

MENTAL HEALTH  
STUDENT SERVICE ACT OF 2019

# HUMBOLDT COUNTY



Response to Request for Applications

February 25, 2020

**Master Application**

# Table of Contents

<b>ATTACHMENT 1: APPLICATION COVER SHEET.....</b>	<b>2</b>
<b>ATTACHMENT 2: INTENT TO APPLY .....</b>	<b>4</b>
<b>ATTACHMENT 3: MINIMUM REQUIREMENTS .....</b>	<b>7</b>
<b>EXHIBIT A: historical evidence of the partnership</b>	
<b>EXHIBIT B: current evidence of the partnership</b>	
<b>ATTACHMENT 4: APPLICANT BACKGROUND.....</b>	<b>13</b>
<b>EXHIBIT C: organization chart</b>	
<b>EXHIBIT D: confirmation of governing body meeting frequency</b>	
<b>EXHIBIT E: governing body meeting minutes</b>	
<b>ATTACHMENT 5: PROPOSED PLAN.....</b>	<b>23</b>
<b>ATTACHMENT 6: PROGRAM IMPLEMENTATION PLAN – PLAN NARRATIVE .....</b>	<b>60</b>
<b>ATTACHMENT 7: PROGRAM IMPLEMENTATION PLAN – PLAN TIMELINE.....</b>	<b>78</b>
<b>ATTACHMENT 8: PROGRAM IMPLFEMENTATION PLAN – SUSTAINABILITY PLAN.....</b>	<b>84</b>
<b>ATTACHMENT 9: PROGRAM COMMUNICATION PLAN .....</b>	<b>90</b>
<b>ATTACHMENT 10: BUDGET WORKSHEET .....</b>	<b>93</b>
<b>ATTACHMENT 10-1: BUDGET INSTRUCTIONS.....</b>	<b>95</b>
<b>ATTACHMENT 11: BUDGET NARRATIVE .....</b>	<b>101</b>
<b>EXHIBIT F: budget justification</b>	
<b>ATTACHMENT 12: FINAL SUBMISSION CHECKLIST .....</b>	<b>104</b>
<b>ATTACHMENT 13 PAYEE DATA RECORD .....</b>	<b>105</b>
<b>EXHIBIT G: letters of support</b>	

# ATTACHMENT 1: APPLICATION COVER SHEET

## Mental Health Student Services Act of 2019 Grant Application Cover Sheet

Provide the name of the entity submitting the Application in the table below.

Name of Lead County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
County of Humboldt – Mental Health	Emi Botzler-Rodgers – Director of Mental Health	
Director or Designee Signature (Sign as Lead Agency or sign to authorize the Lead Agency listed below, if not the county/city)		Date

Name of Lead Agency, if not County and/or City Mental Health/Behavioral Health Department	Director or Designee Name and Title	
Non-applicable	Non-applicable	
Director or Designee Signature		Date
Non-applicable		Non-applicable

I HEREBY CERTIFY under penalty of perjury that I have the authority to apply for this grant; and that this grant Application is consistent with the terms and requirements of the Commission's Request for Application for the Mental Health Student Services Act.

If this is a joint effort, list all additional participants to the application. (Add lines as needed)

Additional County and/or City Mental Health/Behavioral Health Departments	Director or Designee	Date Signed
1. Non-applicable	Name: Non-applicable	Non-applicable
	Signature: Non-applicable	
2. Non-applicable	Name: Non-applicable	Non-applicable
	Signature: Non-applicable	

3. Non-applicable	Name: Non-applicable	Non-applicable
	Signature: Non-applicable	

List all Educational entities (County Office of Education and/or Charter School(s)) participating in this application. *(Add lines as needed)*

Name of Educational Entity	Director or Designee	Date Signed
1. Humboldt County Office of Education	Name: Chris Hartley	
	Signature:	
	Signature: Non-applicable	

Name of all school districts in the county partnership in the application <i>(Add lines as needed)</i>	
1. Eureka City Schools	
2. Fortuna Elementary School District	
3. Klamath-Trinity Joint Unified School District	
4. Northern Humboldt Union High School District	
5. Southern Humboldt Unified School District	

The school districts listed above are partnering in this application. If MHSSA funds are awarded, these districts will hire direct service staff. Staff hired would serve all 32 school districts in Humboldt County. All school districts county-wide are included in this project.

County or City Lead Grant Coordinator Contact Information:

Name:	Windy Scott
Title:	Analyst
Email:	<a href="mailto:wscott@co.humboldt.ca.us">wscott@co.humboldt.ca.us</a>
Phone Number:	(707) 388-6690

## ATTACHMENT 2: INTENT TO APPLY

### AMENDED

This Attachment is required to be submitted by the due state stated in Table V-I Key Action Dates. The form may be submitted by email to the Procurement Official below, but the original signed copy must be submitted with the final Application.

Procurement Official:

Cheryl Ward  
Mental Health Services Oversight and Accountability Commission  
1325 J Street, Suite 1700  
Sacramento, CA 95814  
[Cheryl.Ward@mhsoac.ca.gov](mailto:Cheryl.Ward@mhsoac.ca.gov)

We intend to submit an Application and choose (select one):

- ☒ Category 1 – Existing Partnership – County collaborative partnership has been in existence at least 2 years from the date the RFA is released.
- ☐ Category 2 – New or Emerging Partnership – County collaborative partnership has been in existence less than 2 years from the date the RFA is released.

The individual to whom all information regarding this solicitation shall be transmitted is:

Name:	Emi Botzler-Rodgers		
Address:	824 Harris Street		
City, State and ZIP Code:	Eureka CA 95501		
Telephone:	(707) 268-2990	FAX:	(707) 476-4049
E-Mail:	Ebotzler-rodgers@co.humboldt.ca.us		

List all counties, and/or city mental health/behavioral health departments covered under this Intent to Bid. If this is a joint effort, the lead county shall be listed first and sign the Intent to Apply. (Add lines as needed)

Counties, and/or city mental health/behavioral health departments	
1.	County of Humboldt – Children’s Mental Health

List all Educational entities (County Office of Education and/or Charter School(s)) participating in this application. (Add lines as needed)

Educational entities (County Office of Education and/or Charter School(s))	
1.	Humboldt County Office of Education

List all School Districts participating in this application. *(Add lines as needed)*

School Districts	
1.	Arcata School District
2.	Big Lagoon Union Elementary School District
3.	Blue Lake Union Elementary School District
4.	Bridgeville Elementary School District
5.	Cuddeback Elementary School District
6.	Cutten Elementary School District
7.	Eureka City Schools, a Unified District
8.	Ferndale Unified School District
9.	Fieldbrook Elementary School District
10.	Fortuna Elementary School District
11.	Fortuna Union High School District
12.	Freshwater Elementary School District
13.	Garfield Elementary School District
14.	Green Point School District
15.	Humboldt County Office of Education
16.	Hydesville Elementary School District
17.	Jacoby Creek School District
18.	Klamath-Trinity Joint Unified School District
19.	Kneeland Elementary School District
20.	Loleta Union Elementary School District
21.	Maple Creek Elementary School District
22.	Mattole Unified School District
23.	McKinleyville Union School District
24.	Northern Humboldt High School District
25.	Orick Elementary School District
26.	Pacific Union School District
27.	Peninsula Union School District
28.	Rio Dell School District
29.	Scotia Union School District

30.	<a href="#">South Bay Union School District</a>
31.	<a href="#">Southern Humboldt Unified School District</a>
32.	<a href="#">Trinidad Union School District K-8</a>

Authorized Signor:

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title (Print)

\_\_\_\_\_  
County

[Ebotzler-rodgers@co.humboldt.ca.us](mailto:Ebotzler-rodgers@co.humboldt.ca.us)  
\_\_\_\_\_  
Email

[707-268-2990](tel:707-268-2990)  
\_\_\_\_\_  
Telephone

## ATTACHMENT 3: MINIMUM REQUIREMENTS

Category	
<b>VII. B.i.</b>	<p>Check the box below if selecting Category 1:</p> <p>An existing Partnership for purposes of this RFA is one that has been in existence for at least 2 years from the date of the release of this RFA and is between the County Mental or Behavioral Health Department and one or more of the following:</p> <ul style="list-style-type: none"> <li>County Office of Education</li> <li>Charter school</li> <li>School district</li> </ul> <p style="text-align: center;"><input checked="checked" type="checkbox"/></p>
<b>VII. B.ii.</b>	<p>Check the box below if selecting Category 2:</p> <p>A New or Emerging Partnership for purposes of this RFA is one that was not in existence prior to this RFA or has been in existence for less than 2 years from the date of the release of this RFA and is between the County Mental or Behavioral Health Department and one or more of the following:</p> <ul style="list-style-type: none"> <li>County Office of Education</li> <li>Charter School</li> <li>School district</li> </ul> <p style="text-align: center;"><input type="checkbox"/></p>
<b>Evidence of Established Collaborative</b>	
<b>VII. B.iii.1.</b>	<p>State the number of years the Partnership has been in existence:</p> <p style="margin-left: 40px; color: #0070c0;">23 years</p> <p>Formal school-county collaborative partnerships date back at least to the Family Intervention Team program (FIT), an interagency system of care program established in 1997. The mission of FIT is to provide a comprehensive interagency system of care for at-risk children/youth utilizing the resources of the family and extended family in managing clinical and fiscal risk. FIT must also promote, whenever possible, interdepartmental and interagency cooperation and collaboration in the establishment and enhancement of a community based comprehensive interagency system of care for at-risk children and youth. The program is still in effect, and is made possible through a partnership between the Humboldt County Department of Health and Human Services (DHHS) Mental Health, Public Health, and Social Services Departments, the Humboldt County Probation Department, Eureka City Schools, Redwood Coast Regional Center, and the Humboldt County Office of Education (HCOE).</p> <p>Other formalized agreements exist between Humboldt County Mental Health and several local Organizational Providers. The Scope of Work in these specialty mental health contracts includes the expectation that mental-health services will be provided in local schools. These Mental Health Organizational Provider Contracts began in 2002 and are in existence today.</p> <p>Besides these agreements, and other project-specific agreements listed below, for the past six years DHHS and HCOE/K-12 Education have developed and formalized a governance structure, purpose, vision, and goals with the intent of further developing a school-county collaborative</p>



partnership. This established Mental Health/Education Team will serve as the leadership team for this proposal.

Below is an inclusive but non-exhaustive list of past and present agreements that support the existence of the school-county collaborative partnership. 23 years of partnering has resulted in the creation of numerous agreements. Providing an exhaustive list is not possible at this time.

Year	Type of Agreement	Parties to the Agreement	Summary of Scope
1997 – Continuous	Partnership Agreement	County Mental Health, HCOE, Probation, Social Service, Eureka City Schools, RCRC	Interagency System of Care/Family Intervention Team
2002	Amendment	County and Humboldt Child Care Council	Specialty Mental Health Services (service setting includes schools)
2003-2004	Mental Health Provider Contract	County and Humboldt Child Care Council	Specialty Mental Health Services (service setting includes schools)
2006-2007	Mental Health Provider Contract	County and Humboldt Child Care Council	Specialty Mental Health Services (service setting includes schools)
2008-2009	Amendment	County and Changing Tides	Specialty Mental Health Services (service setting includes schools)
2010-2012	Mental Health Provider Contract	County and Remi Vista	Specialty Mental Health Services (service setting includes schools)
2010-2011	Mental Health Provider Contract	County and Changing Tides	Specialty Mental Health Services (service setting includes schools)
2012-2014	Mental Health Provider Contract	County and Remi Vista	Specialty Mental Health Services (service setting includes schools)
2012-2014	Mental Health Provider Contract	County and Changing Tides	Specialty Mental Health Services (service setting includes schools)
2014-2015	Partnership Agreement	County and Changing Tides	Expand Mental Health Continuum of Care
2014-2015	Partnership Agreement	County and Blue Lake Union Elementary School	Expand Mental Health Continuum of Care
2014-2015	Partnership Agreement	County and Northern Humboldt Union High School	Expand Mental Health Continuum of Care (From Zero Tolerance to Zero Expulsion)
2014-2015	Partnership Agreement	County and Northern Humboldt Union High School	Expand Mental Health Continuum of Care (Capturing Kids' Hearts)
2014-2015	Partnership Agreement	County and Fortuna Elementary School District	Expand Mental Health Continuum of Care (Parent Project)
2014-2015	Partnership Agreement	County and Eureka City Schools	Expand Mental Health Continuum of Care

	2014-2015	Partnership Agreement	County and Humboldt County Office of Education	Expand Mental Health Continuum of Care (Second Step)
	2014-2015	Partnership Agreement	County and Humboldt County Office of Education	Expand Mental Health Continuum of Care (Positive Behavioral Intervention & Supports)
	2014-2016	Mental Health Provider Contract	County and Changing Tides	Specialty Mental Health Services (service setting includes schools)
	2014-2016	Mental Health Provider Contract	County and Remi Vista	Specialty Mental Health Services (service setting includes schools)
	2015	Partnership Agreement	County and Humboldt County Office of Education	Expand Mental Health Continuum of Care (Social Emotional Development Training)
	2015	Partnership Agreement	County and South Bay Union School District	Expand Mental Health Continuum of Care (Support for Success)
	2015	Partnership Agreement	County and Maple Creek Elementary School	Expand Mental Health Continuum of Care
	2015	Partnership Agreement	County and Humboldt County Office of Education	Expand Mental Health Continuum of Care
	2015	Partnership Agreement	County and Changing Tides	Expand Mental Health Continuum of Care
	2015-2016	Partnership Agreement	County and Humboldt County Office of Education	Expand Mental Health Continuum of Care
	2015-2016	Partnership Agreement	County and Changing Tides	Expand Mental Health Continuum of Care
	2015-2016	Partnership Agreement	County and Changing Tides	Expand Mental Health Continuum of Care
	2015-2016	Mental Health Provider Contract	County and Remi Vista	Specialty Mental Health Services (service setting includes schools)
	2015-2016	Partnership Agreement	County and Humboldt County Office of Education	Expand Mental Health Continuum of Care
	2015-2016	Partnership Agreement	County and Humboldt County Office of Education	Expand Mental Health Continuum of Care
	2015-2016	MOU	County and Humboldt County Office of Education	Multi-Tiered System of Support Coalition
	2016	Partnership Agreement	County and Humboldt County Office of Education	Expand Mental Health Continuum of Care
	2016	Partnership Agreement	County and Humboldt County Office of Education	Expand Mental Health Continuum of Care

	2016	Partnership Agreement	County and Eureka City Schools	Expand Mental Health Continuum of Care
	2016-2017	MOU	County and Humboldt County Office of Education	Multi-Tiered System of Support Coalition
	2016-2017	Service Contract	County and Resource Development Associates	Needs Assessment of Mental Health County-Wide Mental Health Services
	2016-2018	Mental Health Provider Contract	County and Remi Vista	Specialty Mental Health Services (service setting includes schools)
	2016-2018	Mental Health Provider Contract	County and Changing Tides	Specialty Mental Health Services (service setting includes schools)
	2017	Partnership Agreement	County and Changing Tides	Expand Mental Health Continuum of Care
	2017	Partnership Agreement	County and Humboldt County Office of Education	Expand Mental Health Continuum of Care
	2017	Partnership Agreement	County and McKinleyville Union School District	Expand Mental Health Continuum of Care
	2017-2018	MOU	County and Humboldt County Office of Education	Multi-Tiered System of Support Coalition
	2018-2019	MOU	County and Humboldt County Office of Education	Multi-Tiered System of Support Coalition
	2018-2022	MOU	County and Humboldt County Office of Education	School-Based Mental Health Services
	2018-2022	MOU	County and Eureka City Schools	School-Based Mental Health Services
	2018-2022	MOU	County and Fortuna Elementary School District	School-Based Mental Health Services
	2018-2022	MOU	County and Klamath-Trinity Joint Unified School District	School-Based Mental Health Services
	2018-2022	MOU	County and Northern Humboldt Union High School District	School-Based Mental Health Services
	2019-2020	MOU	County and Humboldt County Office of Education	Multi-Tiered System of Support Coalition
	2019-2022	MOU	County and Arcata School District	School-Based Mental Health Services
	2020-2022	MOU	County and Hydesville	School-Based Mental Health Services

			Elementary School District	
	2020-2022	MOU	County and Scotia Union School District	School-Based Mental Health Services
	2020-2022	MOU	County and Cutten Elementary School District	School-Based Mental Health Services
	2020-2022	MOU	County and Loleta Union Elementary School District	School-Based Mental Health Services
	2020-2022	MOU	County and Ferndale Unified Elementary School District	School-Based Mental Health Services
	2020-2022	MOU	County and Orick Elementary School District	School-Based Mental Health Services
	2020-2022	MOU	County and Mattole Unified School District	School-Based Mental Health Services
	2020-2022	MOU	County and Kneeland Elementary School District	School-Based Mental Health Services
	2020-2022	MOU	County and Freshwater Elementary School District	School-Based Mental Health Services
	2020-2022	MOU	County and Big Lagoon Elementary School District	School-Based Mental Health Services
	2020-2022	MOU	County and Cuddeback Elementary School District	School-Based Mental Health Services
	2020-2022	MOU	County and Fieldbrook Elementary School District	School-Based Mental Health Services
	2020-2022	MOU	County and McKinleyville Union School District	School-Based Mental Health Services
	2020-2022	MOU	County and Bridgeville Elementary School District	School-Based Mental Health Services
	2020-2022	MOU	County and Pacific Union School District	School-Based Mental Health Services
	2020-2022	MOU	County and Rio Dell School District	School-Based Mental Health Services

	2020-2022	MOU	County and Maple Creek Elementary School District	School-Based Mental Health Services
	2020-2022	MOU	County and Fortuna Union High School District	School-Based Mental Health Services
	2020-2022	MOU	County and Trinidad Union School District	School-Based Mental Health Services
	2020-2022	MOU	County and Blue Lake Union Elementary School District	School-Based Mental Health Services
	2020-2022	MOU	County and South Bay Union School District	School-Based Mental Health Services
	2020-2022	MOU	County and Jacoby Creek School District	School-Based Mental Health Services
	2020-2022	MOU	County and Green Point School District	School-Based Mental Health Services
<b>VII. B.iii.2.</b>	<p>Check the box below if the following is attached behind this page:</p> <p>Provide support of when the Partnership started. Support can be an MOU, service agreement, or other type of agreement between all of the entities formalizing the Partnership and dated.</p> <p><b>See Exhibit A</b> for documents providing historical evidence of the partnership.</p> <p>Attached agreements provide a sample of what is cataloged. The volume of pages makes it impossible to provide all evidence. Additional agreements will be provided as requested.</p> <p><input checked="" type="checkbox"/></p>			
<b>VII. B.iii.3.</b>	<p>Check the box below if the following is attached behind this page:</p> <p>Provide support that the Partnership is in existence as of the application due date. This can include an MOU, service agreement, or other type of agreement between all of the entities with a current 2020 date.</p> <p><b>See Exhibit B</b> for documents providing current evidence of the partnership</p> <p><input checked="" type="checkbox"/></p>			

## ATTACHMENT 4: APPLICANT BACKGROUND

### Partnership Background

#### VII.C.i.1.

What is the vision, mission, objective of the Partnership and how is it accomplished?

The **vision** of Humboldt County's School-County Collaborative is: To meet the health and education needs of children in Humboldt County through an improved school based service delivery system.

The **mission** is: To improve coordination of care for school-aged children through building relationships and establishing a sustainable structure for interagency partnering.

The **objective** is: Cultivate and improve the School-County Collaborative, focusing on learning one another's systems, discovering how to best assimilate, purposefully communicating with each other, and working together to achieve more than any one sector could achieve independently.

The Partnership has a number of **goals** that it works to achieve. The group meets regularly to work towards:

- Improving access to identified services
- Supporting better outcomes
- Providing multiple service options
- Improving student attendance
- Improve student performance
- Creating and fostering a positive school climate
- Increasing the level of understanding with regard to one another's systems
- Identifying funding to contribute toward projects

The group works in a coordinated and integrated manner to serve children whose needs cross multiple systems. By engaging in **strategic planning** sessions and producing short and long-term **action plans** that align and support the movement toward mission achievement, the partnership maintains focus and forward momentum. Over the last 20 months, Humboldt County Mental Health has entered into Memorandums of Understanding with 29 of the 32 school districts committed to the partnership. Three remaining MOU's are in various stages of execution. Within the next two months, the Partnership expects the MOU process to be finalized with the remaining three school districts. Students in the three districts mention above, receive services from Humboldt Bridges to Success (HBTS) regardless of the status of agreement execution.

The partnership developed a training platform for all levels of staff. Recent trainings provided an overview of each of the organizational purviews. These trainings defined for one another the range of operations, authority, services, and mandates of each system, and aimed to demystify the work of each system. The trainings also provided opportunities for questions, conversation, and helped to clear up common misconceptions that were prevalent in both systems. Additional trainings are in the planning and preparation process.

