be served through PEI Expansion:	FY 07-08	0	FY 08-09	500
Months of Operation:	FY 07-08	0	FY 08-09	6

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	FTE		
Health Education Specialist	0.50	\$0	\$10,204
Senior Health Education Specialist	0.05	\$0	\$1,210
Public Education Officer	0.10	\$0	\$3,014
Administrative Analyst	0.10	\$0	\$2,151
Translator / Interpreter	0.01	\$0	\$164
b. Benefits and Taxes @ 41 %		\$0	\$6,865
c. Total Personnel Expenditures		\$0	\$23,608
2. Operating Expenditures			
a. Facility Cost		\$0	\$1,930
b. Other Operating Expenses		\$0	\$56,327
c. Total Operating Expenses		\$0	\$58,257
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
_____		\$0	\$0
_____		\$0	\$0
_____		\$0	\$0
a. Total Subcontracts		\$0	\$0
4. Total Proposed PEI Project Budget		\$0	\$81,865
B. Revenues (list/itemize by fund source)			0
_____		\$0	\$0
_____		\$0	\$0
_____		\$0	\$0
1. Total Revenue		\$0	\$0
5. Total Funding Requested for PEI Project		\$0	\$81,865
6. Total In-Kind Contributions		\$0	\$22,622

Prevention and Early Intervention Budget Narratives

County: Humboldt

Project: Transition-Age Youth (TAY) Partnership

Fiscal year: 2008-09

PEI project budgets for FY 2008-09 are calculated for six months of operation.

Personnel expenditures include Salaries and Wages for the following staff positions:

Public Education Officer .75 FTE; Supervising Mental Health Clinician .25 FTE; Mental Health Clinician 1.0 FTE; Case Managers 2.0 FTE. Benefits and taxes are calculated at 41% for these Mental Health Branch positions. **Total Personnel Expenditures are budgeted at \$150,488.**

Operating expenditures include facility cost for leased space and utilities calculated at \$5,079 annually per FTE.

Other operating expenses include the following:

DHHS multi-branch staff development and training \$33,562. This expenditure includes cost of participation in evidence-based practice Trauma Focused Cognitive Behavioral Therapy training.

Workers Compensation, Liability Insurance \$1,806 per FTE; Recruiting costs estimated at \$900

Communications \$2,700; Office supplies \$2,493; copier equipment \$1,500; books and periodicals \$2,400

Mileage \$7,800; out of county travel \$11,028

Two mid-sized vehicles for staff liaisons to provide direct service and client transportation \$60,000

Computer equipment and software – 4 personal computers \$8,360

Total Operating Expenditures are budgeted at \$148,125

Subcontracts/Professional Services budget includes \$75,000 for TAY Advocacy Groups. These expenditures are intended to provide funds for recruitment and hiring and to establish an office where staff and youth advisory board leaders can work and meet throughout the year.

Total proposed Transition-Age Youth (TAY) Partnership project budget is \$373,613.

Revenue estimates for TAY project include cost reimbursement for the provision of Specialty Mental Health Services to Medi-Cal beneficiaries: \$26,437 State General Fund (EPSDT) and \$26,437 Medi-Cal Federal Financial Participation FFP).

Total proposed funding request for TAY Partnership Project is \$320,739

In Kind Contributions include \$75,000 DHHS – Social Services Branch funds for local office space, staffing, training and project development process for improved services to transition-age youth. TAY Advocacy Groups have proposed in kind contributions from San Francisco State University for maintenance and operations of Oakland based office to assist with TAY Partnership project collaboration.

PEI Revenue and Expenditure Budget Worksheet

Form No. 4

Instructions: Please complete one budget Form No. 4 for each PEI Project and each selected PEI provider.

