

## **Prevention and Early Intervention Program – Local Implementation Agreement Request Cover Page**

**Organization Name:**

**Contact Name:**

**Address:**

**Phone:**

**Email:**

**Project Title:**

**Start Date:** (No earlier than January 1, 2019)

**End date:** (No later than June 30, 2019)

Please email your application to [sanderson@co.humboldt.ca.us](mailto:sanderson@co.humboldt.ca.us) in Microsoft Word format. Alternatively, paper versions may be submitted to:

Humboldt County Department of Health and Human Services  
Attention: Samantha Anderson, Administrative Analyst  
720 Wood Street  
Eureka, California 95501

A complete application includes:

- Completed Local Implementation Agreement Application (this form)
- Completed Project Description Narrative (four pages or less)
- Completed Local Implementation Agreement Goals Form
- Completed Local Implementation Agreement Budget Form

### **Project Description Narrative:**

Project descriptions must be typed in 12 point font with 1 inch margins on standard 8 ½ x 11 inch white paper. Each page must be single-sided and clearly and consecutively numbered.

1. Describe the activities and/or events that will be completed with Prevention and Early Intervention program funding. Include the total number of people that will be served or reached, and whether the proposed project will focus on a particular group or geographic area. (Maximum of one page)
2. Describe the differences that the proposed activities and/or events will make for the population or community being served, including, without limitation, all expected outcomes and how such outcomes will be measured. (Maximum of one page)

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**Mental Health Services Act  
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3. Describe how the proposed activities and/or events will fit into or relate to other programs in your organization and community. (Maximum of one page)
4. Describe your organization's capacity to succeed with the proposed project and your plans for continuing the work after the proposed project is complete. (Maximum of one page)



**Prevention and Early Intervention Program – Local Implementation Agreement  
Goals Form**

Using only the space provided, include a short description of how your project will work towards the following goals, and estimate the number of people who will participate in the proposed activities. **Choose only those goals that apply to your project.**

<p><b>Early Intervention:</b> To reduce prolonged suffering that may result from untreated mental illness by providing treatment and other services and interventions that address and promote recovery and related functional outcomes for a mental illness early in its emergence.</p>	<p align="center"><b>Number of People who will Participate</b></p>

<p><b>Prevention:</b> To reduce prolonged suffering that may result from untreated mental illness by reducing the risk factors for developing a serious mental illness and to build protective factors.</p>	<p align="center"><b>Number of People who will Participate</b></p>

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<p><b>Increasing Recognition of Early Signs of Mental Illness:</b> To reduce prolonged suffering that may result from untreated mental illness by engaging, encouraging, educating and learning from participants about ways to recognize and respond effectively to early signs of mental illness.</p>	<p><b>Number of People who will Participate</b></p>

<p><b>Access and Linkage to Treatment:</b> To reduce prolonged suffering that may result from untreated mental illness by connecting children, adults and seniors with severe mental illness, as early in the onset of the conditions as practicable, to medically necessary care and treatment.</p>	<p><b>Number of People who will Participate</b></p>

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<b>Stigma and Discrimination Reduction:</b> To facilitate changes in attitudes, knowledge and or behavior related to mental illness and mental health treatment services by reducing negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with mental illness or seeking mental health treatment services.	<b>Number of People who will Participate</b>

<b>Suicide Prevention:</b> To facilitate changes in attitudes, knowledge and/or behavior regarding suicide resulting from mental illness by conducting organized suicide prevention activities.	<b>Number of People who will Participate</b>



## Prevention and Early Intervention Program – Local Implementation Agreement Budget Form

Use this form to submit a proposed project budget. For major expenses, please be specific. For personnel costs, include a description of salary calculation and a brief description of duties and/or tasks covered by this budget. Definitions of each budget category are provided on the next page.

*Descriptions here*

*Amounts Here*

<b>A. Personnel Costs</b>	
Title: Salary Calculation: Duties Description:	
Title: Salary Calculation: Duties Description:	
<b>Total Personnel Costs:</b>	
<b>B. Equipment</b>	
Title: Description:	
Title: Description:	
<b>Total Equipment Costs:</b>	
<b>C. Supplies</b>	
Title: Description:	
Title: Description:	
Title: Description:	
Title: Description:	
<b>Total Supplies:</b>	
<b>D. Transportation/Travel</b>	
Title: Description:	
Title: Description:	
<b>Total Transportation/Travel:</b>	
<b>E. Other Expenses</b>	
Title: Description:	
Title: Description:	
Title: Description:	
Title: Description:	
<b>Total Other Expenses:</b>	
Overhead and administrative costs may not exceed 2% of direct costs	
<b>Total Budget :</b>	

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**DEFINITIONS:**

**Personnel:** includes all employee costs, but not independent contractors or consultants. List each employee type separately. Examples of calculations include:

- 15% of \$2,000/mo. X 6 months
- 20 hrs X \$15/hr X 52 weeks + benefits

**Equipment:** includes all equipment necessary for the project. Equipment specifically includes any item purchased for more than \$5,000 with a useful life of more than one (1) year.

**Supplies:** includes items that will be used by participants or staff - meeting supplies, postage, paper, any item purchased for less than \$5,000.

**Transportation/Travel:** includes employee per-mile reimbursements and other travel-related expenses.

**Other Expenses:** includes anything not already covered in the budget categories above. Include independent contractors and/or consultants here. List each expense separately.