	The most recent project of Humboldt’s School-County Collaborative is the Humboldt Bridges to Success (HBTS) program. HBTS was established in 2018 and funded with an OAC grant. This program created school-based mental health crisis-triage teams for all five regions of Humboldt County. In addition, the program created a sixth team that specializes in mental health services for the 0-5 age group. This model enables each regional team to provide the services and supports which best meet their community’s unique cultural and geographic differences.																																							
VII.C.i.2.	What entities are involved? List them individually?																																							
	a.	County Mental or Behavioral Health Department: 1) <a href="#">Humboldt County Mental Health, Children &amp; Family Services Division</a>																																						
	a.	i. Is this a Single or Multi-county collaborative? If Multi-county, list the names of the counties: <a href="#">Single county</a>																																						
	b.	County Office of Education: 1) <a href="#">Humboldt County Office of Education</a>																																						
	c.	Charter School: <a href="#">Charter schools in Humboldt County fall under district authority. The Humboldt School-County Collaborative includes all school districts, county-wide.</a>																																						
	d.	<table><tr><td>School Districts: Humboldt County Office of Education is considered a school district as well as a county office of education.</td><td>Enrollment:</td></tr><tr><td>1) <a href="#">Arcata School District</a></td><td>1) 1,129</td></tr><tr><td>2) <a href="#">Big Lagoon Union Elementary School District</a></td><td>2) 19</td></tr><tr><td>3) <a href="#">Blue Lake Union Elementary School District</a></td><td>3) 158</td></tr><tr><td>4) <a href="#">Bridgeville Elementary School District</a></td><td>4) 29</td></tr><tr><td>5) <a href="#">Cuddeback Union Elementary School District</a></td><td>5) 149</td></tr><tr><td>6) <a href="#">Cutten Elementary School District</a></td><td>6) 610</td></tr><tr><td>7) <a href="#">Eureka City Schools – a Unified District</a></td><td>7) 3,836</td></tr><tr><td>8) <a href="#">Ferndale Unified School District</a></td><td>8) 475</td></tr><tr><td>9) <a href="#">Fieldbrook Elementary School District</a></td><td>9) 137</td></tr><tr><td>10) <a href="#">Fortuna Elementary School District</a></td><td>10) 1,356</td></tr><tr><td>11) <a href="#">Fortuna Union High School District</a></td><td>11) 1,107</td></tr><tr><td>12) <a href="#">Freshwater Elementary School District</a></td><td>12) 350</td></tr><tr><td>13) <a href="#">Garfield Elementary School District</a></td><td>13) 64</td></tr><tr><td>14) <a href="#">Green Point Elementary School District</a></td><td>14) 19</td></tr><tr><td>15) <a href="#">Humboldt County Office of Education School District</a></td><td>15) 892</td></tr><tr><td>16) <a href="#">Hydesville Elementary School District</a></td><td>16) 188</td></tr><tr><td>17) <a href="#">Jacoby Creek Elementary School District</a></td><td>17) 469</td></tr><tr><td>18) <a href="#">Klamath-Trinity Joint Unified School District</a></td><td>18) 1,019</td></tr></table>	School Districts: Humboldt County Office of Education is considered a school district as well as a county office of education.	Enrollment:	1) <a href="#">Arcata School District</a>	1) 1,129	2) <a href="#">Big Lagoon Union Elementary School District</a>	2) 19	3) <a href="#">Blue Lake Union Elementary School District</a>	3) 158	4) <a href="#">Bridgeville Elementary School District</a>	4) 29	5) <a href="#">Cuddeback Union Elementary School District</a>	5) 149	6) <a href="#">Cutten Elementary School District</a>	6) 610	7) <a href="#">Eureka City Schools – a Unified District</a>	7) 3,836	8) <a href="#">Ferndale Unified School District</a>	8) 475	9) <a href="#">Fieldbrook Elementary School District</a>	9) 137	10) <a href="#">Fortuna Elementary School District</a>	10) 1,356	11) <a href="#">Fortuna Union High School District</a>	11) 1,107	12) <a href="#">Freshwater Elementary School District</a>	12) 350	13) <a href="#">Garfield Elementary School District</a>	13) 64	14) <a href="#">Green Point Elementary School District</a>	14) 19	15) <a href="#">Humboldt County Office of Education School District</a>	15) 892	16) <a href="#">Hydesville Elementary School District</a>	16) 188	17) <a href="#">Jacoby Creek Elementary School District</a>	17) 469	18) <a href="#">Klamath-Trinity Joint Unified School District</a>	18) 1,019
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	21) Maple Creek Elementary School District	21) 4
	22) Mattole Unified School District	22) 50
	23) McKinleyville Union Elementary School District	23) 1,123
	24) Northern Humboldt Union High School District	24) 1,787
	25) Orick Elementary School District	25) 24
	26) Pacific Union Elementary School District	26) 610
	27) Peninsula Union School District	27) 35
	28) Rio Dell Elementary School District	28) 307
	29) Scotia Union Elementary School District	29) 176
	30) South Bay Union Elementary School District	30) 949
	31) Southern Humboldt Joint Unified School District	31) 760
	32) Trinidad Union Elementary School District	32) 203
e.	School: The School-County Collaborative partners: County Mental Health, County Office of Education and all school districts, county-wide. The partnership includes every public and charter schools in Humboldt County. All enrollment figures are included in the district enrollment numbers directly above.	Enrollment:
VII.C.i.3.	Governance Structure	
	a.	Describe the governance structure of the County – Educational Entities partnership: <b>The Department of Health and Human Services (DHHS)/Education Leadership Committee</b> (Leadership Committee) is the formal governing structure of the School-County Collaborative. This committee is comprised of leadership from the Department of Health and Human Services, Humboldt County Office of Education, Humboldt-Del Norte SELPA, Children’s Mental Health, Juvenile Probation, School Districts, and Child Welfare Services. The community and private sectors regularly participate by lending their voice and bringing to the table a non-government perspective.
	b.	What is the role of the governance group and what are the decision-making responsibilities given to it?  The role of the <b>DHHS/Education Leadership Committee</b> is to provide a forum, support, and leadership that brings the public, private, and community sector together. The Leadership Committee facilitates communication, goals establishment, problem solving, decision making, relationships building, management of joint ventures, and strategic planning. The objective is to cultivate and improve the school-county partnership by focusing on learning one another’s systems,



purposefully communicating with each other, and working together to positively impact the students and families of Humboldt County.

**Decision-making responsibilities:** The decision making responsibilities for the School-County Collaborative governance group follow a collaborative model. The governance group makes decisions about joint ventures, program management and staffing, fiscal and budgetary decisions, goal setting and problem-solving, as well as cross-system training opportunities.

Collaborative Model
Each partner: <ul style="list-style-type: none"><li>• shares decision-making responsibility &amp; authority</li><li>• has particular roles and responsibilities</li><li>• is accountable to the other</li><li>• contributes resources</li><li>• surrenders some measure of its autonomy</li></ul>
<b>Decision Making</b> <ul style="list-style-type: none"><li>• by consensus</li><li>• agreement necessary</li></ul>






**Humboldt Bridges to Success (HBTS) Implementation Team (Implementation Team)** carries out the Leadership Committee's directives and manages the project on a day-to-day basis. In addition, **five regional committees (one from each county region)** provide region specific feedback and guidance to the Leadership and Implementation Teams. The composition and roles of the Implementation Team and regional committees are described below.

**Humboldt Bridges to Success Implementation Team (Implementation Team):** While the Leadership Committee provides overall vision and guidance for the initiative, ensuring that the goals of the project are met requires a team to work closer to the staff and students. For this reason, an Implementation Team has been formed to implement the program at the school sites. The Implementation Team is comprised of eight members and the two program supervisors.

The team's members include:

- Gabe Bennett, Senior Program Manager, County-Children's Mental Health
- Jet DeKruise, Senior Program Manager, County-Children's Mental Health
- Dr. Peter Stoll, HCOE Program Manager, Region 1 MTSS Lead
- Five (5) regional school district representatives
- Two Co-Lead Humboldt Bridges to Success Supervisors (Carolyn Albee, school district employed, and Julie Beach, Department of Health and Human Services employed)

Unlike the Leadership Committee (which is mostly comprised of county-level leaders from DHHS and HCOE) the Implementation Team is mostly comprised of school-based practitioners and educators who work daily with children and families.

	<p>This is intentionally done because the closer to the children and families decisions are made, the more likely they are to match the needs of those they impact the most.</p> <p><b>Five regional committees (one from each region)</b> provide even more specific feedback and data. These meeting groups include the principals and superintendent/principals who work daily with the students, families and caregivers, and school and program staff. Their closeness to the youth and families being served make them a critical source of information.</p> <p>However, school principals and superintendent/principals are incredibly busy. So instead of creating a new committee for each region, we take advantage of established collaborative meetings within each of the regions. The work of Humboldt Bridges to Success has become a standing agenda item for the following five existing groups:</p> <ul style="list-style-type: none"> <li>• Central Humboldt Administrative Team (meets quarterly)</li> <li>• Eel River Valley Administrators Association Meeting (meets monthly)</li> <li>• Northern Humboldt Administrators Consortium Meeting (meets monthly)</li> <li>• Klamath Trinity Joint Unified School District Administration Meeting (meets 2x a month)</li> <li>• Southern Humboldt Unified School District Administration Meeting (meets 2x a month)</li> </ul> <p>One of the program supervisors or a regional HBTS-funded practitioner attends these meetings to ensure the needs expressed by the regional leaders are heard.</p>
C.	<p>Who is involved and what are the roles of each?</p> <p>The current membership of the <b>DHHS/Education Leadership Committee</b> - partnership governance structure includes the following:</p> <p>Person and Title: Connie Beck, Director/Department of Health and Human Services</p> <p>Role: Partner in decision making, problem-solving, and strategic planning. Subject Matter Expert on public agency administration and resource allocation authority.</p> <hr/> <p>Person and Title: Emi Botzler-Rodgers, Director/County Mental Health</p> <p>Role: Partner in decision making, problem-solving, and strategic planning. Subject Matter Expert on mental health and resource allocation authority.</p> <hr/> <p>Person and Title: Chris Hartley, Superintendent/Humboldt County Office of Education</p> <p>Role: Partner in decision making, problem-solving, and strategic planning. Subject Matter Expert on public education and resource allocation authority.</p> <hr/> <p>Person and Title: Jeremy Nilsen, Deputy Director/County Children’s Mental Health</p> <p>Role: Co-Facilitator, partner in decision making, problem-solving, and strategic planning. Subject Matter Expert on children’s mental health and resource allocation authority.</p>

	Person and Title: Tess Ives, Director/Special Education-Humboldt County Office of Education  Role: Co-Facilitator, partner in decision making, problem-solving, and strategic planning. Subject Matter Expert on special education, and resource allocation authority.	
	Person and Title: Mindy Fattig, Director/Humboldt-Del Norte SELPA  Role: Partner in decision making, problem-solving, and strategic planning. Subject Matter Expert on Humboldt-Del Norte - Special Education Local Plan Area (SELPA) and resource allocation authority.	
	Person and Title: Jack Bareilles, Administrator – Grants and Evaluation/Northern Humboldt Union High School District  Role: Partner in decision making, problem-solving, and strategic planning. Subject Matter Expert on program design, project funding, administration and evaluation.	
	Person and Title: Amanda Winstead, Director/Child Welfare Services  Role: Partner in decision making, problem-solving, and strategic planning. Subject Matter Expert on child welfare services.	
	Person and Title: Megan Gotcher, Juvenile Division Director/Probation Department  Role: Partner in decision making, problem-solving, and strategic planning. Subject Matter Expert on juvenile probation.	
	Include an organization chart which lists all entities and their roles.	
	d. Check the box below to indicate the document has been provided.  <b>See Exhibit C</b> <input checked="" type="checkbox"/>	
	State how often the governance group meets. Are these regularly scheduled meetings, ad hoc meetings, or a combination?  <input type="checkbox"/> Regularly Scheduled. State how often:  <input type="checkbox"/> Ad hoc. Explain:  <input checked="" type="checkbox"/> Combination. Explain: The governance group began meeting on a monthly basis, and more recently transitioned to quarterly meetings. Some ad hoc meetings are held intermittently to address specific purposes outside of the regular agenda.	
e.	i.	Provide copy of any bylaws, motion, or some other agreement identifying the number of times the Governing body meets.  Check the box below to indicate the document has been provided.  <b>See Exhibit D</b> <input checked="" type="checkbox"/>

		<p>Provide agendas, meeting minutes, or public notifications of the meetings to show that the governing body has met over the past year.</p> <p>ii. Check the box below to indicate the document has been provided.</p> <p><b>See Exhibit E</b> <input checked="" type="checkbox"/></p>
<p><b>VII.C.i.4.</b></p>		<p>Describe the sources of funds supporting the Partnership:</p> <p>Funding support for the partnership comes from a variety of sources. The Partnership receives funding in the form of MHSOAC awards, SAMSHA awards, Mental Health Block Grants, and U.S. Department of Education awards to name a few. MediCaid/Medi-Cal dollars are also a frequent source of partnership funding. County MHSA dollars have supported the Partnership for over six years and LCAP funding is currently in use to support the HBTS project. In-kind contributions in the form of staff time, internal fiscal resources, expertise, use of facilities, training sponsorship and equipment have been provided as Partnership support as well.</p> <p>a. How much is from Medi-Cal, annually?</p> <p>The annual amount of Medi-Cal funding that supports the partnership is unable to be calculated at this time. County Mental Health has Organizational Provider Agreements with four in-county mental health service providers. The source of funding for these contracts is available through federal Medi-Cal financial participation and Health and Welfare Realignment interfund revenue. Beneficiaries served through these contracts are school-aged individuals. Mental health services provided by HBTS are limited to short-term interventions and heavily centered on crisis. Ongoing long-term services are either provided by County Mental Health or an outside organization. Some of the funds listed below provide support to the Partnership, however, the proportion is unknown.</p> <p><b>Changing Tides</b> - \$1,200,000.00 for fiscal year 2019-2020 and \$2,400,000.00 per fiscal year 2020-2021 and 2021-2022.</p> <p><b>Remi Vista</b> - \$895,000.00 for fiscal year 2019-2020 and \$1,790,000.00 per fiscal year 2020-2021 and 2021-2022.</p> <p><b>Two Feathers</b> - \$150,000.00 for fiscal year 2019-2020 and \$300,000 fiscal year 2020-2021 and \$150,000.00 2021-2022.</p> <p><b>RCAA</b> - \$300,000.00 for fiscal year 2019-2020.</p> <p>In addition, the Humboldt Bridges to Success partnership Mental Health Clinicians bill Medi-Cal for Specialty Mental Health services provided to beneficiaries. The amount of Medi-Cal claims will vary annually depending on the students served, the amount of services provided, and the insurance status of the students. Training and support for staff is provided to identify and claim appropriate Medi-Cal services.</p>

	b.	<p>How much is from the county, annually?</p> <p>The County has contributed \$430,108.25 over 5 years. An additional \$92,900 in funding has been approved for the FY 20/21 MOU to support the School-County Collaborative Partnership.</p>
	b. i.	<p>What are the sources of the county funds?</p> <p>Mental Health Services Act (MHSA)</p>
	b. ii.	<p>Is this permanent, one-time, or temporary funding?</p> <p>The MHSA funding is temporary. The County is currently conducting MHSA stakeholder meetings to obtain input on prioritized services for the upcoming three-year-plan.</p> <p>Preliminary results show Stakeholder priorities include:</p> <ul style="list-style-type: none"> <li>Increasing support for youth, with comments such as: <ul style="list-style-type: none"> <li>✓ providing more mental health counselors at schools</li> <li>✓ providing a curriculum for students to know how to determine for themselves if they need help;</li> <li>✓ first break support; and</li> <li>✓ strengthening the continuity of care for families.</li> </ul> </li> </ul> <p>Preliminary results of the 597 responses to the online community survey show;</p> <ul style="list-style-type: none"> <li>When respondents were asked to mark the level of importance of previously identified MHSA priorities, “more mental health counselors at schools and increased services in schools” was the #3 priority, with 302 respondents saying this was “essential” and 161 saying this was “very important.”</li> <li>When asked if there are any populations or groups of people whom they believe are not adequately being served by the current MHSA programs, the #3 choice was “school age children” with 301 people choosing this response.</li> <li>22% of those responding stated they work in an educational agency</li> </ul> <p>Feedback indicates the community’s support to use MHSA funding to increase mental health services for school aged children. The Partnership supports the community’s priorities, and in the upcoming three-year-plan will advocate that a portion of the MHSA dollars available be designated to sustain HBTS.</p>
	c.	<p>How much is from the school district/Local Educational Agency (LEA), annually?</p> <p>Contributions from participating LEAs: the partner LEAs will contribute at least \$15,000 per year (total across the six districts) in cash funding beyond the amount of MHSOAC funding to support the five navigator positions and one child and family support coach. This will include professional development, travel to conferences, mileage and cell phone costs as well as general office expenses.</p> <p>In addition, the participating LEAs will contribute \$79,590 per year (total across the six districts) of in-kind funding to support the navigators and child and family support coach. This includes:</p>

		<ul style="list-style-type: none"> <li>• on average 7 days of supervision for the navigators and child and family support coach per district by district administrators at an average daily rate of \$700. 7 days x \$700 = \$4,900 x six staff. = \$29,400</li> <li>• on average 10 days per year of support for the navigators and the child and family support coach by district by certificated staff (i.e. school psychologists, counselors, instructional coaches) at an average daily rate of \$500. 10 days x \$500 = \$5000 x six staff. = \$30,000</li> <li>• office space for six staff at a daily rate of \$16.25. This includes furniture, power, internet, land line phone, photocopying and other office expenses. \$16.25 x 184 days = \$2,990 x 6 staff = \$17,940</li> <li>• participation by six staff in five days apiece of professional development/training at a daily cost of \$75 per day = \$375 x 6 staff = \$2,250</li> </ul>
	c. i.	<p>What are the sources of the school district/LEA funds?</p> <p>The partner LEAs will contribute \$15,000 in cash spending (total across the six districts) plus \$79,590 of in-kind funding (total across the six districts) each year. These funds will come from the LEAs general funds (also known as LCFF or LCAP funds). The LEAs will also pursue non-general funds (like one-time California Department of Education or foundation funding) and if the LEAs are able to find non-LCAP funds they will use these funds instead.</p> <p>Note on in-kind funding: The above described in-kind funding will be predominantly supported using general/LCAP funds as well as other non-LCAP funding. These supports will include district mental health and administrative time to collaborate with MHSOAC funded staff to provide services to identified youth and their families.</p>
	c. ii.	<p>Is this permanent, one-time, or temporary funding?</p> <p>LCAP funding is permanent in that it is part of the general funding provided by the California Department of Education. The LCAP funding for the five LEA navigators and the child and family support coach will come from permanent funding sources (general fund/LCAP funds), but the LEAs reserve the right use other funds if available—particularly after determining the needs of students and families.</p>
	d.	<p>How much is from the State, annually?</p> <p>Partial State support of the Partnership is by way of MHSOAC Investment in Mental Health Wellness Act of 2013 funding. Humboldt County was awarded \$5,293,367.25 over four years. Annually \$1,323,341.00 is used to support a partnership pilot project (HBTS). This funding is scheduled through Nov 30<sup>th</sup> 2022.</p> <p>Humboldt County was also awarded \$512,712.74 of MHSOAC funding over three years for Children’s Mobile Crisis Response. Annually an average of \$170,904.24 is used, in part to support the partnership. This funding is scheduled through Nov 30<sup>th</sup> 2021.</p> <p>Humboldt County receives a Mental Health Block Grant, and a portion of these funds are used to support the HBTS program. The MHBG provides funding for laptops, cell phones, office supplies, and mileage needs. \$14,800.00, is available for the fiscal year 19-20. The county intends to request MHBG funds to support HBTS in future applications.</p>

		School funding is a combination of local property taxes and additional state funds to reach the per-pupil funding levels set in the Local Control Funding Formula and Proposition 98. Thus, there are a handful of “Basic Aid” schools in the state (though none in Humboldt County) that choose to receive no state funding because their local property tax funding levels exceed the LCFF/Prop. 98 funding levels.
	d. i.	<p>What are the sources of the State funds?</p> <p>The source of State funds that support HBTS include: Investment in Mental Health Wellness Act of 2013, Mental Health Block Grant, and the California Department of Education per-pupil funding levels set in the Local Control Funding Formula and Proposition 98.</p>
	d. ii.	<p>Is this permanent, one-time, or temporary funding?</p> <p>Funding through the Investment in Mental Health Wellness Act of 2013 is temporary. Funding through the Mental Health Block grant is renewable. Funding through the California Department of Education is permanent – with annual changes as determined by the governor and legislature through the state budget process.</p>
	e.	<p>How much is from other sources (e.g. Private donors), annually?</p> <p>No other sources (i.e. private /foundation funds) support the proposal.</p>
	e. i.	<p>What are the sources of the Other funds?</p> <p>Not applicable.</p>
	e. ii.	<p>Is this permanent, one-time, or temporary funding?</p> <p>Not applicable.</p>



## ATTACHMENT 5: PROPOSED PLAN

### Proposed Plan

<b>VII.D.i.</b>	<p>The Program Plan must demonstrate the Applicant’s ability to meet all specified qualifications, requirements, and standards set forth in the RFA. The Program Plan will include, among other things, a description of the Existing Partnership, or New or Emerging Partnership and the proposed grant program.</p> <p>Humboldt County Department of Health and Human Services (DHHS) – Children’s Mental Health requests \$2,500,000 to <b>expand the Humboldt Bridges to Success (HBTS) project</b>. This project partners County Mental Health with the County Office of Education and public schools throughout Humboldt County. If awarded, the funds will be used to hire additional direct service personnel, fund HBTS program evaluation, and help sustain the project for approximately two additional years. The existing HBTS project currently has a total of 17 positions allocated to the operations, all of which are direct care staff.</p> <p>The expansion would bring staffing levels up to what was proposed in the original Humboldt Bridges to Success plan. Like other MHSOAC Investment in Mental Health Wellness Act of 2013 funded programs, HBTS had its budget reduced by approximately 29% prior to the award being finalized which resulted in a reduction in the proposed workforce. This proposal will bring the project up to the originally proposed levels <b>and</b> also fund a part-time Administrative Analyst – in line with this RFA’s requirement for data collection and analysis.</p> <p>The expansion would add the following staff during the grant period:</p> <ul style="list-style-type: none"> <li>• .50 FTE Administrative Analyst for the purpose of aiding with program coordination including: implementation, ongoing maintenance, and program performance evaluation.</li> <li>• 5.0 FTE navigators (case management positions)</li> </ul> <p>The expansion would increase the FTE allocation of two existing direct care staff, converting the positions from a part-time to full-time positions.</p> <ul style="list-style-type: none"> <li>• Increase supervising clinician by .50 FTE through 11/30/2022 then increase to 1.0 FTE for the duration.</li> <li>• 0.53 FTE family support position through 11/30/2022 then increase to 1.0 FTE for the duration.</li> </ul> <p>Humboldt Bridges to Success rose from the collaborative work of County Mental Health and the local schools. This partnership is long standing, spanning over two decades, and has resulted in numerous joint ventures. County Mental Health and the schools have spent years learning about one another’s systems, uncovering and discovering ways to work together to improve the health and academic outcomes for children county-wide.</p> <p>The Humboldt Bridges to Success project is jointly managed, supervised, and staffed with personnel from both the County and Education systems. The primary goal of the project is to <b>provide school-based mental health intervention and support to students</b>, in crisis or at risk of crisis. The program uses a team approach for mental health service delivery. Teams are comprised of County employed mental health clinicians, and school district employed case managers (navigators), and peer support positions (child and family support</p>
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coaches). **The project increases access to mental health services by providing intervention and services in locations that are easily accessible to students and their families.** These staff work alongside other school personnel (counselors, Special Education teachers, and administrators) to:

- (a) identify students in need of support,
- (b) determine and provide an appropriate, limited duration intervention or interventions over a number of weeks/months,
- (c) determine if the intervention was successful,
- (d) if successful, slowly discontinue the intervention and continue to monitor the student, or
- (e) if necessary, assist the student in accessing more intensive, longer term services and supports

The project has a preventative, early intervention component. Staff provide education designed to increase knowledge, awareness, and recognition of mental health challenges encountered by young people, beginning from early childhood through early adulthood. This share of information aids in early identification of treatment needs and stigma reduction.