County Name: HUMBOLDT Date: 10/15/08
 PEI Project Name: Transition-Age Youth (TAY) Partnership Project
 Provider Name (if known): DHHS - Mental Health Branch & Youth Advocacy Groups
 Intended Provider Category: Mental Health Treatment/Service Provider
 Proposed Total Number of Individuals to be served: FY 07-08 0 FY 08-09 500
 Total Number of Individuals currently being served: FY 07-08 0 FY 08-09
 Total Number of Individuals to be served through PEI Expansion: FY 07-08 0 FY 08-09 500
 Months of Operation: FY 07-08 0 FY 08-09 6

Proposed Expenses and Revenues	Total Program/PEI Project Budget		
	FY 07-08	FY 08-09	Total
A. Expenditure			
1. Personnel (list classifications and FTEs)			
a. Salaries, Wages	FTE		
Public Education Officer	0.75	\$0	\$22,606
Supervising Mental Health Clinicia	0.25	\$0	\$9,219
Mental Health Clinician	1.00	\$0	\$32,717
Case Manager	2.00	\$0	\$42,187
		\$0	\$0
b. Benefits and Taxes @ 41 %		\$0	\$43,759
c. Total Personnel Expenditures		\$0	\$150,488
2. Operating Expenditures			
a. Facility Cost		\$0	\$10,158
b. Other Operating Expenses		\$0	\$137,967
c. Total Operating Expenses		\$0	\$148,125
3. Subcontracts/Professional Services (list/itemize all subcontracts)			
TAY Advocacy Groups		\$0	\$75,000
		\$0	\$0
		\$0	\$0
a. Total Subcontracts		\$0	\$75,000
4. Total Proposed PEI Project Budget		\$0	\$373,613
B. Revenues (list/itemize by fund source)			
			0
SGF (EPSDT)		\$0	\$26,437
Medi-Cal FFP		\$0	\$26,437
		\$0	\$0
1. Total Revenue		\$0	\$52,874
5. Total Funding Requested for PEI Project		\$0	\$320,739
6. Total In-Kind Contributions		\$0	\$75,000

Prevention and Early Intervention Budget Narratives

County: Humboldt – Administration Budget

Fiscal year: 2008-09

PEI Administration budget for FY 2008-09 is calculated for six months of operation.

Personnel expenditures include Salaries and Wages for the following staff positions:

PEI Coordinator / Analyst 1.0 FTE; Office Assistant .75 FTE; Fiscal Assistant .50 FTE. .50 FTE position is proposed to be client or family member. Benefits and taxes are calculated at 41% for these Administrative positions. **Total Personnel Expenditures are budgeted at \$53,087.**

Operating expenditures include facility cost for leased space and utilities calculated at \$5,079 annually per FTE.

Other operating expenses include the following:

Workers Compensation, Liability Insurance \$1,806 annually per FTE; Recruiting costs estimated at \$225

Communications \$1,519; Office supplies \$1,875; copier equipment and postage \$1,500; books and periodicals \$400

Mileage \$600; out of county travel \$1,650; staff development and training \$500

Computer equipment and software – 1 personal computer \$2,090

Total Operating Expenditures are budgeted at \$20,134

Total County Allocated Administration cost is calculated at \$1,607.19 annually per FTE for a total of \$7,168

Total proposed PEI Administration budget / funding requested is \$80,389.

County: HUMBOLDT

Date: 10/15/2008

	Client and Family Member, FTEs	Total FTEs	Budgeted Expenditure FY 2007-08	Budgeted Expenditure FY 2008-09	Total
A. Expenditures					
1. Personnel Expenditures					
a. PEI Coordinator / Analyst		1.00		\$21,506	\$21,506
b. PEI Support Staff	0.50	1.25		\$16,144	\$16,144
c. Other Personnel (list all classifications)					\$0
_____					\$0
_____					\$0
_____					\$0
d. Employee Benefits				\$15,437	\$15,437
e. Total Personnel Expenditures			\$0	\$53,087	\$53,087
2. Operating Expenditures					
a. Facility Costs				\$5,714	\$5,714
b. Other Operating Expenditures				\$14,420	\$14,420
c. Total Operating Expenditures			\$0	\$20,134	\$20,134
3. County Allocated Administration					
a. Total County Administration Cost			\$0	\$7,168	\$7,168
4. Total PEI Funding Request for County Administration Budget			\$0	\$80,389	\$80,389
B. Revenue					
1 Total Revenue			\$0	\$0	\$0
C. Total Funding Requirements			\$0	\$80,389	\$80,389
D. Total In-Kind Contributions			\$0	\$0	\$0

Form No. 6

Instruction: Please provide a listing of all PEI projects submitted for which PEI funding is being requested. This form provides a PEI project number and name that will be used consistently on all related PEI project documents. It identifies the funding