The Humboldt Bridges to Success model directly responds to the needs of students by addressing critical mental health concerns in rural Humboldt County schools. The HBTS model can serve as a roadmap for counties and schools across the state who are developing integrated school-based crisis response services and prevention/early intervention programming, all of which include county mental health, schools, parents/caregivers, community organizations, and/or private industry. What makes the model so appropriate for replication is that these local needs are not unique to the Redwood Coast. Schools and communities throughout California's 58 counties face many of the same challenges. With an emphasis on collaboration between the schools, preschool-focused organizations, and County Mental Health, the model is scalable and can be replicated in both rural and larger counties.

Humboldt Bridges to Success uses a flexible service model to address community, school, and stakeholder needs. In a county with 32 school districts, there is no one model to fit all districts and schools. Thus, the HBTS program was designed in a way that allows flexible implementation and takes into account each site's needs and resources. This built-in flexibility will allow for easier replication outside of Humboldt County.

Currently, HBTS is intended to serve children experiencing or at risk of experiencing a mental health crisis. **The expansion will provide additional depth to an existing collaborative project,** thereby creating additional capacity, improving responsiveness, and allowing the scope to expand further into prevention and early intervention. Additionally, the expansion will extend grant support for the Humboldt Bridges to Success project by an estimated 19 months (assuming a 7/1/2020 start date). Extended grant funding for navigator positions and child and family support coach, will allow the partnership time to develop a more robust sustainability plan.

**If awarded Mental Health Student Services Act of 2019 funding, HBTS will expand and provide, at a minimum, services that address:**

	<ul style="list-style-type: none"> <li>• suicide prevention,</li> <li>• drop-out prevention,</li> <li>• placement assistance and development of a service plan that can be sustained over time for students in need of ongoing services, and</li> <li>• outreach to high risk youth, including foster youth, youth who identify as LGBTQ, and youth who have been expelled or suspended from school.</li> </ul> <p>Humboldt Bridges to Success improves access to mental health services and is expected to have a positive impact on school attendance and academic performance, both at an individual and aggregate level. Other anticipated outcomes include: increased social-emotional learning and problem-solving skills, holistic wellness, raised resiliency, and building positive connections between students and adults.</p>
VII.D.ii.	<p>Describe how the grant funds will be used to support the goals of the RFA, specifically address how funds will be used for the requirements listed below. If the proposed plan does not specifically include any programs or services to address those requirements listed below, explain how the county is addressing the requirements (i.e., through programs and services) and how the Partnership will provide linkages to the county programs and services.</p> <div> <div>1.</div> <div> <p>Preventing mental illnesses from becoming severe and disabling.</p> <p>As mentioned above, grant funds will be used to <b>increase the Prevention and Early Intervention (PEI)</b> focus of HBTS. MHSSA funding will be used to increase staff, enabling the HBTS project to expand the scope and offer increased PEI activities. This will aid the program's ability to identify and assess children showing early signs of mental illness. Staff will provide short-term, school-based mental health interventions and rapid/expedited linkages to appropriate mental health services in order to prevent mental health issues from becoming severe and disabling. Prevention and early identification reduces the duration of untreated severe mental illnesses, helping children quickly return to a healthy state.</p> <p>HBTS staff, along with other mental health professionals employed by the County and partner entities (such as Humboldt - Del Norte SEPLA, Humboldt County Office of Education and the school districts), will provide workshops and group instruction on</p> <p>Prevention and Early Intervention strategies to students, parent groups, school staff, and community. Increasing older students' knowledge and awareness of mental health will help students identify personal struggles, normalize what they are experiencing, reduce stigma, and illuminate pathways to support. <b>This sharing of information will help students become ambassadors for mental health awareness, help students advocate for themselves, help them support their peers, and create a community of support.</b> Arming parent groups and district staff with PEI information and strategies will help adults understand the mental health struggles school-aged children are faced with, help adults identify challenges a young person may be experiencing, and build relationships that will aid with providing linkage to mental health services to support the person in need. Learning to recognize emotional and behavioral problems and providing help early on is key.</p> <p>The County Mental Health division maintains several PEI programs to support school-aged individuals, these programs include:</p> <ul style="list-style-type: none"> <li>• School Climate Curriculum Plan</li> </ul> </div> </div>

	<ul style="list-style-type: none"><li>• Parent Partner Program</li><li>• Transition Age Youth (TAY) Advocacy and Peer Support Program</li><li>• Stigma and Discrimination Reduction Program</li><li>• Suicide Prevention Program</li></ul> <p>These PEI programs will enhance the supports and services developed through this RFP. An explanation will be provided detailing and how the county is addressing the requirements of the RFA (i.e., through programs and services) and how the Partnership will provide linkages to public and private programs and services.</p> <p>In addition, County Children’s Mental Health has supported HCOE’s efforts to develop Multi-Tiered Systems of Support in local schools by funding professional development offered by HCOE.</p>		
2.	<p>Improving timely access to services for underserved populations.</p> <p>Timely access to services for underserved populations is supported through (a) increasing the staff allocated to HBTS, (b) decentralizing and regionalizing the physical placement of HBTS service teams across the county, and (c) mobilizing services so they are delivered away from traditional points of access and service environments. <b>HBTS services are available to all students at their schools based on need, regardless of the student’s insurance or health plan.</b> Providing initial mental health services without regard to insurance improves timely access to underserved populations.</p> <p>HBTS program staff partner with and link students to existing <b>County Children’s Mental Health provided and aligned programs</b> — many of which focus on services to underserved populations. This includes the Child Welfare Behavioral Health unit, the Transition Age Youth division, 0-5 programs, Medi-Cal funded services from contractors such as Changing Tides Mental Health Services and Two Feathers Native American Family Support Services, as well as culturally appropriate services and supports.</p> <p>These supports also include suicide prevention services as offered by County and partner agencies including Question-Persuade-Refer (QPR) and Applied Suicide Intervention Skills Training (ASIST), as well as direct counseling and support services for Native Youth (as well as any youth in crisis) provided by Two Feathers and the County.</p> <p>HBTS program staff also partner and link students to existing LEA and community programs that focus on services to underserved populations. These include:</p> <ul style="list-style-type: none"><li>• Foster Youth through HCOE and LEA Foster Youth Liaisons and support staff,</li><li>• 0-5 aged children through HCOE and First Five Humboldt,</li><li>• Homeless students through HCOE and LEA Homeless Liaisons and support staff,</li><li>• Students with Disabilities through HCOE, the Humboldt Del Norte SELPA and LEA staff.</li></ul> <table><tr><td>Providing mental health services on school campuses improves timely</td><td>Humboldt Bridges to Success is currently staffed by 17 positions; 2 program supervisors (1 half-time supervising mental health clinician and 1 K-12 coordinator), 6 mental health clinicians I/II, 5 navigators (case management</td></tr></table>	Providing mental health services on school campuses improves timely	Humboldt Bridges to Success is currently staffed by 17 positions; 2 program supervisors (1 half-time supervising mental health clinician and 1 K-12 coordinator), 6 mental health clinicians I/II, 5 navigators (case management
Providing mental health services on school campuses improves timely	Humboldt Bridges to Success is currently staffed by 17 positions; 2 program supervisors (1 half-time supervising mental health clinician and 1 K-12 coordinator), 6 mental health clinicians I/II, 5 navigators (case management		

	access to services for underserved populations	<p>positions) and 4 family/child support coaches (peer positions). The County employed supervising clinician splits time 50/50 with another program and the 4<sup>th</sup> peer position is allocated at .47 FTE. One supervisor, six clinicians, and nine district employed case management and peer positions are based at the schools and directly serve children and youth in schools.</p> <p>Grant funds will be used to increase program staffing by six and increase the supervising mental health clinician and 4<sup>th</sup> peer position to full-time.</p> <p>If awarded additional funds to expand the program, 22 of 23 HBTS staff will focus on providing short-term, school-based mental health services and linkage to ongoing long-term services and support for children of all ages. This expansion will enable the program partners to better meet the unique needs of youth and families in the rural and isolated areas of the county.</p>
	Creation of regional teams, decentralizing services improves timely access to underserved populations.	<p>Historically, mental health services in Humboldt County were centralized, and predominately offered in the County seat of Eureka and adjacent urban areas near Humboldt Bay. Rural communities in Humboldt County are isolated both by distance and topography. Through the work of Humboldt Bridges to Success, staff are located across all geographic regions where students attend school. This enables timely access and lessens the barriers to services that students and families would otherwise encounter. Increasing the availability and accessibility of staff enables students to have more immediate access to services and the program to reach underserved populations separated by distance.</p> <p>An additional benefit of this decentralization is the growth in trust and collaboration between Children's Mental Health, the County Office of Education and the school districts. These partners now meet regularly in the HBTS regional teams to solve problems and work together to best align services and supports. The decentralization has resulted in more culturally supportive and aligned services – in great part because now local stakeholders, who know their communities much better than someone from Eureka, now have a seat at the table through their role in the regional leadership team.</p>
	Providing initial mental health services without regard to insurance improves timely	<p>The cost of mental health services is commonly viewed as an obstacle, hindering timely access to services. People often cite concerns about the cost of care or lack of health insurance coverage as reasons for not receiving mental health care. Grant funds will be used to provide preventative and initial short-term services without the need to qualify. By</p>

	access to underserved populations.	removing the qualification criteria, timely access for underserved populations is increased.
	Linking students to existing public and private services and supports improves timely access to underserved populations.	<p>DHHS has many programs available to meet the mental health needs of school-aged children and youth, as well as their families. Many other community partners share responsibility for providing timely and appropriate mental health services and supports. For example, private insurance companies, schools, Tribes, primary care providers, and community centers are important partners in these efforts. Grant funded staff will provide linkage and a warm-handoff to appropriate immediate and long-term supportive services, improving timely access to underserved populations.</p> <p>Additionally, non-clinical community supports and services can sometimes alleviate the need for individuals to access formal mental health services. Current HBTS staff have identified supports within the local communities and have developed relationships to decrease the barriers for youth accessing each of these supports. Examples of community supports include Boys and Girls Clubs, Family Resource Centers, and First Five funded supports for the 0 to 5 population.</p>
3.	<p>Providing outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.</p> <p>Despite the 29% reduction in the original MHSOAC grant funding to HBTS, the partners are working to conduct an educational outreach campaign to ensure all stakeholders and community partners are aware of the services and linkages to support HBTS can provide. On the plus side, over the last year upper-level program staff from Education and the County have worked with Superintendents and Principals to prepare for the incorporation of HBTS on school campuses. Despite the reduction in staffing, processes, forms, and HBTS clinical, case management, and peer staff were introduced to school sites and staff. As a result, relationships were created at each site and these developing relationships are enabling direct feedback to the program. This input will help shape the second phase of the outreach and training platform.</p> <p>However, due to the cut in HBTS funding, the teams and supports are not complete and the existing staff are not able to address all of the identified needs. For example, Southern Humboldt, an area covering nearly 1,000 square miles remains without a school district employed Navigator and only recently began being served by a full-time, locally deployed Humboldt County Children's Mental Health clinician.</p> <p>Through these relationships with school staff, families in need of support and outreach have been and will continue to be identified. The grant funded expansion of the HBTS program will enable additional staff to engage families and connect them to services and supports in the community—and also address the additional objectives in this round of funding such as general prevention, suicide prevention, and supporting non-punitive alternatives to school suspension and expulsion.</p>	



	<p>With additional funding and staffing, HBTS staff will be able to follow up on families they have previously connected to services but were unable to continuously monitor by checking in, monitoring progress, and ensuring families are receiving an adequate level of support. Additional funding and staffing will allow HBTS staff to reach out to youth who are on home/independent study, expelled, or are not attending school. While the schools and HBTS teams are currently aware of these children, the lack of staffing necessitates a focus on serving the greatest number of high needs students – who tend to be school based. With expanded staffing, the program will be able to collaborate with the LEA independent/home study programs as well drop-out programs to support these off campus youth.</p> <p>The HBTS program has been in operation for just over one year. One of the lessons learned over that year is that HBTS needs additional funds to increase outreach. The funding sought through this grant application will allow HBTS to utilize a community approach to reach families, employers, primary health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses. With additional staff, HBTS staff will be able to attend community meetings with organizations such as: Family Resource Centers, Latino-net, Promotores, tribal health-care center meetings, as well as partner with other Community Health Outreach Workers.</p> <p>Additional staff will have the capacity to not just respond to crises and immediate needs, but to work with partners to serve students on home/independent study, students who are on expulsion contracts and thus not allowed to access services at school, as well as link out of school youth to supportive services like the Humboldt County Transition Age Youth program.</p>
4.	<p>Reducing the stigma associated with the diagnosis of a mental illness or seeking mental health services.</p> <p>Humboldt County has made progress toward reducing sigma associated with mental illness and/or seeking mental health services. Though education, the community has become more informed and is less fearful. Misconceptions and negative perceptions are beginning to dissipate. Isolation, self-stigma, and public stigma around mental health disorders is declining.</p> <p>In association with HBTS, Humboldt County Mental Health’s Stigma and Discrimination Reduction initiative and school and community programs like Sources of Strength (supported by United Indian Health Services and Two Feathers Native American Family Services) are increasingly visible in the schools. For instance, HBTS navigators and family support coaches have helped publicize speakers and supports through the Seeds of Understanding Speaker’s Collective (SOUSC).</p> <p>The Speaker’s Collective was started in 2010 as a key part of Humboldt County’s PEI efforts to reduce stigma and discrimination towards those living with mental health conditions. The SOUSC provides a venue for people with lived experience of mental illness to become key players in shaping the discussion about living with and recovering from mental illness in Humboldt County. Each month the members head out several times to present to community groups, nonprofit and government agencies,</p>

and medical facilities. With hundreds of successful presentations under their belts, their interactions with community members and the staff of local agencies helps to ensure that people with mental illness are seen as more than a diagnosis.

The Stigma and Discrimination Reduction program also has an annual poster contest which engages the community in talking about mental health and serves to bust stigma. Community members have produced creative, effective posters which are used in county wide PEI campaigns. (see below)



HBTS staff currently work with the student population to provide accurate, balanced information promoting mental health awareness and stigma reduction. Exposing students to open conversation about anxiety, depression, and other conditions increases a student's understanding of what it means to have a clinical disorder and the struggles people contend with that are impacted by mental health challenges. The guided conversations led by HBTS staff have inspired dialog among student that demonstrates a place of compassion and inquiry. As mentioned before, the HBTS project has only been in operation a little over a year. Like many new projects, there is limited funding to support the endeavor. HBTS is currently staffed by a skeleton crew and is tasked with covering the entire county and all students. As program awareness has increased, the demand for HBTS services has increased exponentially. With each successful intervention, school and community members share their positive experiences. The program is currently able to meet demand with very little margin for increase. Increased funding would allow the project to hire more staff and would increase the project's ability to reach a greater population. In addition to direct services, HBTS led presentations are well received by students and educators. Frequent requests are made for more presentations and group work centered on increasing mental health awareness. With increased funding, HBTS will provide students the opportunities to be involved shaping presentation curriculum. HBTS will work with students and

	<p>encourage young people with lived experience to speak directly to other young people about mental health issues.</p> <p>Aside from the direct work HBTS staff perform regularly in the arena of stigma reduction, HBTS staff are able to tap into existing programs and leverage existing resources.</p> <p><b>Humboldt’s Stigma and Discrimination Reduction Program will be leveraged to compliment the work of HBTS.</b> The Stigma and Discrimination Reduction program utilizes trainings to service providers, decision-makers, and community members who have direct contact with mental health consumers to raise awareness and reduce stigma and discrimination in the community. The program also works to amplify peer/consumer voice and participation in our community by continued facilitation of peer-centric initiatives.</p> <p>While the schools are eager to support these initiatives, they often lack the staffing to support them—even “student-led” initiatives. For example, through an earlier Garrett Lee Smith Suicide Prevention SAMHSA grant, United Indian Health Services trained students and adults in local high schools to implement the Sources of Strength program. While both the students and adults praise the program, the schools report once the GLS grant ended, they have struggled to continue it because it relies on classroom teachers and student support staff to facilitate the program—and these people are already burdened with their existing jobs.</p> <p>However, additional HBTS staff will have the time to facilitate programs like Sources of Strength, as well as other Stigma and Discrimination Reduction Program initiatives, and the included sustainability plan will ensure that the program continues even when the MHSOAC grant funding is no longer available.</p>
5.	<p>Reducing discrimination against people with mental illness.</p> <p>Mental health stigma and discrimination go hand-and-hand. Stigma is a prejudice that turns into discrimination. The overwhelming majority of people with mental health problems report negative effects from discrimination, which stop them from engaging in activities, seeking jobs or education, developing relationships, and achieving life goals. This occurs because society in general has stereotyped views about mental illness and how it affects people. The Partnership acknowledges that the Americans with Disabilities Act protects people who have physical and mental disabilities from discrimination in employment, government services and activities, public accommodations, public transportation, and commercial businesses The Partnership also acknowledges that regardless of illegality, discrimination still exists.</p> <p>In addition to the presentations described above in D.ii.4, HBTS staff will work in the community to reach families, employers, friends, health care professionals, and work colleagues to promote anti-discrimination messaging. HBTS will encourage and assist schools and student groups to launch wellness campaigns, raising mental health awareness and making a shift toward population health and prevention. Many opportunities exist for disseminating pro-mental health and anti-discrimination messages out to a wide audience. As a community, Humboldt County has work to do and changes must be made with regard to beliefs, attitudes, language, and behaviors toward people with mental illness. Through an expanded Humboldt Bridges</p>



		<p>to Success program, each region will have additional capacity to support countywide and more locally appropriate messaging. For example, in the North Bay region, the high schools serve a higher than average percentage of LBTGQ and other non-cisgender students. In these schools there is a need and opportunity to tailor a more inclusive message than might be presented in more conservative parts of the county. The ability to reduce and ultimately stop discrimination lies in collective dedication and persistence. Increasing the amount of staff dedicated to stigma reduction and discrimination will allow HBTS to cast a wide net and reach a greater number of students, families, and community members with messaging that supports a change of mindset.</p>
	6.	Preventing negative outcomes in the targeted population, including, but not limited to:
	6. a.	<p><b>Suicide and attempted suicide</b></p> <p>Suicide prevention starts with recognizing the warning signs and then knowing how to respond to them. The work of HBTS has increased the number of eyes on school-aged children. Not only have the number of eyes increased, but those eyes now have a better understanding of what they are seeing and how to respond.</p> <p>Grant funds will be used to support the goals of the RFA by utilizing a Prevention and Early Intervention approach. The key is to build knowledge among the student population (peers), educators, school staff (such as bus drivers and secretaries), administrators, coaches, family, medical community, and all others that interact with children/youth/adolescents. The transfer of knowledge needs to help the receiver identify students at risk of suicide, and then know how to support and guide the person at risk to services that address the immediate and long-term needs of the student in crisis. Knowledge and awareness leads to identification, identification leads to mental health crisis intervention, and crisis intervention leads to connections with on-going mental health services. The chain of intervention and support begin with understanding what is being observed.</p> <p>Humboldt County has made significant progress in raising community awareness around suicide prevention and mental wellness through provision of 3 specific trainings:</p> <ul style="list-style-type: none"> <li>• Question-Persuade-Refer (QPR),</li> <li>• Applied Suicide Intervention Skills Training (ASIST), and</li> <li>• Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA).</li> </ul> <p>All trainings are provided by multidisciplinary training teams. Trainers come from Law Enforcement, Mental Health, Education, Juvenile Corrections, Children &amp; Family Services, Public Health, Two Feathers Native American Family Support Services, and United Indian Health Services. The teams are just one way Humboldt has broadened involvement with a variety of community sectors to work toward suicide prevention. Trainings are coordinated through our Health and Human Services Healthy Communities Division.</p>