County:	HUMBOLDT
Date:	10/15/2008

#	List each PEI Project	Fiscal Year			Funds Requested by Age Group			
		FY 07/08	FY 08/09	Total	*Children, Youth, and their Families	*Transition Age Youth	Adult	Older Adult
1	Suicide Prevention	\$ -	\$ 130,861	\$ 130,861	\$ 32,715	\$ 32,715	\$ 32,715	\$ 32,715
2	Stigma and Discrimination Reduction	\$ -	\$ 81,865	\$ 81,865	\$ 20,466	\$ 20,466	\$ 20,466	\$ 20,466
3	Transition-Age Youth (TAY)	\$ -	\$ 320,739	\$ 320,739		\$ 320,739		
	10% Operating Reserve	\$ -	\$ 53,346	\$ 53,346				
	Administration	\$ -	\$ 80,389	\$ 80,389				
	Total PEI Funds Requested:	\$ -	\$ 667,200	\$ 667,200	\$ 53,181	\$ 373,920	\$ 53,181	\$ 53,181

County: **Humboldt**Date: **October 18, 2008**

- Check this box if this is a “very small county” (see glossary for definition) and the county is electing the option to waive the requirement to conduct a local evaluation of a PEI project. Very small counties electing this option do not need to complete the remainder of this form.

PEI Project Name: TAY Partnership Project

1. a. Identify the programs (from Form No. 3 PEI Project Summary), the county will evaluate and report on to the State.

- TAY Plus
- TAY Advocacy
- Education Training and Outreach

1. b. Explain how this PEI project and its programs were selected for local evaluation.

Stakeholder Input identified coordinated TAY services as a priority.

The TAY project encompasses approaches that are universal, selective, and indicated.

Using one or more EBPs provides the opportunity to measure individual, family, and program outcomes.

2. What are the expected person/family-level and program/system-level outcomes for each program?

Education Training and Outreach (Universal)

Program/system

- Provide education training and outreach to 500 individuals

TAY Advocacy (Selective)

Person/family

- Build youth capacity to self advocate
- Build youth leadership development

Program/system

- Digital story telling workshop and screening completed

TAY Plus (Indicated)

Person/Family

- Increased engagement in TAY recovery activities
- Maintaining healthy stable living environment
- Meeting personal recovery goals
- Increased access to family member support services

Program/System

- Improved methods for assessing TAY outcomes
- Implementation of an EBP to improve outcomes

3. Describe the numbers and demographics of individuals participating in this intervention. Indicate the proposed number of individuals under each priority population to be served by race, ethnicity and age groups. Since some individuals may be counted in multiple categories, the numbers of persons on the chart may be a duplicated count. For “other”, provide numbers of individuals served for whom a category is not provided (i.e., underserved cultural populations; e.g., gay, lesbian, bisexual, transgender, questioning; hearing impaired, etc.). Please indicate at the bottom of the form an estimate of the total *unduplicated* count of individuals to be served. If the focus of the intervention is families, count each person in the family.

**PERSONS TO RECEIVE INTERVENTION
Education Training and Outreach**

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/DISCRIMINATION
<u>ETHNICITY/ CULTURE</u>							
African American		25					
Asian Pacific Islander		25					
Latino		50					
Native American		50					
Caucasian		350					
Other (Indicate if possible)							
<u>AGE GROUPS</u>							
Children & Youth (0-17)							
Transition Age Youth (16-25)		500					
Adult (18-59)							
Older Adult (>60)							
TOTAL		500					
Total PEI project estimated <i>unduplicated</i> count of individuals to be served							<u>500</u>

TAY Advocacy

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/ DISCRIMINATION
ETHNICITY/ CULTURE							
African American		1					
Asian Pacific Islander		1					
Latino		2					
Native American		2					
Caucasian		14					
Other (Indicate if possible)							
AGE GROUPS							
Children & Youth (0-17)							
Transition Age Youth (16-25)		20					
Adult (18-59)							
Older Adult (>60)							
TOTAL							
Total PEI project estimated <i>unduplicated</i> count of individuals to be served <u>20</u>							

TAY Plus

POPULATION DEMOGRAPHICS	PRIORITY POPULATIONS						
	TRAUMA	FIRST ONSET	CHILD/YOUTH STRESSED FAMILIES	CHILD/YOUTH SCHOOL FAILURE	CHILD/YOUTH JUV. JUSTICE	SUICIDE PREVENTION	STIGMA/DISCRIMINATION
ETHNICITY/ CULTURE							
African American							
Asian Pacific Islander							
Latino		1					
Native American		1					
Caucasian		3					
Other (Indicate if possible)							
AGE GROUPS							
Children & Youth (0-17)							
Transition Age Youth (16-25)		5					
Adult (18-59)							
Older Adult (>60)							
TOTAL							
Total PEI project estimated <i>unduplicated</i> count of individuals to be served <u>5</u>							

4. How will achievement of the outcomes and objectives be measured? What outcome measurements will be used and when will they be measured?

Education Training and Outreach (Universal)

Program/system

- Conduct education and outreach at Humboldt County public events monitored through number of events and number of brochures shared.
- DHHS Trainings will be tracked through number and frequency of presentations, trainings, and number of people in attendance as well as through the completed evaluations.

TAY Advocacy (Selective)

Person/family

- Build youth capacity to self-advocate: Number of youth participating and frequency of events.
- Build youth leadership development: Number of youth participating and frequency of events.

Program/system

- Digital story telling workshop completed: Monitor number completed for new and updated information over time.
- Digital story telling screening completed: Monitor number completed for new and updated information over time.

TAY Plus (Indicated)

Person

- Engagement in the community such as volunteering, participating in TAY Advocacy Group activities, attending school, and/or employment: monitored through periodic feedback by youth and TAY Plus Team toward progress of community participation goals.

- Maintaining healthy stable living environment: monitored through periodic feedback by youth and TAY Plus Team toward progress of healthy stable living environment goals.
- Meeting personal recovery goals: monitored through periodic reviews of progress toward meeting personal recovery goals.

Family

- Increased access to family member and natural support services monitored through program and utilization reports.

5. How will data be collected and analyzed?

Data will be collected from the current mental health data system, program reports, pre and periodic standardized assessments, referral forms, surveys, sign-in sheets, counts, and training/event evaluations. Consolidation and reporting out of data will be performed by mental health analysts on at least an annual basis.

6. How will cultural competency be incorporated into the programs and the evaluation?

In conjunction with DHHS overall commitment to cultural competency, the Office of Client and Cultural Diversity and the TAY Advocacy Groups will provide guidance and technical assistance on program development, implementation, and on-going monitoring.

7. What procedure will be used to ensure fidelity in implementing the model and any adaptation(s)?

Through EBP evaluation process Humboldt County will use normal fidelity practices in-house by the Research & Evaluation Unit.

8. How will the report on the evaluation be disseminated to interested local constituencies?

The report on the evaluation of outcomes will be disseminated through current mechanisms such as:

- Humboldt County Department of Health and Human Services Monthly Newsletter
- Humboldt County Department of Health and Human Services Quarterly Trend Reports

LOCAL EVALUATION OF A PEI PROJECT

Form No. 7

- Mental Health Branch Data Book
- Mental Health Board
- Presentations at Mental Health Board
- MHSA Stakeholder meetings
- All Staff meetings
- Human Services Cabinet

Attachment A



Humboldt County Department of Health and Human Services
Mental Health Services Act

Provides funding to expand and develop innovative and integrated mental health services

What do you think?

Public Comment
October 18 - November 17

Prevention and Early Intervention Plan, Assignment Letter, and the Community Services and Supports Fiscal Year 2008-09 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:
720 Wood Street, Eureka
- Humboldt County DHHS Mental Health Branch
Children Youth and Family Services:
1711 3rd Street, Eureka
- Hope Center: 2933 H Street, Eureka
- website: <http://co.humboldt.ca.us/HHS/MHB/MHSA/>

Public Hearing on November 17

Humboldt County Department of Health and Human Services Professional Building
507 F Street in Eureka from **5:30 to 6:30pm**

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 B



County of Humboldt Department of Health & Human Services

Mental Health Branch

Karolyn Stein, RN, Branch 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.

- [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.



"Maggie and Jane"
Maggie had found a
home
~ Louise Hope ~

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: mhsacomment@co.humboldt.ca.us
- Comment line phone number: **(707) 441-3770**
- Toll Free number: **(866) 320-8911**

MHSA Documents Open for Public Comment!