		<p><b>HBTS will work with the County Healthy Communities Division to receive ongoing Suicide Prevention training, leverage existing programs and services described above, and to deliver training and support to students, parent groups, educators, and the community as a whole.</b></p> <p>The Suicide Prevention Program, created and run by Humboldt County’s Healthy Communities Division with aligned support from Two Feathers Native American Family Support Services, and United Indian Health Services, is focused on prevention and early intervention for those affected by suicide. The program goal is to prevent loss from suicide through education, intervention training, and reducing stigma associated with suicide. The program has been working in the community for many years, and the staff are highly skilled and experienced. Suicide prevention and intervention trainings are offered to those working with at-risk populations and for all members of the community.</p> <p>The Suicide Prevention Program offers community support in building a framework for suicide prevention and crisis intervention in organizations and schools. It provides guidance on how to identify lethal means, how to keep them secure, and local and national resources providing suicide prevention, safety planning and survivor support services.</p> <p>Additional MHSOAC funding will support expanded alignment between the County, Two Feathers, and UIHS through which they will continue to provide services to the LEAs and their students and family through on-site trainings, crisis support, and pre and post-vention supports.</p>
6.	b.	<p><b>Incarceration:</b></p> <p>A growing body of research indicates significant numbers of young people are directed into the juvenile justice system because of a lack of accessible and appropriate mental health care—which could have provided preventative supports. Nationally, and here in Humboldt County, detention facilities have become large providers of mental health services for young people and are often considered the last resort for mentally ill youth and their families. HBTS increases access to mental health services by placing clinicians on school campuses to not only provide services in an expeditious manner—but provide preventative services and supports <u>earlier</u> which can prevent students from exhibiting more serious behaviors that result in suspensions, expulsions, protective hospitalization, or incarceration. While the school-based mental health interventions provided by the HBTS program are short-term, staff are able to provide connections to ongoing, long-term services.</p> <p>As discussed in sections above, HBTS will coordinate and conduct workshops and presentations to increase mental health knowledge, raise awareness, and leverage existing programs to share information with students, educators, and other groups that interact with children/youth and adolescents. The goal is to address the mental health needs of young people before they become involved with the juvenile justice system. The hope is that increasing access to appropriate mental health services will result in fewer incarcerations.</p>

		<p>Humboldt County Juvenile Justice, Humboldt County Children’s Mental Health, and the schools have strong relationships that have developed through frequent collaboration and partnership. One example of a relevant partnership that works to reduce juvenile incarceration is the Healthy Alternatives program. The Healthy Alternatives program is a collaborative between Humboldt County Probation, Humboldt County Children’s Mental Health, and the Humboldt County Superior Court along with the school district of attendance of youths in the program. The program works in a coordinated team approach to provide judicial oversight, community supervision, case management, and family therapy to juvenile wards of the court and their families. Through Healthy Alternatives, an individualized treatment plan is developed for each minor and their families, and progress is regularly monitored by the treatment team.</p> <p><b>Healthy Alternatives Goals</b></p> <ol style="list-style-type: none"> <li>1. Provide teens and their families therapeutic services and support, strengthening the family’s response to behavioral challenges.</li> <li>2. <b>Reduce recidivism and need for detention by youth skills building.</b></li> <li>3. Prevent out-of-home placement by working with the family within this community.</li> <li>4. Maintain public safety with high standards of accountability through regular court monitoring, community supervision, and intensive case management.</li> </ol> <p>The expansion of the HBTS program through additional funding will enable staff to work with youth that have been ordered to the Healthy Alternatives program. Because HBTS staff are based in the schools they will be able to provide this support during the school day when Healthy Alternatives Youth are most readily accessible. As the Healthy Alternatives program assists youth already in the system, HBTS staff will be available to provide ongoing support as formerly incarcerated youth are reintegrated into the schools and respond in the event of a crisis situation at the youth’s school. These timely interventions with youth and families further helps to reduce recidivism.</p>
	6. c.	<p><b>School failure or dropout:</b></p> <p><b>Reaching at-risk students at the schools:</b> By locating the clinicians, navigators, and child and family support coaches on the school sites and partnering with the LEAs project, staff are positioned to reach at-risk students while they are still in school. Key at risk groups include:</p> <p><b>Chronically absent students:</b> Locally, 19.7% of students are chronically absent (meaning they missed more than 18 school days the prior year). By comparison, the state rate is about ½ of Humboldt’s. Furthermore, this percentage doesn’t do justice to the scope of the problem. In preparing this proposal, we analyzed attendance for one week at one of our larger high schools and found 90 of 851 students missed more than <u>5</u> classes that week. The principal indicated that it was a “pretty typical week,” which is alarming since over 20% of the school missed an <u>entire day</u> of instruction that week. In other words, over 1/10 of students missed twice as many days as would classify them as chronically absent. Furthermore, these students are in a traditional high school – not continuation court and community schools or independent study programs.</p>

		<p>While there are multiple reasons students are chronically absent, local California Healthy Kids Survey data indicates 40% of local 11<sup>th</sup> graders experienced chronic sadness/hopelessness while at school. When combined with the 66% who report lacking a connection to a caring adult at school we believe this lack of connection to school is a significant contributor to local chronic absenteeism.</p> <p><b>Dropouts:</b> Locally, there is a 13.3% cohort dropout rate—which means nearly one in seven students don’t complete high school. We actually think this rate is artificially low because the local comprehensive high schools typically reassign students who are risk of dropping out to the continuation or other alternative programs – or help the students transfer to an independent study program through one of the local charters. Once in those programs, when they turn 18 many students behind in units for graduation are transferred to adult education – which is now run by the community colleges. So, while they are technically not drop-outs, they are not likely to earn a high school diploma either. HBTS staff can be notified by high school administrators of pending student transfers to alternative and other credit recovery programs and determine potential supportive services they can connect the student with.</p> <p>In addition, Humboldt Bridges to Success staff can be appropriately assigned to support students at risk of dropping out when they are identified by the school site referral process. This process typically begins with a school team identifying students in need of support. The school teams then make a referral to HBTS and appropriate support personnel are deployed.</p>
	6. d.	<p><b>Unemployment</b></p> <p>As HBTS staff intervene with students throughout Humboldt County, connection to other programs and services is a primary goal. For many youth, establishing positive uses for their time is essential for mental health stability. For example, finding employment can be not only a source of income, but a way for youth to develop life skills, self-esteem, and expand natural supports.</p> <p>Additional staffing will allow HBTS navigators and family support coaches the capacity to connect youth with the Transition Age Youth (TAY) division and other supportive programs like the Job Market and Workforce Innovation and Opportunity Act (WIOA) program.</p> <p>The TAY division serves youth ages 16-26, and is an integrated partnership between Humboldt County Mental Health, Humboldt County Child Welfare Services, and the Humboldt County Transition Age Youth Collaboration (HCTAYC). The TAY division offers opportunities for youth to receive vocational counseling, resume development, and job interview workshops. The TAY division has drop-in hours available each day, and youth can become connected to other services such as behavioral health services, the Independent Living Skills program, youth workshops, and opportunities for peer connection.</p> <p>The Job Market assists job seekers and employers to access the services and supports of over thirty collaborative workforce partners. Their three main focal points are workforce preparation, economic development, and School-to-Career. Job seekers may use computers for job searches, attend workshops, pick up job listings, and meet with vocational counselors.</p>

			<p>Across the five local WIOA providers (whose regions align with the HBTS regions), WIOA staff help youth (ages 16-24) and those with significant barriers to employment prepare for, find, and keep high-quality jobs and careers and help employers hire and retain skilled workers. WIOA focuses on out of school youth – which can include formerly incarcerated youth and school drop-outs. Excitingly, as per the rules of the WIOA program, a client who enrolled in the program while out of school but who then reenters school continues to count as an “out of school youth” and is eligible for ongoing supports until their 24<sup>th</sup> birthday. These supports can include paid internships, job training, tools, and work clothes.</p>
	6.	e.	<p><b>Prolonged suffering</b></p> <p>Many families in Humboldt County struggle with housing insecurity, poverty, substance abuse, trauma, isolation, and hopelessness. When there is a need to wait for services, or barriers to accessing services, it results in prolonged suffering. This type of suffering impacts the mental health, physical health, and academic performance of children and youth. Schools are often the first place families that may be in need are identified. The daily connection with students and frequent interactions with family members establishes relationships between school staff and parents that can be leveraged.</p> <p>As mentioned previously, the HBTS program currently focuses on providing crisis-triage services to Humboldt County students. In addition to being able to provide timely intervention at school sites, HBTS staff are able to work with students and families and connect them to longer term services and supports in the community. The program has enabled earlier intervention when there is a student in crisis or at risk of a crisis situation, thus reducing the amount of time a student may need to suffer without help. If this proposal is funded, the resulting expanded services would increase the HBTS program’s focus beyond crisis intervention to include an expanded continuum of school-based care. This includes prevention services through basic case management, which will match families with appropriate services in the community for longer term support. Increased funding would be used to increase staffing, thereby improving the ability to identify and screen more youth for mental health needs, and refer them to the appropriate level of care sooner.</p>
	6.	f.	<p><b>Homelessness</b></p> <p>One of the primary concerns for many families in Humboldt County is homelessness. According to data from the Humboldt County Office of Education, as of January 2020 there are 815 students who are classified as homeless. The impacts of homelessness on academic performance are well documented. Additionally, students who are homeless may struggle with peer relationships, low self-esteem, and have been shown to have higher levels of emotional and behavioral problems.</p> <p>Fortunately, Humboldt County has many programs that are available to students and families experiencing homelessness. As HBTS staff intervene in crisis situations and work to provide connections to community supports, families may be helped to access homeless service programs such as:</p> <ol style="list-style-type: none"> <li>1. Humboldt Housing and Homeless Coalition</li> </ol>



		<ol style="list-style-type: none"> <li>2. The Betty Kwan Chinn Day Center</li> <li>3. The Eureka Rescue Mission</li> <li>4. Arcata House Partnership</li> <li>5. Redwood Community Action Agency</li> <li>6. Youth Service Bureau Redwood</li> <li>7. Family Resource Centers</li> </ol> <p>HBTS staff are ideally situated to play a critical role in each school and LEA's system of support for homeless students. Each LEA has a Homeless Liaison who is responsible for arranging supports for homeless children. Due to their small size, in the majority of local districts the Liaison is also the school principal or other administrator who is also part of the team that makes referrals to HBTS. While HBTS staff are not the primary support providers for homeless students and their families, the connections the clinicians, navigators, and child/family support coaches make with support providers in the community can be used to support homeless students and families.</p> <p>The HBTS teams can also connect homeless students with local Family Resource Centers—of which there are over 15 locally. Some FRCs are based at the schools – but most are located in the community. All however, focus on supporting students and their families at times of greatest need. The established working relationships between the schools and FRCs will serve as a launching pad for additional connective support by the HBTS teams.</p> <p>Again, additional funding to expand the HBTS program will provide additional staff that are able to not only respond to crisis situations, but will work with schools, students, and families to connect with appropriate resources.</p>
	6. g.	<p><b>Removal of children from their home</b></p> <p>Humboldt County families face many challenges, including homelessness, poverty, substance abuse, trauma, and unemployment to name a few. All of these issues result in increased family stress. In addition, parents of children with mental health struggles often are lacking in skills, supports, and services to adequately manage emotional or behavioral challenges. Parents may get to the point where they feel unable to continue having a child or youth remain in their home. Too often, these challenges and stressors may result in children becoming the victims of abuse or neglect. The end result is often the removal of children from their homes.</p> <p>Humboldt's 2017 unduplicated rate of child abuse and neglect allegations (98.2 per 1,000 children) is nearly 2x the state rate of 54.1 per 1,000 children. For American Indian children the rate is 275.8 per 1,000 children.</p> <p>Over the past year+ we have found, as HBTS staff respond to crisis situations at schools, they frequently become involved with students and families that are currently involved with the Child Welfare Services (CWS) system, or are at risk of CWS involvement. As HBTS staff work with these families, they participate in Child &amp; Family Team meetings to establish case plan goals, safety planning, and determine needed services. HBTS staff are critical team members who are able to bring information regarding crisis response, triggers, and the school perspective. In working with the Child &amp; Family Team, HBTS staff focus on linking students, parents, and foster parents to community services that provide safety, stability, and support. HBTS staff partner with CWS Social Workers, County Mental Health staff, and other natural supports to prevent removal of children from home</p>

		whenever possible. The five additional navigators and one family support coach will increase our capacity to deliver preventative supports to families to keep children in their homes. Additionally, they will increase our collective capacity to provide school based support for children removed from their homes – and in time to support families when their children return.
	6. h.	<p><b>Involuntary mental health detentions</b></p> <p>Having HBTS staff available on school campuses enables a more timely response to potential crisis situations, as well as earlier identification of students and families at risk of a crisis. Early intervention and connection to services and supports is a key factor in preventing the need for involuntary hospitalization. As HBTS staff intervene in crisis situations at schools, there are times when the crisis results in the need for additional immediate support. Humboldt County Mental Health is fortunate to have a Children’s Mobile Response Team (CMRT) that is able to provide crisis intervention services to children and youth throughout the county. HBTS staff have been able to partner with CMRT program staff in responding to higher level crisis situations, CMRT staff are able to provide an evaluation to determine the need for an involuntary hold.</p> <p>In the event that a student is hospitalized involuntarily, HBTS and CMRT staff are able to work together with the family, hospital, and school to plan for discharge. This includes safety planning, linkage to mental health services, school supports, and planning for the transition back home.</p> <p>The expansion of the HBTS program through additional funding would enable the program to better serve students at-risk of crisis and prevent involuntary hospitalization, particularly in the most rural and isolated areas of the county. Additionally, HBTS staff would be able to improve discharge planning and transitions for students that do require hospitalization. All of this results in improved engagement with services, reductions in hospitalizations, and less need for re-hospitalization.</p>
	7.	That the plan includes a description of the following:
	7. a.	<p>The need for mental health services for children and youth, including campus-based mental health services, as well as potential gaps in local service connections.</p> <p><b>Need for mental health services for children and youth:</b> Local schools struggle with a high number of children living in dysfunctional homes. The reasons for these high rates include:</p> <p><b>Crime, Marijuana, Opioids and Alcohol:</b> Humboldt County, in the heart of the “Emerald Triangle,” is America’s largest producer of legal and illegal cannabis. Methamphetamine production and use is widespread. Humboldt has one of California’s highest arrest rates, and the per capita rate of alcohol arrests is 3.3 times higher than the state rate. In 2018, Humboldt had the 2<sup>nd</sup> highest homicide rate of any California county.<sup>1, 2</sup> Humboldt has California’s 2<sup>nd</sup> highest rate of Opioid Overdose Deaths with a rate of 21.03 versus a state rate of 5.22 per 100,000 people. More startlingly, according to the California Opioid Overdose Surveillance</p>

<sup>1</sup> *Homicide in California 2018* from the California Dept. of Justice <https://data-openjustice.doj.ca.gov/sites/default/files/2019-07/Homicide%20In%20CA%2020190701.pdf>

<sup>2</sup> California Dept. of Justice, Open Justice website: <https://openjustice.doj.ca.gov/agencies/county-map>

Dashboard, in the 3<sup>rd</sup> quarter of 2018 there were 777.51 prescriptions for opioids per 1,000 residents.<sup>3</sup>

Further exacerbating this situation, Pelican Bay State Prison, the prison housing the state's most violent criminals, is located in the next county. When paroled, many inmates stay in the area resulting in a per capita rate of parolees twice as high as Los Angeles County.

Crime Rate Comparison: Humboldt vs. State Avg.	Humboldt	CA
Arrests rate per 100,000 population (2017 California Dept. of Justice)	6,718	3,641

As discussed, the challenges local families face are also reflected in child abuse rates. The 2017 unduplicated rate of child abuse and neglect allegations (98.2 per 1,000 children) is nearly 2x the state rate of 54.1 per 1,000 children. For American Indian children the rate is 275.8 per 1,000 children.<sup>4</sup> These statistics are symptomatic of the county's drug culture, alcohol abuse, and economic stress.

**School Climate:** Between the difficult economic times and rampant drug culture, our children too often have struggling parents or caregivers who lack basic parenting skills. Principals and school staff report children often come to school smelling of marijuana because their parents are growing and processing marijuana at home.

Historic wounds from events like the massacre of hundreds of Tolowa people at the spiritual site of Yontocket and Wiyot people at the spiritual site of Tuluwat, plus the systematic removal of local Indian children to far-off boarding schools, still resonate in the verbal stories and memories. This collective emotional trauma has left scarring on elders and epigenetic effects on current generations. Residual skepticism of public education and the governmental social and welfare services persist, and is a barrier that will continue to be broken down by the work of this proposal.

**Environmental effects on school climate:** Economic difficulties exacerbate stresses, creating friction, which can escalate to violence. Children bring these conflicts from home and their neighborhoods to school, and these distractions affect learning, behavior, and the overall school climate.

The 2018 California Healthy Kids Survey shows the effect of this lack of family support, stability, and academic success of our students:

Selected Humboldt County Results from California Healthy Kids Surveys			
Harassment, Bullying, Caring Adults, Suicide	Gr. 7	Gr. 9	Gr. 11
• Experienced any harassment or bullying	38%	33%	28%
• Experienced chronic sadness/hopelessness	27%	35%	40%
• At school, there is a teacher or some adult who:			

<sup>3</sup> California Opioid Overdose Surveillance Dashboard, <https://discovery.cdph.ca.gov/CDIC/ODdash/>

<sup>4</sup> Source: California Child Welfare Indicators Project, [http://cssr.berkeley.edu/ucb\\_childwelfare/RefRates.aspx](http://cssr.berkeley.edu/ucb_childwelfare/RefRates.aspx)



			Really cares about me. (Not True + A Little True)	47%	45%	34%
			Believes I will be a success. (Not True + A Little True)	28%	32%	30%
			• At school I do things that make a difference (Not True + A Little True)	59%	70%	69%
			• During the past 12 months, did you ever seriously consider attempting suicide?	14%	17%	19%
			• During the past 12 months, did you ever make a plan about how you would attempt suicide?	11%	12%	13%
			<b>School Safety and Drug/Alcohol Abuse</b>	<b>Gr. 7</b>	<b>Gr. 9</b>	<b>Gr. 11</b>
			• During the past 12 months, have you			
			Been threatened with harm or injury	17%	12%	5%
			Seen someone carrying a gun or knife on school property	21	22%	16 %
			Been offered, sold or given an illegal drug	10%	31%	33%
			• It's easy to obtain Alcohol (Easy + Very Easy)	31%	62%	74%
			• It's easy to obtain Marijuana (Easy + Very Easy)	36%	73%	82%
			• Student uses alcohol at school/school events	2%	5%	4%
			• Student uses marijuana at school/school events	2%	8%	10%
			This data along, with high rates of suspensions and chronic absenteeism, demonstrate a need to implement research-based practices that are focused on conflict resolution and a need for developing positive social and cooperative skills for our students.			
			<b>Adverse Childhood Experiences</b>			
			Another measure of the difficulties children face is <b>Adverse Childhood Experiences (ACEs)</b> . The ten recognized ACEs fall into three general types: (1) abuse, (2) neglect, and (3) household dysfunction. The Centers for Disease Control's "Adverse Childhood Experiences (ACE) Study" is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. <sup>5</sup> Of the 17,000 adults in the study, 75% were white, middle and upper class, and 76% attended college. Even among this population, the negative long-term effects of experiencing multiple ACEs are stunning.			
			<b>A Person with Four or More ACEs is:</b>			
			• 5.13 times as likely to suffer from depression • 2.93 times as likely to smoke • 12.2 times more likely to attempt suicide	• 10.3 times as likely to use injection drugs • 7.4 times as likely to be an alcoholic		
			<b>Humboldt has California's highest ACEs rate: 30.8% of adults report</b>			

<sup>5</sup> Vincent J. Felitti et. al., "Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study," *American Journal of Preventative Medicine* 14, no. 4 (1998): 245-258.

		<p>experiencing <b>four or more ACEs</b> versus 13% statewide and 11% nationally.<sup>6, 7</sup> Native American, immigrant, and low-income communities are particularly prone to ACEs.<sup>8</sup></p> <p><b>ACEs &amp; student success:</b> A 2013 study by the Area Health Education Center of Washington State University found students with <b>three+ ACEs are three times as likely to experience academic failure, six times as likely to have behavioral problems, and five times as likely to have poor attendance.</b></p> <p><b>Addressing the overwhelming need to serve children and families at school:</b> Even in the nation’s most populous state, there exist rural areas like Humboldt. This isolated and impoverished rural region is cut off from resources available elsewhere—especially for families on remote and rugged tribal lands including the state’s largest tribe, the Yurok, and on the state’s largest reservation, the Hoopa Valley Reservation. This federally designated rural county is among California’s most secluded (five+ hours north of San Francisco) and spans over 1.5 million acres of mountainous, forested lands, bordered by the Pacific Ocean. Humboldt’s isolated small towns are mostly connected by winding, two-lane roads. Transportation is challenging due to inclement weather, mud/rock slides, few bus lines, and unreliable personal vehicles.</p> <p>For merely geographic reasons it is unreasonable to expect even a majority of families of children receiving mental health services to bring their children to Eureka for treatment services. Years of experience have demonstrated the futility of this approach.</p> <p>HBTS offers the chance to support moving the delivery of counseling and other mental health services and follow up supports out into Humboldt’s widespread communities to the one place children show up most of the time—the schools.</p>
	7. a. i.	<p>Identify the needs and how they were determined (e.g. Needs assessment)</p> <p>Besides the community and school data listed above, identifying the needs for the enhanced Humboldt Bridges To Success project link back nearly a decade when a team of school and County Children’s Mental Health leaders and practitioners began meeting to determine ways to get supports and services to children and their families in the schools and school adjacent Family Resource Centers – and not just at County offices in Eureka. Even two plus years ago when we began planning for the first HBTS application, the needs for preventative, school-delivered mental health services were clear to the writing team. Over the past year plus, as the regional HBTS teams (County clinician and school district navigators and family support techs) have begun working in the schools, we have been made even more aware of the need for services and support.</p>

<sup>6</sup> *A Hidden Crisis: Findings on Adverse Childhood Experiences in California* (San Francisco: Center for Youth Wellness, 2014), <http://www.centerforyouthwellness.org/blog/BFRSS>.

<sup>7</sup> The National Center for Health Statistics, *National Survey of Children’s Health*, 2003, 2007, 2011, 2012.

<sup>8</sup> Michael Vaughn, Christopher Salas-Wright, Christopher, et al., “Adverse Childhood Experiences among Immigrants to the United States,” *Journal of Interpersonal Violence* 32, no. 10 (2015): 1543-1564.

**Collaborative planning and decision making:** The original HBTS plan was developed through a series of stakeholder meetings attended by no fewer than a dozen school and County representatives in spring 2018. This group became the core of the HBTS leadership team and has continued to meet starting in late 2018. As described earlier, the decision on what to propose for this application was guided by two factors: the 29% cut in the original grant –and the desire to fully implement the original plan’s staffing, and the need for an analyst as listed in the current RFA.

The planning group for this proposal includes:

- **Angie Brown** – School Nurse KTJUSD
- **Tess Ives** – HCOE Special Education Director
- **Jack Bareilles** – Northern Union High School District Grants and Evaluation Administrator/Career Technical Education Administrator
- **Dr. Peter Stoll** – HCOE MTSS Lead and Program Manager
- **Rodger Golec** – HCOE Education/Foster/Homeless Youth Services Coordinator
- **Julie Beach MFT** – County Children’s Mental Health HBTS Supervising Clinician
- **Carolyn Albee** – Eureka City Schools HBTS School Coordinator
- **Gabe Bennett** – County Children’s Mental Health Program Manager and HBTS Program Manager
- **Jet DeKruse** – County Children’s Mental Health Program Manager
- **Jeremy Nilsen** – County Children’s Mental Health Deputy Branch Director
- **Windy Scott** – County Children’s Mental Health Analyst

**Surveys and Focus Groups:** In preparation for both the original application and this application we conducted a series of surveys and focus groups in the schools and community.

While the planning meetings were important, they were held during the school and work day which precluded many school staff and family members from participating. Thus, to determine the needs of the K-12 community, eight focus groups were held at the schools. Ninety-one teachers, staff, and family members participated in the focus groups.

To reach even more stakeholders, six online surveys were prepared (three for the original and three new surveys for this application) and **3,317** school staff, students, family members, and community members responded. The three surveys were based on widely used and validated survey instruments.

- School Staff survey—501 respondents

		<ul style="list-style-type: none"> <li>• Student survey—2,385 respondents</li> <li>• Family survey— 431 respondents</li> </ul> <p>Key needs and strengths identified from these meetings and surveys were integrated into the Humboldt Bridges to Success plan, and the number of completed surveys and focus group attendance demonstrate the desire of our local stakeholders to increase school based mental health services. Perhaps not surprising for struggling communities, the students surveyed identified the three most common mental health problems for them and their peers as: stress, anxiety, and depression. The parents and family members surveyed identified the greatest challenges as both a lack of services and long waits after getting referred for services. Teachers and school staff commented on being overwhelmed by the size and intensity of the need. One high school teacher wrote: “I don’t know how to deal with all of the outside factors in the lives of my students. Many are foster students, homeless, abused or neglected by their parents. Help!” Another high school teacher wrote: “Many [students] suffer from some kind of trauma due to their family life/living situation. They have not had a good model or understanding of how to process their "big" emotions. Many need more intensive counseling.”</p>
	7. b.	<p>The proposed use of funds, which shall include, at a minimum, that funds will be used to provide personnel or peer support</p> <p>The proposed use of funds would expand and extend the Humboldt Bridges to Success (HBTS) program by providing direct service personnel and peer support, as well as personnel to support program evaluation.</p> <p>The expansion would add:</p> <ul style="list-style-type: none"> <li>• 5.0 FTE navigators (case management positions).</li> <li>• .50 FTE analyst for the purpose of aiding with program coordination including: implementation, ongoing maintenance, and performing program evaluation.</li> </ul> <p>The expansion would increase the FTE allocation of two existing direct care staff, converting the positions from a part-time to a full-time positions.</p> <ul style="list-style-type: none"> <li>• increase supervising clinician by .50 FTE through 11/30/2022 then increase to 1.0 FTE for the duration.</li> <li>• increase child/family coach (peer position) by .53 FTE through 11/30/2022 then increase to 1.0 FTE for the duration.</li> </ul> <p>HBTS staff will continue to provide short-term, school based mental health services to students county-wide. The additional staff will significantly expand this capacity to provide follow-up supports and navigation. Following the provision of short-term mental health services, HBTS staff provide linkage to longer-term mental health services and other necessary community services and supports to improve the health and wellness of students and their family members. In addition, HBTS will provide, services that address:</p>

			<ul style="list-style-type: none"> <li>• rapid school based crisis response,</li> <li>• expedited analysis of student and family needs by the County Children’s Mental Health clinician,</li> <li>• school site based/linked coordination of services and care,</li> <li>• school site delivered referrals to County and community resources to improve the health of students and their families</li> <li>• suicide prevention services,</li> <li>• drop-out prevention,</li> <li>• placement assistance and development of a service plan that can be sustained over time for students in need of ongoing services, and</li> <li>• outreach to high risk youth, including foster youth, youth with identify as LGBTQ, and youth who have been expelled or suspended from school.</li> </ul>
	7.	c.	<p>How the funds will be used to facilitate linkages and access to ongoing and sustained services, including, but not limited to, objectives and anticipated outcomes</p> <p>Once a student is referred to HBTS, short-term mental health services will be provided to stabilize any crisis experienced. Project staff will then work with students, families, and the schools to provide linkages to longer-term services and supports. As mentioned previously, this may include connections to mental health services, substance abuse services, housing programs, employment programs, TAY programming, cultural activities, school programs and supports, Family Resource Centers, physical healthcare referrals, or programs to address any other need that a student or family may have.</p> <p>While the current program strives to provide these services, particularly those beyond immediate mental health-focused stabilization and supports, the reality is we currently lack the staff to offer more comprehensive services because the immediate mental health-focused needs are so profound. The additional staff will increase the capacity to provide follow up care. With additional funding each region will have an additional navigator or child family support coach who can focus on linking students and families with resources that will help them become more self-sufficient (i.e. employment training and placement).</p> <p>HBTS staff will utilize the grant funding to improve the health and wellness of children and youth throughout the county. While each family will have unique needs and will require individualized plans, the overarching <b>objective of the HBTS program expansion will be to minimize the impact of mental health issues on children/youth and adolescents and connect students and families to services and supports that will support long-term wellness and family stability.</b> This broad objective incorporates a series of supporting objectives including:</p> <ol style="list-style-type: none"> <li>1. Preventing mental illnesses from becoming severe and disabling.</li> <li>2. Improving timely access to services, with specific focus on underserved populations.</li> <li>3. Providing outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.</li> </ol>

			<p>4. Reducing the stigma associated with the diagnosis of a mental illness or seeking mental health services.</p> <p>5. Reducing discrimination against people with mental illness.</p> <p><b>The HBTS program expansion will</b> prevent negative outcomes in the targeted population, including, but not limited to:</p> <ul style="list-style-type: none"> <li>a. Suicide and attempted suicide</li> <li>b. Incarceration</li> <li>c. School failure or dropout</li> <li>d. Unemployment</li> <li>e. Prolonged suffering</li> <li>f. Homelessness</li> <li>g. Removal of children from their homes</li> <li>h. Involuntary mental health detentions</li> </ul> <p>The additional navigators, as well as the increased FTE allotment for the supervising clinician, will increase the ability to support the regional clinicians, navigators and family support coaches. The increased capacity will result in greatly enhanced referrals and supports for students and families. With this additional staffing and support we will improve our ability to provide high quality and sustained “warm handoffs” of children and families to County, community, Tribal, and other organizations. These additional staff will allow the regional teams to move beyond crisis response to a place where the longer term success of students and families is supported.</p>
	7.	d.	The Partnership’s ability to do all of the following:
	7.	d. i.	<p>Obtain federal Medicaid or other reimbursement, including Early and Periodic Screening, Diagnostic, and Treatment funds, when applicable, or to leverage other funds, when feasible</p> <p>The Partnership currently has the ability and is looking to expand federal Medicaid or other reimbursement for mental health services, including Early and Periodic Screening, Diagnostic, and Treatment funds, when medically necessary. The County Mental Health department is a certified Medi-Cal billing agency and receives Medicaid funds through the State with use of the state-determined reimbursement levels. HBTS Clinicians are able to bill for Specialty Mental Health services provided to Medi-Cal beneficiaries.</p> <p>The Individuals with Disabilities in Education Act (IDEA) ensures that school-aged children with special education needs receive a free appropriate public education. It requires schools to prepare an Individualized Education Plan (IEP) for each child needing special services. The IEP specifies all of the child’s special education and related health care needs. Aside from the services provided to a child under the Individuals with Disabilities in Education Act, the ability for schools to obtain federal Medicaid or other reimbursement is limited. Some health-related services specified in the IEP can be paid for through Medicaid as long as they meet federal guidelines as being medically necessary for the</p>



individual youth. But a review of local schools and districts conducted in preparation for this application verified that the funding received is very limited – and not enough to support a clinician, navigator, or child family support coach. This is in part because Medicaid school reimbursements are limited to students with IEPs who have a Medicaid eligible service included in their IEP (approximately 5% of students)—and receive that specific service from the schools. Although Medicaid and the IDEA are separate entitlements covering somewhat different populations, many children do qualify for both.

Schools also are eligible to bill for Medicaid Administrative Activities (MAA) but the rules imposed in California limit the potential revenue. For example, the two largest districts in the county both receive approximately \$50,000 per year for all their MAA billing and according to the billing agency both are doing a good job in claiming MAA funds. Unless there is a rule change at the state level, MAA billing, even when done correctly, is not sufficient to fund mental health positions in the schools.

In addition, both MAA and LEA Medicaid funds are typically disbursed over a year after the services are reported and even worse, in the past, districts have been required to return MAA and LEA Medicaid funds long after the services were delivered.

While the schools are limited in their ability to provide reimbursable services, fortunately County Children’s Mental Health is a Medi-Cal biller. In the broader Medi-Cal eligible student population only services provided by the County employed clinicians are Medicaid reimbursable/matchable. Currently, all County clinicians working in the schools are able to bill for Medi-Cal approved services. HBTS makes referrals to County contracted providers (like Remi Vista, and Changing Tides) allowing the additional clinicians’ employer to bill through the County Medi-Cal claims departments. Unfortunately, school-employed clinicians are not able to bill using this process.

Children have special status under Medicaid’s Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) provision. EPSDT requires states to screen eligible children under the age of 21, diagnose any conditions found through the screen, and furnish appropriate treatment to correct or ameliorate illnesses and conditions discovered through the screen. What is noteworthy about EPSDT is that when children are identified as needing services as a result of an EPSDT screen, states have to provide the services regardless of whether or not they are listed in the state plan. HBTS staff will provide access to EPSDT funded services for those youth who require more intensive and/or ongoing Specialty Mental Health Services.

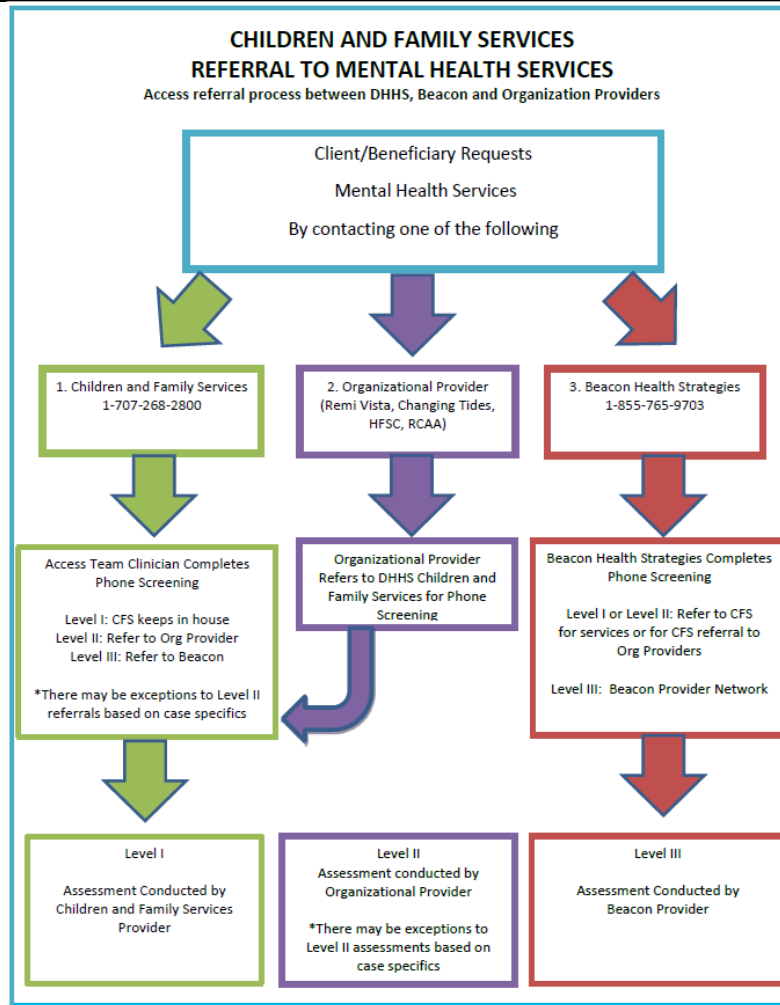
Local Tribes and American Indian Serving Agencies like United Indian Health Service and Two Feathers Native American Family Services are able to tap into different funding streams to support Native children and families (who comprise about 1/10 of local students). These partners are coordinating with the schools to support eligible students and families.



			For instance, at McKinleyville High School in the North Bay region, the school psychologist, student assistant counselor, and district nurse meet weekly with staff from Two Feathers as part of an ongoing collaboration of care team. These meetings provide the opportunity for HBTS and broader County services to be aligned with other partners.
	7.	d. ii.	<p>Collect information on the health insurance carrier for each child or youth, with the permission of the child or youth's parent, to allow the partnership to seek reimbursement for mental health services provided to children and youth, where applicable</p> <p>The Partnership has the ability, with parent/caregiver permission, to collect information on the health insurance carrier for each child or youth. HBTS collects this information at time of referral. HBTS services are available to students based on need rather than insurance or ability to pay. HBTS staff provide short-term interventions and then provide linkage to ongoing longer-term mental health services. If a student is already open to county mental health services, billing will occur. If the student has full-scope Medi-Cal and is not open to services, the student will be opened and billing will occur. If the student is Medi-Cal eligible and a parent/caregiver can apply for and receive Medi-Cal without creating an undue hardship, billing will occur. HBTS will provide linkage to benefit issuance and help with paperwork and document delivery to facilitate the qualification and award of benefits.</p> <p>HBTS understands that applying for public benefits, while your child is in midst of crisis, can be a burden. HBTS strives to reduce the burden by removing the eligibility criteria for short-term services. Collecting health insurance carrier information for each child served allows the program to bill when appropriate and make effective referrals to outside providers. HBTS staff have received an updated behavioral health service provider list for each insurance company with beneficiaries in the county. This list will enable more effective and efficient transition to long term care (when needed). The HBTS Implementation Team will obtain an updated list from California Department of Managed Health Care at least annually.</p> <p>HBTS staff work to connect students to ongoing services that meet their needs and that are covered by their insurance. If a student is uninsured – HBTS will work with the family/caregiver to obtain insurance. This process is explained in further detail in section 7.d.v.</p>
	7.	d. iii.	<p>Engage a health care service plan or a health insurer in the mental health partnership, when applicable, and to the extent mutually agreed to by the partnership and the plan or insurer</p> <p>Locally, we believe approximately 40% of K-12 students are covered by private insurance (or lack coverage altogether). While no child will be denied services if not eligible for Medi-Cal, particularly in a crisis, once the crisis has been addressed there is a need to connect children covered by private insurance with local clinicians. This critical and often time</p>

			<p>consuming support is a challenge due to the reduced number of HBTS staff.</p> <p>For those students covered by private insurance, HBTS clinicians, navigators, and family support coaches work to connect children and their families with mental health clinicians in private practice who take private insurance. HBTS staff are able to share with families the local list of private insurance providers (and what they provide) obtained from the Department of Managed Health Care (DMHC). In doing so they can help families quickly identify options for each youth based on their needs and who their insurance company's contracted providers are. Having this list also helps HBTS and the various insurance companies identify and fill gaps in their own private continuum of care. HBTS will obtain updated information from DMHC at least annually. Also, the program will coordinate with the plans, primary care providers, and plan administrators for outreach and education.</p>
	7.	d. iv.	<p>Administer an effective service program and the degree to which mental health providers and educational entities will support and collaborate to accomplish the goals of the effort</p> <p>As described, Humboldt Bridges to Success is guided by a multi-agency leadership team that meets monthly with local support and guidance coming from the five regional teams. These teams are the product of the many years of collaboration between the County and the schools that reaches back to the 1990s.</p> <p>HBTS is a successfully administered, collaborative project in which mental health providers and educational entities work together to accomplish the following goals:</p> <ul style="list-style-type: none"> <li>• Improving access to identified services</li> <li>• Supporting better outcomes</li> <li>• Providing multiple service options</li> <li>• Improving student attendance</li> <li>• Improve student performance</li> <li>• Creating and fostering a positive school climate</li> <li>• Increasing the level of understanding with regard to one another's systems</li> <li>• Identifying funding to contribute toward projects</li> </ul> <p>HBTS has entered into the second year of implementation. The project is a direct result of collaboration and support between agencies to create an effective service program. The degree of support is illustrated by the shared hiring/supervisory/sustainability design of the project. County Mental Health and Education chose to share the hiring/supervisory/sustainability responsibility for the project. This shared commitment to goal attainment is also evident by the joint creation of Memorandums of Understanding that are in place to support the project. As previously mentioned, HBTS is a new project doing innovative work and little exists in the form of models for the County to draw from.</p>

			<p>Humboldt County Mental Health has entered into MOU's with 29 of the 32 school districts. The document formalizes the partnership, defines roles and responsibilities, specifies the goals, and projects anticipated outcomes. The remaining MOU's are in various stages of execution. Within the next two months the Partnership expects the MOU process to be finalized. Students in the three districts mentioned above receive services from HBTS regardless of the status of agreement execution.</p>
	7.	d. v.	<p>Connect children and youth to a source of ongoing mental health services, including, but not limited to, through Medi-Cal, specialty mental health plans, county mental health programs, or private health coverage</p> <p>Humboldt County Mental Health is the Mental Health Plan contracted with the state to provide Specialty Mental Health Services. HBTS staff will work to connect students to ongoing mental health services by partnering with the Children's Mental Health <b>Access team</b>. There is an access line available to the public to use when requesting children's mental health services. The Access team was designed to comply with requirements set forth in California Code of Regulation (CCR) Title 9, Section 1810.405, including the following:</p> <ul style="list-style-type: none"> <li>• Require providers to meet standards for timely access to care and services, taking into account the urgency of need for services.</li> <li>• Make services available to beneficiaries 24 hours a day, 7 days a week, when medically necessary.</li> <li>• Establish mechanisms to ensure that network providers comply with the timely access requirements.</li> <li>• Monitor network providers regularly to determine compliance with timely access requirements.</li> <li>• Take corrective action if there is a failure to comply with timely access requirements.</li> </ul> <p>HBTS can make a direct referral of a student to the Access team, or assist the student/family in using the Access line. HBTS works to make sure the community has the information needed to allow students and families to self-refer, if needed. Below is a flow chart showing the referral process in Humboldt County.</p>



As discussed earlier, bringing HBTS up to the original staffing levels will increase the project's ability to connect students covered by private insurance or no coverage at all to appropriate services. While there is no local organization of private mental health service providers, the Humboldt Independent Practice Association, which represents and provides billing services for many local non-affiliated medical providers (that is: those not working for the local hospitals, the Open Door Clinic [our local Federally Qualified Health Center] or UIHS), as well as information obtained through the DMHC list of private insurance providers located throughout Humboldt County, is a source of connection to the local mental health clinician community.