- [MHSA Prevention and Early Intervention Plan](#)
 - [Attachment A: Suicide in Humboldt County 2003-2007](#)
 - [Attachment B: Humboldt County Strategic Prevention Plan](#)
 - [Attachment C: Recommendation Submitted by Advisory groups to MHSA Steering Committee](#)
 - [Attachment D: Integrated Services Initiative 2007-2010 Strategic Plan](#)
 - [Attachment E: California Strategic on Suicide Prevention: Every Californian is part of the Solution](#)
 - [Attachment F: Eliminating Stigma and Discrimination Against Persons with Mental Health Disabilities. A Project of the Mental Health Services Act](#)
 - [Attachment G: Early Intervention for Transitional Age Populations](#)
- [MHSA Prevention and Early Intervention Assignment Letter](#)
- [MHSA Community Services and Supports Fiscal Year 2008-2009 Update](#)

Previous MHSA Documents

2008

- [MHSA Housing Assignment Letter](#)

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](#)
- [Mental Health Liaison](#)

Web Links

- [California Department of Mental Health \(MHSA\)](#)
- [California Network of Mental Health Clients \(CNMHC\)](#)
- [National Alliance for the Mentally Ill \(NAMI\)](#)

Attachment C



COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES

PHILLIP R. CRANDALL, DIRECTOR

MENTAL HEALTH BRANCH
720 Wood Street Eureka, CA 95501-4482
(707) 268-2900 Fax: (707) 476-4049

Administration
(707) 268-2990

Children, Youth & Family Service
(707) 268-2800

Adult/24 Hour Services
(707) 268-2900

Alcohol & Other Drug Programs
(707) 476-4054

October 15, 2008

To whom it may concern,

Humboldt County Department of Health and Human Services is committed to stakeholder participation in the development of Mental Health Services Act programs.

The Mental Health Services Act, legislation passed in 2004, provides funding to counties to expand and develop innovative and integrated mental health services.

Currently there are Humboldt County Mental Health Services Act documents available for Public Comment from October 18th through November 17th, 2008.

There will also be a Public Hearing on November 17th, 2008 from 5:30-6:30pm at the Department of Health and Human Services Professional Building at 507 F Street in Eureka.

Enclosed please find a flyer that contains information on where to access these documents and how to make comments.

If possible and appropriate please make these materials available to your staff and the people you serve. Also, please remove the materials after the Public Comment period ends on November 17th, 2008.

Please contact us with any questions you may have.

Thank you in advance for your help in this effort,

Jacyln Culleton
Administrative Analyst
Mental Health Services Act
Humboldt County Mental Health Branch
720 Wood Street, Eureka, CA 95501
Phone: 707 268-2923
Email: jculleton@co.humboldt.ca.us

Culleton, Jaclyn

From: Culleton, Jaclyn
Sent: Friday, October 17, 2008 11:47 AM
To: Culleton, Jaclyn
Subject: MHSA PEI Public Comment and Hearing
Attachments: PEI Public Comment-Hearing flyer.pdf

Hello,

Please forward to interested parties!

The Mental Health Services Act

- Prevention and Early Intervention Plan
- Assignment Letter
- Community Services and Supports FY 2008-09 Update

Are open for

Public Comment

October 18 - November 17

Public Hearing

November 17

5:30 to 6:30pm

Humboldt County Department of Health and Human Services
Professional Building
507 F Street in Eureka

Documents are available and comments may be placed in the
"MHSA Comment Box"

- DHHS Professional Building
507 F Street, Eureka
- DHHS Mental Health Branch
720 Wood Street, Eureka
- DHHS Children Youth and Family Services
1711 3rd Street, Eureka
- Hope Center
2933 H Street, Eureka

- website: <http://co.humboldt.ca.us/HHS/MHB/MHSA/>

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

Thanks,
~jaclyn

Jaclyn Culleton
Administrative Analyst
Mental Health Services Act
Humboldt County Mental Health
Phone: 707 268-2923
Fax: 707 476-4049



Humboldt County Department of Health and Human Services
Mental Health Services Act

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What do you think?