Continue to provide services and activities under this program after grant funding has been expended

HBTS Mental Health Clinicians that are hired by Humboldt County Mental Health will bill Medi-Cal for services whenever possible. Billing for services provides a means to sustain these positions once grant funding ends. In addition to billing Medi-Cal, the County will continue to search for future funding opportunities to enable services to continue. There is also the potential for use of existing funding sources such as MHSA

			<p>dollars, Mental Health Block Grant, County General Funds, and Realignment dollars. If the Medi-Cal Healthier California for All initiative passes the revised Medi-Caid funding structure could potentially allow for sustainable funding.</p> <p>While we admit sustaining the school district employed navigator and child/family support coach positions is a challenge, we are fortunate because of a recent change in California school funding. In 2015 California switched its school funding model to a more flexible, site-determined methodology—the Local Control Funding Formula (LCFF) which requires districts to look at their needs through a formal process requiring parent and community involvement and a review of student achievement data. Districts must use that process to determine what programs/initiatives will be supported. Student mental health, school climate and student success are central goals in each district’s Local Control Accountability Plan (LCAP). LCFF offers a historic opportunity to set new, locally-driven priorities to improve outcomes for often underserved students such as those in our rural schools. LCAPs are updated annually to determine funding priorities for upcoming year. Once in the LCAP the work done by this grant will be sustained and supported.</p>
			<p>7. d. vii. Screen students for risk factors related to trauma or other mental health conditions, with emphasis on Pre-K through 3<sup>rd</sup> grade.</p> <p>HBTs utilizes a specially designed Crisis Triage Tool to screen students for risk factors related to trauma or other mental health conditions. Recognizing that young children present differently than older children, the program has created an adaptation for children 0-5 years. If this proposal is funded, the tool will again be revised to screen for the expanded objectives of the program.</p> <p>The Humboldt County Crisis Triage Tool (HC-CTT) is a modified version of the Crisis Assessment Tool (CAT) developed by the Praed Foundation, and is designed to provide additional information on supporting children aged 5 to 21 who are in a behavioral health crisis. The HC-CTT also integrates information from the Childhood Severity of Psychiatric Illness-Early Childhood (CSPI-EC) version and the Child and Adolescent Needs and Strengths (CANS).</p> <p>The <b>Humboldt County Crisis Triage Tool (HC-CTT)</b> is to be used for screening all children and youth presenting in behavioral health crisis, with certain items to be rated based on the child’s or youth’s age. The CTT is a decision support and communication tool to allow for the rapid and consistent communication of the needs of children and youth experiencing a crisis that threatens their safety, well-being, or the safety of the community. It is intended to be completed by the individuals who are directly involved with the youth. The form serves as both a decision support tool and as documentation of the identified needs of the child served along with the decisions made with regard to treatment and placement at the time of the crisis.</p>

			<b>The Humboldt County-Crisis Triage Tool items are noted below</b>								
			<u>Risk Behaviors Domain</u> 1. Suicide Risk 2. Non-Suicidal Self-Injurious Behavior 3. Other Self-Harm (Recklessness) 4. Danger to Others 5. Sexually Aggressive Behavior 6. Runaway 7. Decision Making 8. Intentional Misbehavior		<u>School Domain</u> 9. School Behavior 10. Non-classroom Behavior 11. School Achievement 12. School Attendance 13. Class Avoidance 14. Bullying Others						
			<u>Functioning Domain</u> 16. Living Situation 17. Family Functioning 18. Social Functioning 19. Developmental/Intellectual 20. Sleep								
			<p>The HC-CTT is easy to learn and is well liked by children, youth, families, providers and other partners in the services system because it is easy to understand and does not necessarily require scoring in order to be meaningful to the child/youth and family. Basic core items – grouped by domain – are rated for all individuals. A primary goal of this tool is to facilitate communication between the individual child/youth, family, and providers in the system of care.</p>								
7.	d.	viii	Collect data on program implementation and measures of student well-being.								
			This request for funding includes the cost of an analyst for the purpose of aiding with program coordination including: implementation, ongoing maintenance, and performing program evaluation. Data is currently being collected and stored in the County Electronic Health Record. Secondly the program utilizes an encounter log that tracks the following data points:								
			<table><tr><th colspan="3">Identifier</th></tr><tr><td>1. Person Assisted (Last Name, First Name) or Person/Group Interacted with</td><td>2. Date Referral Received</td><td>3. Staff's Name</td></tr></table>			Identifier			1. Person Assisted (Last Name, First Name) or Person/Group Interacted with	2. Date Referral Received	3. Staff's Name
			Identifier								
			1. Person Assisted (Last Name, First Name) or Person/Group Interacted with	2. Date Referral Received	3. Staff's Name						
<table><tr><th colspan="3">Service Need</th></tr><tr><td colspan="3">4. Student Requires Mental Health Crisis Intervention (Yes or No)</td></tr></table>			Service Need			4. Student Requires Mental Health Crisis Intervention (Yes or No)					
Service Need											
4. Student Requires Mental Health Crisis Intervention (Yes or No)											
<table><tr><th colspan="3">Demographics</th></tr><tr><td>5. Age</td><td>6. Gender</td><td>7. Hispanic or Latino (Yes, No or Unknown)</td></tr></table>			Demographics			5. Age	6. Gender	7. Hispanic or Latino (Yes, No or Unknown)			
Demographics											
5. Age	6. Gender	7. Hispanic or Latino (Yes, No or Unknown)									

			8. Race			
			<b>Other Agency Support</b>			
			9. Name of Agencies Providing Support			
			<b>Referrals</b>			
			10. Mental Health Service Referrals Made To		11. Other Referrals Made To	
			<b>Mental Health Enrollment</b>			
			12. Enrolled In Mental Health Services Yes, No or Unknown		13. Types of Mental Health Services Person is Enrolled In	
			<b>Request From Responded To</b>			
			14. Service Request From		15. Place of Response	
			<b>Trainings</b>			
			16. Topic(s)		17. Who Attended	18. How Many Attended
			<b>Notes</b>			
			<b>Clinician</b>		<b>Navigator</b>	<b>Child and Family Support Coach</b>
			<p>Upon award of funding, the County will build in additional reporting fields to capture the work done to achieve the expanded objectives and goals set forth in this application.</p>			
			8.	The plan must also address facilitating linkages and access to ongoing and sustained services, including:		
8.	a.	<p>Services provided on school campus</p> <p>HBTS program staff are located on school campuses across Humboldt County and provide services to students on campus. The HBTS program works to provide and/or connect students to the following school based services and supports:</p> <ul style="list-style-type: none"> <li>• rapid school based crisis response,</li> <li>• expedited analysis of student and family needs by the County Children's Mental Health clinician,</li> <li>• school site based/linked coordination of services and care,</li> <li>• referrals to County and community resources to improve the health of students and their families</li> <li>• suicide prevention services,</li> <li>• drop-out prevention,</li> <li>• placement assistance and development of a service plan that can be sustained over time for students in need of ongoing services, and</li> <li>• outreach to high risk youth, including foster youth, youth with identify as LGBTQ, and youth who have been expelled or suspended from</li> </ul>				

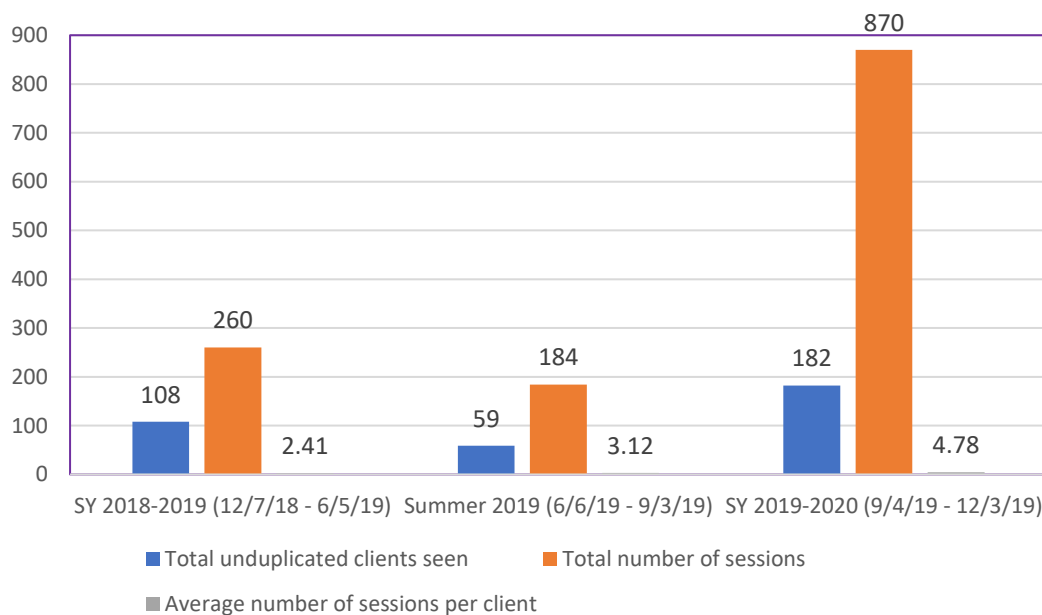


		<p>HBTS must do more than “just” provide services, but more effectively and efficiently bring together students and families in need with existing services and supports. To be fully effective and sustainable, the project must expand its efforts to break down silos between and within organizations. This also is necessary to avoid duplication of efforts—particularly when the people providing the supports are unaware of other clinicians and staff who are also serving the child. Without service and support alignment, we run the risk of different agencies unintentionally working at cross purposes despite doing their best to serve the needs of local children and families.</p> <p>Despite over a decade of collaboration, we are constantly reminded that this work takes time—particularly in a region where there are so many school districts and rural, isolated communities. For example, even in some of our most well-resourced schools there remains the need to improve collaboration.</p> <p>A fully funded Humboldt Bridges to Success project will not only have the capacity to provide crisis triage services and link students and families to necessary services, but the additional staff will allow the regional teams to provide post-vention follow-up and support.</p>
	8. b.	<p><b>Suicide prevention services</b></p> <p>With grant funding from MHSSA, HBTS will provide linkage and access to ongoing and sustained suicide prevention services and suicide prevention trainings. HBTS will use widely accepted tactics to increase identification and assist a student at risk. HBTS staff will work to increase help-seeking, provide timely access to suicide prevention interventions, and provide coordinated linkage to continuous care.</p> <p>Often, students in crisis do not seek help on their own. As described in section VII.D.ii.6.a - HBTS staff will help build knowledge among the student population (peers), educators, administrators, coaches, family, medical community, and all others that interact with children/youth/adolescents to increase the ability to identify those in need and respond effectively. Student populations across Humboldt will receive information that will increase their own ability to recognize in themselves, and among their peers, the warning signs that signal the need for help. Students will also be taught how to express the need for help and where to reach for intervention and support. HBTS staff will provide immediate suicide prevention intervention and provide linkage to ongoing mental health services while ensuring strong communication and coordinated, continuous care. Students and groups that support students will be taught about and how to access hotlines and helplines, mobile crisis teams, walk-in crisis clinic, hospital-based psychiatric emergency services, and peer-support programs. HBTS clinical staff will provide services that address suicide risk by providing evaluation, stabilization, and referrals to ongoing care.</p> <p>With the expanded staffing proposed in this application, HBTS staff will have the capacity to work with students to build resiliency and coping strategies—and not just respond to crises. Staff will discuss stress management techniques and</p>

		problem-solving tactics, optimism, positive self-concept, and other wellness philosophies to build life-skills. Through the many layers of interaction and support, students will learn how to create supportive relationships and community connectedness.
	8. c.	<p><b>Drop-out prevention services</b></p> <p>As discussed earlier, locally there is a 13.3% cohort dropout rate—which means nearly one in seven students don’t complete high school. As noted, we believe this rate is artificially low because the local comprehensive high schools typically reassign students at risk of dropping out to continuation or other alternative programs – or help the students transfer to an independent study program through one of the local charters. Once in those programs, when they turn 18 many students behind in units for graduation are transferred to adult education – which is now run by the community colleges. So, while they are technically not drop-outs, they are not likely to earn a high school diploma either.</p> <p>To prevent drop outs, earlier intervention is required—before a student is so far behind in credits he or she has to attend a continuation or alternative program. Thus, through the school site referral process, HBTS staff can be appropriately assigned to support students at risk of dropping out before they are so far behind they have no chance of completing school in the comprehensive high school.</p>
	8. d.	<p><b>Outreach to high-risk youth and young adults, including, but not limited to, foster youth, youth who identify as lesbian, gay, bisexual, transgender, or queer, and youth who have been expelled or suspended from school</b></p> <p>With additional funding, HBTS will increase outreach to high-risk youth and young adults including: foster youth, youth who identify as LGBTQ, and youth who have been expelled or suspended from school. HBTS will leverage the assistance of the Transition Age Youth (TAY) program. The TAY program serves youth and young adults ages 16 to 26. Services are tailored, collaborative, and based on a young person’s strengths. The goal is to create an environment where young people thrive at home, school, work, and in their community. TAY services have been developed with the assistance of youth, for youth. TAY programs have adopted the slogan "<b>Nothing About Us Without Us!</b>" TAY is careful to seek and incorporate the ideas of youth, and these youth come from a wide variety of backgrounds including foster care, LGBTQ community, and youth who have been expelled or suspended from school. As part of the TAY division, the Humboldt County Transition Age Youth Collaboration (HCTAYC) works to empower youth, develop leadership skills, and advocate for system improvements. HCTAYC understands young people are experts in the systems that impact them, and this expertise is vital in system transformation. HCTAYC helps to foster and build skills in the areas of youth development, policy change, youth advocacy, community engagement and wellness. HCTAYC provides training to youth, staff and community partners related to more effectively engaging youth and developing youth-informed approaches. Available through TAY, the Independent Living Skills (ILS) program is designed to assist current and former foster youth as they transition from the foster care system to independence. Youth who have been in foster care after their 16th birthday are eligible for ILS services until the day before</p>

		<p>their 21st birthday. TAY behavioral health staff offer 1-on-1 counseling, family therapy, case management and drop-in counseling. TAY counseling and case management services focus on client goals of employment, housing, education, career, and personal well-being.</p> <p>As part of the development of this proposal, management reached out to TAY program social workers and supervisory staff to formulate a plan to increase outreach to at-risk youth. HBTS and TAY staff will increase outreach to at-risk youth by assisting with the creation of:</p> <ul style="list-style-type: none"> <li>• on campus peer support groups</li> <li>• youth-centric community partnerships</li> <li>• youth specific safe zones at schools</li> </ul> <p>TAY will work with HBTS staff to increase street outreach and will attend collaborative meetings. For example: the foster care education meeting that promotes educational success for students in the foster system. TAY has offered to visit campuses and provide linkage to community organizations (i.e. Boys and Girls Club) and services outside of the school, as well as teach about the use of 211 Humboldt – a vital one-stop-shop connecting people to services.</p>
	8. e.	<p>Assistance with placement in appropriate programs and support structures and development of a service plan that can be sustained over time for students in need of ongoing services</p> <p>With increased funding, HBTS will be able to provide increased placement assistance and service plans for more students. Due to staff limitations, HBTS currently has limited availability to provide placement assistance or assist with longer-term service plans. With additional staff, HBTS will be able to link pre-crisis students with non-clinical school based services—typically provided by the schools or HCOE as part of the local Multi-Tiered System of Support. These supports can be academic, behavioral, or social-emotional – and frequently address all three. Connection to appropriate programs is also preventative. As students access supportive services, they are more likely to succeed in school and less likely to need mental health services. While school success in its own right is a laudable goal, it also removes a potentially powerful cause of emotional stress that can serve as a trigger for students struggling with mental health.</p> <p>Increased staff will allow the program to grow and serve more students. As of now, the program is able to meet demand with very little room to take on more. The HBTS program began in early December 2018. From the onset, data has been collected and below is a chart graphically depicting HBTS program usage over 1 year.</p>

### Humboldt Bridges to Success (HBTS)



In the first six months (December 2018 – June 2019) the program served 108 unduplicated students.

Over summer 2019, 59 additional unduplicated students were served.

During the first portion of the 2019-2020 school year (September 2019 – December 2019) an additional 182 unduplicated students were served.

In total, since HBTS program launch, 349 unduplicated students have been seen with 1,314 separate interventions.

As the program has served more and more students, the schools have expressed great appreciation that so many children and youth are getting connected to mental health services. In order for those placements in programs or linkages to services to be effective, HBTS staff can play a vital role in developing service plans. By working with school staff, families, and students, HBTS can ensure that each perspective is considered and all of the needs are being addressed.

Funds may also be used to provide other prevention, early intervention, and direct services, including, but not limited to, hiring qualified mental health personnel, professional development for school staff on trauma-informed and evidence-based mental health practices, and other strategies that respond to the mental health needs of children and youth, as determined by the Commission.

As described throughout this application, the Partnership will provide:

9.

- prevention,
- early intervention,
- hiring qualified mental health personnel to provide direct services
- professional development for school staff on trauma-informed and evidence-based mental health practices, and
- utilize other strategies that respond to the mental health needs of children and youth.

HBTS will educate, promote, and provide mental health support to students, families, and communities. The program will also provide early intervention and minimize mental health problems experienced by students. To better understand needs of transition age youth and thus better serve them, Humboldt Bridges to Success will lean on the lived experience and expertise of the Humboldt County Transition Age Youth Collaboration (HCTAYC). HCTAYC works to empower youth because it understands young people are experts in the systems that impact them, and this expertise is vital in system transformation. HCTAYC helps to foster and build skills in the areas of youth development, policy change, youth advocacy, community engagement and wellness. HCTAYC provides training to youth, staff and community partners related to more effectively engaging youth and developing youth-informed approaches.

**HBTS will use other creative, innovative strategies to respond to the mental health needs of students.** Students are heavy users of social media. In the past, social media was considered a contributing factor, negatively impacting a student’s mental health. Today, social media has begun to become part of the mental health system of support rather than a detriment. HBTS is investigating social media technology used by many people world-wide that promote mental health awareness, and provides mental health education and support to students.

For example:

- **YouTube**, provides a venue for students reflect on their emotional and mental health against the backdrop of others who share similar experiences. Students often discuss how they cope with personal stresses and struggles, self-care, and wellness. Videos are also created to destigmatize the topic of mental health and promote productive dialogue around its reality, causes, and treatments.
- **Snapchat**, one of the most popular social media platforms used by students. As of February 13<sup>th</sup> 2020, Snapchat announced it is rolling out a new feature called “Here For You.” The feature works by populating self-help information when users search topics like anxiety, depression, suicide and bullying. Student can also connect with mental health experts through the app.

There are a number of mental health apps and podcasts that provide mental health support. For example:

- **notOK** - free app developed by a struggling teenager for teenagers. The app features a large, red button that can be activated to let close friends, family, and their support network know help is needed. Users can add up to five trusted contacts as part of their support group so when they hit the digital panic button, a message along with their current GPS location is sent to their contacts. The message reads: “*Hey, I’m not OK! Please call, text, or come find me.*”
- **Mind Shift** – fee app and is one of the best mental health apps designed specifically for teens and young adults with anxiety. Rather than trying to avoid anxious feelings, Mind Shift stresses the importance of changing how you think about anxiety.
- **Youth Radio** - created for teens by teens, it provides relevant information from a teen’s point of view on a variety of mental health topics. Teens discuss their real-life struggles with mental health, wellness, social media and its impact on mental health, stress and how to manage it, and resources for those in need.
- **MentalMusic** – A music-based podcast, created for teens by teens, focusing on the topic of teenage mental health issues.

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|--|--|
|  | <ul style="list-style-type: none"><li>• <b>Teen Talk</b>, produced by 16-year old Hayden Trowbridge - a brand new podcast that discusses the many topics and challenges that teens face. From mental health to alleviating stress and controlling your life, Hayden shares her own personal stories and that of others.</li></ul> <p>The above list only scratches the surface of available resources to help students with mental health challenges. Humboldt Bridges to Success understands that to be effective, we need to meet students where they are. Students are at school and on social media. HBTS, with guidance and support from HCTAYC, will provide school-based mental health services and use social media technology when appropriate to reach students in a manner that is relevant, relatable, and usable to students.</p> |
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## ATTACHMENT 6: PROGRAM IMPLEMENTATION PLAN – PLAN NARRATIVE

PLAN NARRATIVE		
<b>VII.E.i.</b>	<p>The purpose of the Program Implementation Plan is to illustrate the critical steps in starting the proposed programs and to identify any challenges associated with implementation. By requiring the Program Implementation Plan to be completed prior to submission, counties and educational entities will be better equipped to begin serving students within 90 days of grant award.</p>	
<b>VII.E.ii.</b>	<p>Plan Narrative</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Describe how the Applicant will implement the proposed program described in the Proposed Plan in Section VII.D. above.</p> <p>The Partnership has a high degree of plan implementation readiness. Funds requested are dedicated to positions needed to expand the Humboldt Bridges to Success project. The Partnership has worked to create job descriptions, set compensation scales, create project orientation and training plans, and identify space for additional staff in the perspective regions of assignment. Hiring districts are beginning the process of creating additional positions, and MOU's are in place with hiring districts creating a solid foundation needed to build upon. The Partnership thoroughly understands the effort it takes to create a collaborative project. In the past 18 months, the Partnership has dedicated an unmeasurable amount of leadership personnel hours to build HBTS from scratch. The unwavering dedication of County Mental Health, Humboldt County Office of Education, school administrators and Humboldt – Del Norte SELPA has nurtured a concept to reality.</p> <p>1. If Humboldt County receives this award, the 0.50 supervising clinician, already in place, will immediately become full-time. The County will work with Human Resources to create, recruit, and hire the analyst needed to support program coordination, implementation, ongoing maintenance, and performing program evaluation. Humboldt County Children's Mental Health in general and the HBTS program manager and supervising clinician are prepared to train an analyst to support HBTS.</p> <p>Because five of the six hiring school districts already employ HBTS-funded staff, the hiring school districts will immediately be able to open and advertise the case management/navigator positions and recruitment will begin. As already shown in the first grant, the schools are able to create a new position, advertise for it, and hire a person within 60 days—or fewer in some cases.</p> <p>The school districts are prepared and able to hire over the summer of 2020 and have staff oriented, trained, and in place at the start of the new school year. New staff would be aligned with seasoned staff and will be strongly supported throughout the first year.</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>2. Provide the following:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>2. a. Recruitment strategy for each position. Clearly identify if the staff will be an employee, contracted staff, peer, parent partner, or other.</p> </div> </div>	



	b.	<p>1) Position: <b>Supervising Mental Health Clinician</b></p> <p><input checked="" type="checkbox"/> Employee  <input type="checkbox"/> Contracted  <input type="checkbox"/> Other: _____</p> <p><b>Strategy:</b> The Supervising Mental Health Clinician is already on staff and has been working in the HBTS program since late 2018. The Supervising Mental Health Clinician is split 50/50 between the HBTS program and the Children's Mobile Response Program. If Humboldt County is listed on the Intent to Award – Program will make immediate plans to transition the Supervising Mental Health Clinician to HBTS full-time.</p> <p><b>Expected Hiring Date: (Month/Date/Year):</b> Immediately upon award. Projecting 7/1/2020.</p>
		<p>2) Position: <b>Administrative Analyst</b></p> <p><input checked="" type="checkbox"/> Employee  <input type="checkbox"/> Contracted  <input type="checkbox"/> Other: _____</p> <p><b>Strategy:</b></p> <p>Upon notification of awarded funding, Humboldt County Mental Health will start recruiting an Administrative Analyst with strong grant writing, grant management, and program coordination and evaluation skills. The County runs recruitments for Analyst positions often, and an active list may exist at time of potential award. If needed, the County will launch a new recruitment. The County uses the following methods to reach potential candidates for employment:</p> <p><b>Job Advertisements:</b> Job advertisements will be placed in local print and local and national online publications. The job advertisements will include important information such as the location, job title, description, compensation package, and instructions on how to apply for the position.</p> <p><b>Internal Bulletins:</b> Job advertisements will be circulated using internal bulletins to alert staff to positions available.</p> <p><b>Referrals from Employees:</b> Current employees will be encouraged to refer potential candidates. This can be a very effective way to identify some of the best job candidates. Those referred already have a relationship with someone connected to the agency.</p>

		<p><b>Government Job Center:</b> The County of Humboldt currently utilizes the services of the Employment Training Division (ETD) and the Employment Development Department (EDD). Both ETD and EDD have job training and job seeking divisions that work in concert with County HR and other entities that need staff. Both ETD and EDD have their own print and online publications, thereby expanding the advertisement of position to a larger broadcast area.</p> <p><b>Social Media:</b> Social media campaigns are used to expand the broadcast area for job announcements. Social media is able to reach certain demographics of the workforce that rely on technology as their source of information. Social media connects professionals on a worldwide basis. Using popular social networking websites, it is possible to find, collaborate with, and get introductions to many qualified professionals. Social utility websites used primarily for leisure activities can also be a viable source.</p> <p>Expected Hiring Date: (Month/Date/Year): 90 days after grant award. Projecting 10/1/2020.</p>
		<p>3) Position: Five Navigators (HCOE, Eureka City Schools, Fortuna Elementary School District, Northern Humboldt Union High School District, Southern Humboldt Unified School District)</p> <p> <input type="checkbox"/> Employee  <input checked="" type="checkbox"/> Contracted  <input type="checkbox"/> Other: _____         </p> <p>Strategy:</p> <p>Upon notification of a funding award; HCOE and the school districts will co-advertise the positions, guaranteeing the highest level of market penetration. The schools will actively recruit qualified members of underrepresented groups to apply—including encouraging applicants with relevant lived experience. While hiring rules make it illegal to specifically require a staff member be a member of an underrepresented group, the hiring qualifications will stress a strong understanding of and experience working with individuals, families and communities experiencing mental health challenges.</p> <p>By sharing the grant funded positions with districts across the county, HBTS ensures local communities are represented in the process. For example, the needs of rural southern Humboldt County will be best addressed by the Southern Humboldt Unified School District – and not an agency located 60+ miles away in Eureka. These local districts will also be able to tap into local radio stations and community bulletin boards (both digital and physical boards at a store or community center).</p> <p>HCOE and the districts use the following methods to reach potential candidates for employment:</p> <p><b>Job Advertisements:</b> Job advertisements will be placed in local print and local and national online publications. The job advertisements will include important information such as the location, job title, description, compensation package, and instructions on how to apply for the position.</p>

		<p><b>Internal Bulletins:</b> Job advertisements will be circulated using internal bulletins to alert staff to positions available.</p> <p><b>Referrals from Employees:</b> Current employees will be encouraged to refer potential candidates. This can be a very effective way to identify some of the best job candidates. Those referred already have a relationship with someone connected to the agency.</p> <p><b>Government Job Center:</b> The County of Humboldt currently utilizes the services of the Employment Training Division (ETD) and the Employment Development Department (EDD). Both ETD and EDD have job training and job seeking divisions that work in concert with County HR and other entities that need staff. Both ETD and EDD have their own print and online publications, thereby expanding the advertisement of position to a larger broadcast area.</p> <p><b>Social Media:</b> Social media campaigns are used to expand the broadcast area for job announcements. Social media is able to reach certain demographics of the workforce that rely on technology as their source of information. Social media connects professionals on a worldwide basis. Using popular social networking websites, it is possible to find, collaborate with, and get introductions to many qualified professionals. Social utility websites used primarily for leisure activities can also be a viable source.</p> <p><b>Note on hiring of navigators by the school districts in earlier round of MHSOAC grants:</b> As noted, the school districts had no difficulties identifying, recruiting, and hiring navigators or child/family support coaches. In fact, the applicant pool was so robust that highly qualified applicants, including some with Masters Degrees in Social Work and/or years of experience working with the local schools, were not selected for the positions. Once the MOUs between the County and the hiring districts are executed, the schools expect to hire as soon as 30 days and no more than 60 days.</p> <p><b>Note on executing additional MOUs between the County and the schools:</b> In the event of funding, the previously negotiated and approved MOUs will be modified for the new project. We are confident this will greatly reduce the time necessary to prepare and execute the new MOUs.</p> <p>Expected Hiring Date: (Month/Date/Year): 60 days after grant award. Projecting 9/1/2020.</p>
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		<p>4) Position: <b>Child/Family Coach (Eastern Region)</b></p> <p> <input type="checkbox"/> Employee  <input checked="" type="checkbox"/> Contracted  <input type="checkbox"/> Other: _____         </p> <p>Strategy:</p> <p>Upon notification of a funding award; HCOE and Klamath Trinity Joint Unified School District will co-advertise the positions, guaranteeing the highest level of market penetration. KTJUSD will advertise the position through the local radio station and the Two Rivers Tribune as well as post the job announcement in district schools, Hoopa Valley Tribe offices and other community sites.</p> <p>HCOE and KTJUSD use the following methods to reach potential candidates for employment:</p> <p><b>Job Advertisements:</b> Job advertisements will be placed in local print and local and national online publications. The job advertisements will include important information such as the location, job title, description, compensation package, and instructions on how to apply for the position.</p> <p><b>Internal Bulletins:</b> Job advertisements will be circulated using internal bulletins to alert staff to positions available.</p> <p><b>Referrals from Employees:</b> Current employees will be encouraged to refer potential candidates. This can be a very effective way to identify some of the best job candidates. Those referred already have a relationship with someone connected to the agency.</p> <p><b>Government Job Center:</b> The County of Humboldt currently utilizes the services of the Employment Training Division (ETD) and the Employment Development Department (EDD). Both ETD and EDD have job training and job seeking divisions that work in concert with County HR and other entities that need staff. Both ETD and EDD have their own print and online publications, thereby expanding the advertisement of position to a larger broadcast area.</p> <p><b>Social Media:</b> Social media campaigns are used to expand the broadcast area for job announcements. Social media is able to reach certain demographics of the workforce that rely on technology as their source of information. Social media connects professionals on a worldwide basis. Using popular social networking websites, it is possible to find, collaborate with, and get introductions to many qualified professionals. Social utility websites used primarily for leisure activities can also be a viable source.</p> <p>Expected Hiring Date: (Month/Date/Year): 60 days after grant award. Projecting 9/1/2020.</p>
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	<p>Retention Strategy for staff.</p> <p><b>Please note:</b> At the time of this application, there has been no turnover in school district-employed HBTS staff since their hiring in early 2019. The schools expect similar retention with the new positions—in great part because the navigator and family support coach positions have work scheduled that align with the school schedule – which is very attractive to staff with children in school.</p> <p>The <b>County</b> uses several techniques to maximize staff retention. The <b>school</b> districts use these and other similar techniques to retain staff.</p> <p>The following information provides a description of the retention strategy specific to HBTS Personnel.</p> <p><b>Flexible Schedules/Duties</b></p> <ul style="list-style-type: none"> <li>• HBTS staff will have the opportunity to rotate between working directly with students and providing training/consultation to school staff, parents, and caregivers. This rotation of duties minimizes the risk of burn-out.</li> <li>• Overtime and/or comp time will be allowed if a crisis situation goes over staff's regular schedule. <ul style="list-style-type: none"> <li>○ Some employees prefer overtime pay so they can make more money, while others prefer comp time which allows the person to take more time off as needed. Giving employees the choice between the two options further empowers employees, giving them a greater sense of control in their position.</li> </ul> </li> </ul> <p>3. <b>Program Support</b></p> <ul style="list-style-type: none"> <li>• All staff will have a direct “life-line” to a supervisor who will be available to answer any questions or concerns while a situation is unfolding. There will be three layers of support: (1) supervising clinician/supervising K-12 mental health coordinator, (2) senior program manager/school administrator, and (3) the deputy director.</li> <li>• Post intervention debriefings will be scheduled as needed following any crisis situation that results in a traumatic outcome. These debriefings will be done by trained PhDs and Licensed Therapists. This assists staff in processing challenging events and gives immediate support following an incident.</li> <li>• Staff meetings will be held weekly to provide information to the team and address concerns as they arise. The supervising mental health clinician and Supervising K-12 Mental Health Coordinator will facilitate the weekly meetings and the program manager and deputy director will attend these meetings regularly to provide added support.</li> <li>• Individual supervision will be provided to allow staff to be given feedback on their work and enhance their skills through mentorship. HBTS staff meet with supervisors at least twice a month – including at least one time at their school.</li> <li>• Trainings will be provided to build on current skills and knowledge, and facilitate increased cooperation and support between staff and collaborative partners.</li> </ul> <p>All full-time staff are also eligible for County or School District benefits including paid family leave, health insurance, and CalPERS retirement.</p>
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	3. a.	<p>Including training plan</p> <p>All staff will receive the following trainings in the first year of program implementation:</p> <ul style="list-style-type: none"> <li>• Collaboration/program alignment training</li> <li>• Developing integrated school-based crisis prevention and early intervention model</li> <li>• Enhancing existing partnerships</li> <li>• Supportive management of difficult behavior</li> <li>• Psychiatric education of specific MH diagnosis and symptoms/trauma</li> <li>• Involuntary psychiatric hold parameters</li> <li>• Collaborative partner support, assisting family in processing crisis</li> <li>• Emotional de-escalation techniques and interventions</li> <li>• Privacy and Security training</li> <li>• Medi-Cal Billing and Documentation (for Clinicians only)</li> </ul> <p><b>Note on HIPAA/FERPA and Privacy:</b> All new staff will be trained in the rules and requirements of both HIPAA and FERPA. The confidentiality expectations of both of these sets of regulations often require specific paperwork (i.e. Releases of Information) to allow discussion and collaboration between personnel from different organizations. We have learned this past year and continue to learn that ongoing training and technical assistance in compliance to HIPAA and FERPA are necessary. This training is equally important for school districts, County staff, community partners, and HBTS staff.</p> <p>In the event of funding, as part of the new hire onboarding process HIPAA/FERPA training will be provided from both County and HCOE staff. District and County Staff will receive training from the schools in privacy and data protocols regarding the reporting of data into and use of the school district's Student Information Systems. Because these privacy rules do not rise to the level of HIPAA compliance, the schools are able to permit access to student data to County clinicians through the MOU's already in place.</p> <p>Year two-four trainings include:</p> <ul style="list-style-type: none"> <li>• Physical symptom recognition/appropriate usage of Primary Care Physicians</li> <li>• Outpatient community services vs residential treatment</li> <li>• Trauma informed care</li> <li>• Positive behavioral management</li> <li>• Crisis Intervention Training</li> <li>• Instruction training to address over identification of SPED students.</li> <li>• Teaching kids with ACEs - Trauma informed instruction.</li> <li>• Manage Crisis Situations and Assist the Minor in De-Escalating.</li> <li>• Impacts and Symptoms of Trauma and Different Mental Health Diagnosis</li> <li>• Crisis Events, Accessing Caregiver/Family Support, and Facilitating Safety Planning Conversations for the Safety of the Minor and Family.</li> </ul>
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	4.	Describe how staff/personnel will be used. Each position should be described individually, including individuals with lived experience (peer providers/parent partners, etc.). List the activities to be performed by each position to be hired through this grant.
	<p>1) Position: <b>Supervising Mental Health Clinician</b></p> <p>Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>How this position will be used/Activities performed by this position:</p> <p>The supervising mental health clinician co-directs the program with the supervising K-12 mental health coordinator, Carolyn Albee.</p> <p>The supervising mental health clinician serves as the clinical supervisor of the six HBTS mental health clinicians. This includes weekly individual and group supervision to ensure sufficient clinical support to the staff.</p> <p>The supervising mental health clinician also works with the clinicians to ensure completion of proper paperwork and documentation of services. The supervising clinician is responsible for ensuring DHHS specific data is collected for all necessary reports and to help guide the program. Along with the supervising K-12 mental health coordinator, the supervising clinician will work with the school districts to ensure their MOUs are followed and appropriate services are delivered.</p> <p>The supervising mental health clinician provides direct services to students with higher levels of acuity and fills in for regionally assigned clinicians when needed.</p> <p>The supervising mental health clinician assists with rolling out training plans, developed by the senior program manager. The senior program manager has full-scope managerial responsibilities for the HBTS project.</p> <p>While not their direct supervisor, the supervising mental health clinician is responsible for teaming with the school district employed navigators (case managers) and family and child support coaches (peer positions).</p> <p>2) Position: <b>Administrative Analyst</b></p> <p>Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>How this position will be used/Activities performed by this position:</p> <p>The HBTS analyst will aid with program coordination including: implementation, ongoing maintenance, and program evaluation. The HBTS analyst will draft and facilitate contract execution and create reporting tools, collect and analyze data, and make data informed recommendations. The analyst will draft and submit reports and attend all HBTS and required MHSOAC meetings. Additional program support will be provided in the way of assisting with funding identification, budgetary and expenditure planning, and grant writing to ensure sustainability of the program.</p>	



The program evaluation will serve two critical purposes – program improvement and accountability.

- **Improvement:** Evaluation will be completed at the program level, regional level, and individual child level. Evaluation will help management assess how well the program is working by estimating the extent to which desired outcomes are being achieved and by identifying whether improvements are needed to increase effectiveness with respect to objectives. The goal is to proactively optimize the HBTS program performance. The evaluations will provide actionable information on program activities that are not being performed as intended, outputs that are not as effective as they were expected to be, customer needs or expectations that are not being met, and outcomes that are below projections. Managers will be expected to use this information to request to modify the program design to improve its effectiveness.
- **Accountability:** Evaluation will help management demonstrate internal and external accountability for the use of public resources. This includes demonstrating fiscally responsible management, establishing evidence that goals are being met or services are being delivered as promised, and quantifying realized impacts of the program.

3) Position: Child/Family Support Coach (Eastern Region)

Indicate if a peer/parent partner position: Yes ☒ No ☐

How this position will be used/Activities performed by this position:

The eastern region child/family support coach will provide peer-to-peer support and assistance to families who are dealing with their own or their child's mental health challenges. The child/family support coach will bring lived experience and knowledge of the local community to their job. They will be able to work with children and families from a position of having been there themselves, and having gone through the struggle of caring for a child facing mental health issues.

The child/family support coach will work with the regional clinician, navigators, and other DHHS, HCOE, and partner staff. Their roles will vary based upon their own qualifications and life experiences. The child/family support coach will provide input for training curriculums, assist with presentation delivery, and facilitate group discussions for the student population and parent, educator, and community groups.

Trained child/family support coaches support HBTS at the school sites, interface with families of children confronting mental health challenges, help transport children and families to meetings and events at other nearby schools and sites, and support school site activities. Perhaps most importantly, the child/family support coach will bring lived experience and knowledge of the local community to the region program. If Humboldt Bridges to Success is to successfully serve our stakeholders, we can't lose sight of their needs. The child/family support coach will bring their lived experiences to the program and the ability to relate to the children and families receiving services. This will allow them to elicit real, unvarnished feedback from the stakeholders in a way a school or DHHS employee may not be able to.

	<p>7) <b>Position:</b> Navigators (Humboldt County Office of Education, Eureka City Schools, Fortuna Elementary School District, Northern Humboldt Union High School District, Southern Humboldt Unified School District)</p> <p>Indicate if a peer/parent partner position: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>How this position will be used/Activities performed by this position:</p> <p>The navigators will support school administrators and staff by providing students, parents, and staff with information and referrals to support students' success, and providing information regarding students' goals and progress. They will assist students with academic, attendance, and/or behavioral issues. This includes implementing and supporting components of school delivered MTSS, behavior improvement plans for students, and assisting parents and students in locating culturally relevant services (e.g. counseling, resource and intervention referrals) to increase student success.</p> <p>The navigators will provide input for training curriculums, assist with presentation delivery, and facilitate group discussions for the student population and parent, educator, and community groups.</p> <p>Once trained, the navigators will help mediate and facilitate student disputes (i.e. assisting students with problem-solving strategies) including student social skills groups to enhance positive student behavior and appropriate social skills. The navigators will assist with the organization and implementation of school-based initiatives related to HBTS and district/team priorities (including bullying prevention, positive behavioral support, and trauma informed in-school disciplinary responses).</p> <p>Navigators will also collect required data and documentation including student behavior and discipline, keep records, and prepare reports as necessary with guidance from the co-supervisors.</p>
5.	<p>List of any other community partner collaborative entities that are involved with the proposed plan.</p> <p>1) <b>Humboldt Del Norte SELPA:</b> The HDN SELPA coordinates Special Education (SPED) services across Humboldt and Del Norte Counties. The SELPA works closely with the schools—out of whom it is formed—to deliver SPED services to local students.</p> <p>2) <b>United Indian Health Services:</b> UIHS is the largest local provider of health services to Native American clients. UIHS serves all Native youth and adults regardless of their Tribal affiliation.</p> <p>3) <b>Two Feathers Native American Family Services:</b> Two Feathers' mission is to inspire healthy and balanced Native American communities in Humboldt. Two Feathers works with Native American children and families by providing culturally</p>

	<p>based interventions that promote holistic health. Two Feathers also works to develop respectful collaborations with both Native and Non-Native agencies.</p> <p>4) <b>Yurok Tribe:</b> The Yurok Tribe, California’s largest, represents students across most Humboldt districts. The Tribal Education Department works closely with local schools, HCOE, the SELPA, and Children’s Mental Health to support Yurok youth.</p> <p>5) <b>Hoopa Valley Tribe:</b> The Hoopa Valley Tribe, California’s 2<sup>nd</sup> largest, represents students in many Humboldt districts including in eastern Humboldt. The Hoopa Valley Reservation, one of the two largest in the state, is home to the Klamath Trinity Joint Unified School District. The Tribal Education Department works closely with local schools, HCOE, the SELPA, and Children’s Mental Health to support Hoopa youth.</p> <p>6) <b>Blue Lake Rancheria:</b> BLR is a small but mighty Tribal organization that collaborates with HCOE and many of the local districts through Science, Technology, Engineering and Math (STEM) focused activities, Career Technical Education focused programs and other supports.</p> <p>7) <b>First 5 Humboldt/The Children and Families Commission of Humboldt</b> is an independent government organization that guides the investment of Prop 10 cigarette tax dollars to support the healthy development of children 0-5. Since 1999, First 5 Humboldt has provided over \$16 million dollars in grants and program services for local young children, their families, and those who care for them.</p> <p>8) <b>Humboldt Network of Family Resource Centers:</b> HNFRC represents the 17 local FRCs and a broader network of healthcare systems, educational institutions, a tribal entity and community-led nonprofits. The Network seeks to collectively improve health and resiliency in each and all local communities.</p> <p>9) <b>Humboldt County School Attendance Review Board:</b> The Humboldt SARB is the countywide School Attendance Review Board that supports schools, agencies, families, and students to improve school attendance.</p>
6.	<p><b>Partnership Training Plan:</b></p> <p>Children and youth facing mental health challenges come from every part of the county, every cultural group, and every socio-economic group. These children and youth are diverse in regard to their race, ethnicity, language, religion, sexual orientation, gender identity, and geographic location. The families, schools, and community groups who support these children and youth are as diverse as the children themselves and require appropriate training in supports for each stakeholder group. Thus, Humboldt Bridges to Success through the efforts of Humboldt County DHHS, the Humboldt County Office of Education, and the Humboldt Del Norte SELPA will offer trainings for:</p> <ul style="list-style-type: none"> <li>• family and care providers,</li> <li>• school based mental health and counseling staff (including both HBTS and other school district, SELPA and HCOE staff—including early childhood staff),</li> <li>• classroom teachers and paraprofessionals, and</li> </ul>

- community groups

This robust team of educators, clinicians, and child support practitioners are already providing trainings and professional development to those people and organizations responding to the needs of our 0-18 population. By providing these trainings, Humboldt Bridges to Success enables organizations to coordinate, collaborate, increase cross-organizational understanding, and increase supports for children and young people with mental health needs.