Public Comment
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Public Hearing on November 17

Humboldt County Department of Health and Human Services Professional Building
507 F Street in Eureka from **5:30 to 6:30pm**

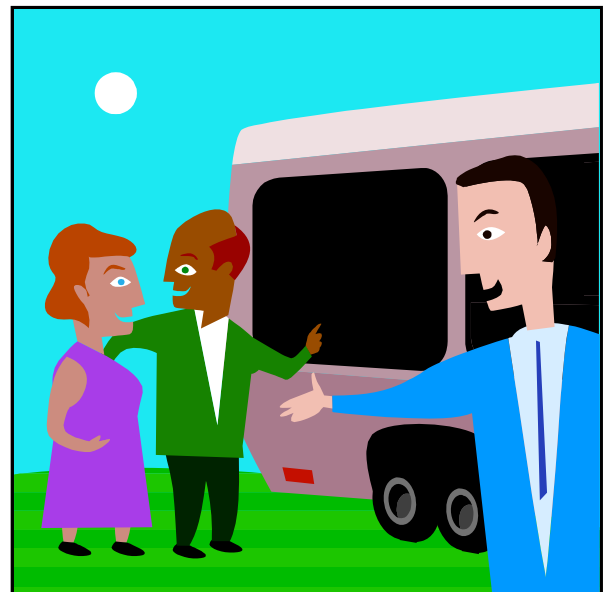
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Attachment D



Humboldt County Department of Health and Human Services
Mental Health Services Act
Provides funding to expand and develop innovative and integrated mental health services

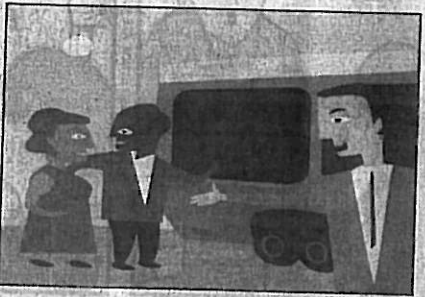
What do you think?

Public Comment
October 18 - November 17
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 Humboldt County Department of Health and Human Services Professional Building
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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



Times Standard 11/8/08 page A3

Attachment E



**COUNTY OF HUMBOLDT
MENTAL HEALTH BOARD
SPECIAL MEETING
AGENDA**

**Monday November 17, 2008
5:30-6:30 pm**

**Professional Building- Large Mezzanine Room
507 F Street, Eureka**

- I. Call to Order

- II. Roll Call & Introductions

- III. Adjustments to the Agenda

- IV. Reports
 - A. MHSA Prevention and Early Intervention Plan

- V. Public Comments - 3 minute time limit

- VI. Adjournment

x = Enclosure

DHHS=Department of Health and Human Services, 507 F Street, Eureka

HCMH = Humboldt County Mental Health, 720 Wood Street, Eureka

CYFS = Children Youth and Family Services, 1711 Third Street, Eureka

Attachment F



HUMBOLDT COUNTY
DEPARTMENT of HEALTH and HUMAN SERVICES
PROFESSIONAL BUILDING
MEZZANINE MAIN CONFERENCE ROOM
ATTENDEE ROSTER

MEETING: MHPA Public Hearing (4:00 - 7:00)

2008 Date	Time In	Time Out	Please Print Name	Work-Phone Number	Office Use
Mon 11/17	5:00		Jaclyn Culleton	268-2923	
11/17	5:00		KristHuschke	441 5554	
11-17	5:00		Mike Goldsby	268-2195	
11-17	5:00		John Hill		
"	5:20		Marianne Pennkamp	442-6212	
11-17	5:20		Ken Nagy	268-2919	
11-17	5:20		ERIC FIMBRES		
11/17	5:25		Pam Brown	826 4564	
11/17	5:30		Tim Ast	826 0323	
11/17	5:30		Robm Wolff	443-9747 x254	
11/17	5:30		Ruth Needham	725-4406	
11-17	5:30		SARA TURNER	822-0235	
11-17	5:30		Candice Campbell	268-2800	
11/17	5:30		Linda Souza	826-9598	
11/17	5:30		Marolyn Rene Steen	268 2990	

EVACUATION PROCEDURES:
PRIMARY EVACUATION ROUTE is via of the main stairs by the elevator, to the first floor, and then out the front door to "F" Street. If this route is not useable, then use the **SECONDARY EVACUATION ROUTE**, go out the door marked "EXIT", on the 5th street side of the Mezzanine Conference Room, down the stairs and out the door to 5th street. From either exit route, once outside proceed to the County Parking Lot at the corner of 5th and F street and assemble in the center of the Parking Lot.