**Tapping into existing training offerings from the partners:** Through HBTS, staff from the partners will have access to training and professional development activities which are funded for the most part by sources other than grant funds. This is beneficial in a number of ways. It (a) brings together staff from the different organizations to establish a common understanding of the challenges faced by local children, (b) it will increase their familiarity with each other and their organizations which helps facilitate improved collaboration and better services, and (c) since the trainings and professional development are mostly non-grant funded, these common trainings will be able to continue after grant funding ends.

**Training and Support for Parents/Guardians and Care Providers:** In developing their recent parent/caregiver stakeholder project, the MHSOAC defined parents/caregivers of children and youth to include biological parents, foster parents, and grandparents. The collaborative partners who were awarded the contract, *Parents and Caregivers for Wellness*, have expand that definition. "Parents and caregivers" include biological parents, grandparents, siblings, other extended family members (related and non-related kin), foster and adoptive parents, neighbors, mentors, legal representatives, court appointed special advocates, parenting youth involved in the mental health system, and other permanent natural supports to youth. Each of these types of caregivers has unique experiences and needs. Through funding provided by the OAC, *Parents and Caregivers for Wellness* have identified the following training needs for parents and caregivers:

- Keeping their children safe
- Recognizing the signs of bullying
- Understanding mental health diagnosis
- Caring for dually diagnosed (MH and developmental and/or physical needs) children/youth
- Entitlements/rights of parents and the children they care for
- Advocating for themselves and their family
- Mindfulness and self-care

The Humboldt Bridges to Success project intends to build a training curriculum that includes the above list of training subjects as well as 0-5 Playgroups, Loving Solutions (Ages 5-10), and Parent Project (Ages 11-18) trainings.

Trainings will be provided through a variety of methods including:

- Group settings (traditional classroom style)
- Peer meetings (group and individual)
- Individual psychoeducation

- Written materials
- Internet links to resources

The group also identified the following support needs:

- Support groups
- Respite care
- Assistance obtaining health insurance
- Assistance obtaining basic services (ie: food, housing, transportation)

Project staff will convene support groups on an as-needed basis. Respite care will be arranged on an individual basis. The project staff will also assist children/youth and families to obtain insurance and basic services and/or provide a warm hand off to community based organizations that can meet these needs.

### **Aligning the program model with the Multi-Tiered System of Support (MTSS) initiative.**

California's MTSS focuses on aligning initiatives and resources within an educational organization to address the needs of all students. It is an integrated, comprehensive framework for school districts that aligns academic, behavioral, and social-emotional learning in a fully integrated system of support for the benefit of all students. MTSS offers the potential to create systematic change through intentional integration of services and supports to quickly identify and meet the needs of all students.

The California Department of Education's MTSS SUMS Initiative is now working in county offices and school districts in all eleven California school regions. The intent of the Department of Education is that MTSS will become a statewide standard – and to support this goal, the Department is now funding its fourth cohort of MTSS district development grants.

HBTS will support the further development and implementation of a Multi-Tiered System of Support (MTSS) system across the 32 local school districts that integrates County Mental Health, school district, SELPA, Humboldt County Office of Education, and community partner resources. This is an expansion of an existing collaboration between the County and the schools.

HBTS funded staff, as well as staff from HBTS partner organizations, will be invited to participate in MTSS trainings. While not all trainings are appropriate for all stakeholders or positions, the more County Mental Health and partner staff work and train together, the greater each side's understanding of resources and opportunities to serve local children from 0-18.

Locally, MTSS trainings are delivered and facilitated by Dr. Peter Stoll, HCOE and SELPA program manager and California Region 1 MTSS Lead. Dr. Stoll is also a member of the Humboldt Bridges to Success Implementation Team and as such is ideally positioned to align HBTS and MTSS.

The following core components are key aspects of the MTSS framework. Some are more focused on classroom instruction, while others focus more on social-emotional and positive behavioral support. Through the California Department of Education

Scale-Up MTSS Statewide (SUMS) Initiative, technical assistance, training grants, and other funding workshops and training programs for local educators and our mental health partners are planned over the next two to three years.

Multi-Tiered System of Support Components	
Training Component	Primary Audience
<b>High-quality, differentiated classroom instruction.</b> All students receive high-quality, standards- based (with a focus on CCSS), culturally-and linguistically-relevant instruction in their general education classroom settings by highly qualified teachers, who have high academic and behavioral expectations, attained through differentiated learning instructional strategies in, such as Universal Design for Learning.	<ul style="list-style-type: none"> <li>• K-12 teachers (with particular emphasis on K-4 teachers)</li> <li>• navigators (case managers), clinicians and child and family support coaches to better understand how to integrate their Tier 2 and Tier 3 support with Tier 1 classroom interventions.</li> </ul>
<b>Systemic and sustainable change.</b> MTSS principles promote continuous improvement processes at all levels of the system (district, school site, and grade/course levels). Collaborative restructuring efforts made to identify key initiatives, collect, analyze, review data, implement supports and strategies based on data are then refined as necessary to sustain effective processes.	<ul style="list-style-type: none"> <li>• school MTSS team members</li> <li>• supervising clinician and K-12 mental health coordinator</li> <li>• regional superintendents and principals</li> </ul>
<b>Integrated data system.</b> District and site staff collaborate to create an Integrated data collection system that includes assessments such as state tests, universal screening, diagnostics, progress monitoring, and teacher observations at the site to inform decisions about tiered support placement, as well as data collection methods such as parent surveys for continuous systemic improvement.	<ul style="list-style-type: none"> <li>• school MTSS team members</li> <li>• supervising clinician and K-12 mental health coordinator</li> <li>• regional superintendents and principals</li> <li>• DHHS leadership staff</li> </ul>
<b>Positive behavioral support.</b> District and school staff collaboratively select and implement schoolwide, classroom, and research-based positive behavioral supports for achieving important social and learning outcomes. A strong focus on integrating instructional and intervention strategies supports systemic changes based on strong, predictable, and consistent classroom management structures across the entire system.	<ul style="list-style-type: none"> <li>• K-12 teachers (with particular emphasis on K-4 teachers)</li> <li>• School MTSS team members</li> <li>• supervising clinician and K-12 mental health coordinator</li> <li>• navigators, (case managers) and clinicians</li> <li>• child and family support coaches</li> </ul>



**Other Training for School Based Mental Health Staff:** While trainings offered and attended will reflect the work of the HBTS team and the real-time needs of the consortium, there are some standard trainings the providers of student/youth-focused mental health services will benefit from. These trainings include:

- Medi-Cal Documentation
- Privacy and Security/HIPAA & FERPA
- Law & Ethics
- Ongoing trainings on CA and Federal initiatives (i.e. Katie A., AB1299, Continuum of Care Reform, Family First Prevention Act) as needed.

To facilitate programmatic success, it is expected that County, HCOE, and school district staff participate in the following series of core trainings:

- Collaboration/program alignment training
- Developing integrated school-based crisis prevention and early intervention model
- Enhancing existing partnerships
- MTSS training
- Instruction training to address over identification of Special Education (SPED) students.
- Teaching kids with ACEs. Trauma informed instruction.

The County and HCOE recognize that the collaborative partnership group has varying knowledge bases on the topic of mental health. Because of the different backgrounds, pre-existing knowledge bases, and needs, trainings will be offered on a number of topics which include but are not limited to the following:

- Supportive management of difficult behavior
- Psychiatric education of specific MH diagnosis, symptoms, and trauma
- Different scopes of practice/navigation of system resources
- Collaborative partner support, assisting family in processing crisis
- Emotional de-escalation techniques and interventions
- Physical symptom recognition/appropriate usage of Primary Care Physicians
- Outpatient community services vs residential treatment
- Trauma informed care
- Positive behavioral management
- Crisis Intervention Training
- What is a MH crisis—defining the difference between crisis vs. ongoing treatment intervention needs

The collaborative partnership group will be able to select the trainings from an extensive menu and choose what they feel are the most appropriate for the staff they have identified to receive the training. Open communication between the County, HCOE, and collaborative partnership groups is a must, therefore collaborative partners will be able to request training on a specific topic as they are the experts in assessing the needs of their particular organization.



	<p>Care coordination plan with ongoing mental health providers:</p> <p>The Humboldt Bridges to Success staff will have vital roles in the coordination of care for the youth and families they serve.</p> <p>Timely documentation of interventions, responses to interventions, immediate plans, referrals, or needed action will be completed by HBTS staff. When the student being served is “open” to County Mental Health, the clinician will document services into the client’s electronic health record chart (Avatar) and coordinate with the youth’s current treatment team. This will enable other staff members who may be working with the student to immediately access current information and provide coordinated care.</p> <p>Following each crisis situation, HBTS staff members will continue to stay connected to the youth and family as other services and supports get started. In order to be sure services are well coordinated, Humboldt County uses Child &amp; Family Team meetings to bring together service providers, caregivers, and natural supports. HBTS staff members will participate in the Child &amp; Family Team, and will help with the development of an ongoing Safety Plan and Plan of Care. Some of the goals of the Child &amp; Family Team are to be sure that services provided are well coordinated, include family voice and choice, are meeting the identified needs of the family, maintain a strengths-based focus, and are culturally and trauma-informed. The Plan of Care that is developed as part of the Child &amp; Family Team meeting process will be given to each team member, and be reviewed and updated at each meeting.</p> <p>When there has been a mental health crisis or other high-risk behaviors, the student may benefit from Intensive Care Coordination (ICC) services. In Humboldt County, ICC services are provided by Children’s Mental Health staff. The HBTS staff that have been working with the youth and family would be included in the ICC Child &amp; Family Team process and will join the Child &amp; Family Team meetings. The HBS staff will work with the Intensive Care Coordinator to incorporate any safety or service plans that were previously created into the ongoing Intensive Coordinated Plan of Care.</p> <p>The HBTS navigators and family and child support coaches will also regularly be involved with care coordination. Connecting families with community resources, making referrals, assisting with transportation, and participating in Child &amp; Family Team meetings are just a few of the activities that HBTS staff will participate in to ensure that services and supports are happening in a coordinated way.</p>
8.	<p>How access to protected health information (PHI) will be ensured:</p> <p>The County of Humboldt, HCOE, the school districts, and all other collaborators will address Protected Health Information (PHI) in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Manual, Federal, and California law. In the event a variance surfaces between HIPAA, Federal, and State law, the more stringent position will be employed.</p> <p>County hired staff will have county issued laptops and will have the ability to access the Electronic Health Record (EHR) system through DHHS. Access to</p>

		<p>confidential data is granted with management approval and communicated to the appropriate system administrator in writing. Record of authorization is retained by the system administrator for a minimum of 6 years.</p> <p>Protection of confidential data is performed by ensuring staff are assigned unique IDs which are monitored and logged within the EHR system. All changes to data are automatically recorded and include the identity of the person who accessed and changed the confidential data, the date and time the confidential data was accessed, and the change that was made to the confidential data.</p> <p>All HBTS staff will receive Privacy and Security training, and will work to keep client PHI secure and protected. Documentation received from schools or school districts will be scanned into the mental health electronic health record. When required, Releases of Information will be obtained to authorize communication and information sharing for any non BA designate or covered entity to covered entity.</p> <p>County Staff will receive training from the schools in privacy and data protocols regarding the reporting of data into and use of the school district's Student Information Systems. Because these privacy rules do not rise to the level of HIPAA compliance, the schools are able to permit access to student data to County clinicians through the MOU's already in-place.</p>
	a.	<p>Describe how data will be shared between partners and the steps to be taken to protect the data:</p> <p>Child specific, encounter level data will be provided electronically to the County by school partners for the purpose of program services, evaluation, and grant reporting. The releasing school will ensure data is protected during electronic transmission. Once the County receives the encounter level data, it will be stored on a secure server. Once stored on the secure County server, the data accessibility will be restricted to designated program staff only.</p> <p>All data acquired, collected, and maintained by schools will be kept secure using mechanisms designed for, approved by, and adopted by the schools.</p> <p>This data may be de-identified and compiled into a sharable, periodic report designed to provide statistical programmatic outcomes.</p>
	9.	<p>An assessment of any risks, challenges, or barriers to program implementation. Stating that there are no risks, challenges, or barriers is not an acceptable response and may be grounds for disqualification as it implies an assessment was not performed.</p> <p>Risk Analysis is a key practice to ensure that the least number of surprises occur while a project is underway. A risk analysis was conducted to assess any risks, challenges, and/or barriers that could potentially impact the Humboldt Bridges to Success program expansion. Risks were identified and a plan has been developed to minimize the impact, those risks pose on program success. Risk management is a process rather than an event and continuous risk analysis will be conducted to ensure the highest degree of program success.</p>

		a.	State each risk, challenge, or barrier and describe how each will be addressed to minimize the impact on program success
			<p>1) Risk: Lack of qualified candidates to fill positions.</p> <p>How will risk be addressed: Reallocate qualified staff from other departments so there are no delays in project implementation.</p>
			<p>2) Risk: Language and cultural barriers</p> <p>How will risk be addressed: Humboldt County addresses language and cultural barriers by providing bilingual staff, in-person interpretation services, and language-line usage. HBTS staff will connect students to culturally appropriate services and utilize natural supports.</p>
			<p>3) Risk: Stigma associated with mental illness</p> <p>How will risk be addressed: Through education, the county and partners are working to combat the stigma associated with mental health needs. The training and education being provided emphasize mental health rather than mental illness. Many factions of the community are actively engaged in stigma reduction, encouraging a county-wide culture of understanding and tolerance. Mental Health Awareness events are celebrated and supported by the community. The support runs deep and has been formalized by The County Board of Supervisors issuance of multiple proclamations, championing awareness and sensitivity. The training and education provided or arranged through the HBTS Team will be offered and provided to students, community groups, collaborative partners, and families, and will help contribute to overall awareness and the reduction of mental health stigma.</p>
			<p>4) Risk: Staff may need extra support managing crisis situations.</p> <p>How will risk be addressed: Staff will be trained and guided with crisis response by program management and the supervisory team. Supervisors will be available during all working hours in case staff need assistance during crisis situations, or to debrief following a crisis situation. The Children's Mobile Response Team staff may also be utilized to support in responding to a crisis situation.</p>
			<p>5) Risk: Program demand exceeds capacity.</p> <p>How will risk be addressed: Identify additional resources, such as the Children's Mobile Response Team or other children's mental health staff, to help meet demand. Expand organizational provider contracts to include assisting HBTS meet demand. Look to see if the student could be served by other school, private, or community services.</p>

## ATTACHMENT 7: PROGRAM IMPLEMENTATION PLAN - PLAN TIMELINE

PLAN TIMELINE			
<b>VII.E.iii.</b>	Provide a Plan Timeline for the requirements detailed in the Plan Narrative. The Timeline should agree with the Narrative and contain activities and milestones to ensure success of the Implementation Plan		
	List the key activities and milestones in your plan over the 4 years of the contract		
	Key activities and milestones include hiring and key expenditures outside of hiring and administration		
	List the proposed date when each activity and milestone would be completed		
	Implementing the Proposed Program		
		Beg Date	End Date
	1) Strategy: Launch program expansion		Upon signed contract following the MHSOAC award
	1)	Activity/Milestone: Hire, orient, and train staff	First month of award
	2)	Activity/Milestone: Amend or create new Memorandums of Understanding to support program expansion	Upon award
	3)	Activity/Milestone: Operationalize program expansion by increasing direct service delivery in schools.	Ongoing
	4)	Activity/Milestone: Document all services thoroughly	Ongoing
	5)	Activity/Milestone: Provide professional development (MTSS training) to school staff	Annually
		Beg Date	End Date
	2) Strategy: Training for students, teachers/administrators, and community groups.		Within first year of program expansion
	1)	Activity/Milestone: Plan and develop training materials for all cited in application.	Within first 6 months of program expansion
2)	Activity/Milestone: Present trainings cited in application to teachers/administrators.	Within first 9 months of program expansion	

	3)	Activity/Milestone: Present trainings cited in application to student groups, and families.	Within first 6 months of program expansion	Repeat on an annual cycle
	4)	Activity/Milestone: Present trainings cited in application to community groups.	Within first 12 months of program expansion	Repeat on an annual cycle
	5)	Activity/Milestone: Evaluate effectiveness of training platform and make continuous improvements.	12 months following expansion	Annually
			Beg Date	End Date
	3)	Strategy: Build additional program sustainability.	Upon award	Continuous
	6)	Activity/Milestone: Increase Medi-Cal billing, when applicable, to partially sustain positions that can bill.	In process	Continuous
	7)	Activity/Milestone: Schools commit funding to support school employed HBTS staff.	In process	Continuous
	8)	Activity/Milestone: Develop capacity to research and apply for new funding sources.	In process	Continuous
	9)	Activity/Milestone: Build diversified portfolio of funding support.	In process	Continuous
	10)	Activity/Milestone: Conduct annual strategic planning to make continuous improvements	In process	Continuous
	<b>Recruitment strategy for each position</b>			
			Beg Date	End Date
	1)	Strategy: Hire from current recruitment.  This strategy and the subsequent milestones apply to all positions with the exception of the supervising mental health clinician.  The supervising mental health clinician is already in the position part-time. If awarded grant funds, the position would be converted from part-time to full-time. The supervising mental health clinician has already stated that she would move into this position full-time.	Upon award	6 <sup>th</sup> week following award
	1)	Activity/Milestone: Evaluate applications.	1 <sup>st</sup> week following award	1 <sup>st</sup> week following award
	2)	Activity/Milestone: If qualified candidate(s) are identified from applications, scheduled and conduct interviews.	2 <sup>nd</sup> week following award	3 <sup>rd</sup> week following award
	3)	Activity/Milestone: if qualified candidate(s) are identified from interviews, conduct	3 <sup>rd</sup> week following award	4 <sup>th</sup> week following award

	reference checks and send hiring recommendation to HR.		
	4) Activity/Milestone: Employment offer made to candidate(s), pending background check.	4th week following award	4th week following award
	5) Activity/Milestone: Background check is complete and candidate is permitted to start	5 <sup>th</sup> week following award	6 <sup>th</sup> week following award
		Beg Date	End Date
	<p>2) Strategy: Use internal communication channels to inform staff of open positions and request parties interested in a lateral transfer to self-identify.</p> <p>This strategy and the subsequent milestones apply to all positions with the exception of the supervising mental health clinician.</p> <p>The supervising mental health clinician is already in the position part-time. If awarded grant funds, the position would be converted from part-time to full-time. The supervising mental health clinician has already stated that she would move into this position full-time.</p>	2 <sup>nd</sup> week following award	8 <sup>th</sup> week following award
	1) Activity/Milestone: Announcement using internal bulletin, publicizing the vacancies and recruiting candidates for lateral transfer.	2 <sup>nd</sup> week following award	2 <sup>nd</sup> week following award
	2) Activity/Milestone: If qualified candidate(s) are identified from announcement, scheduled and conduct interviews.	3 <sup>rd</sup> week following award	4 <sup>th</sup> week following award
	3) Activity/Milestone: if qualified candidate(s) are identified from interviews, conduct reference checks and send hiring recommendation to HR.	4 <sup>th</sup> week following award	4 <sup>th</sup> week following award
	4) Activity/Milestone: Transfer offer made to candidates.	5 <sup>th</sup> week following award	5 <sup>th</sup> week following award
	5) Activity/Milestone: Candidates transfers into program.	7 <sup>th</sup> week following award	8 <sup>th</sup> week following award
		Beg Date	End Date
	<p>3) Strategy: Launch of new recruitments.</p> <p>This strategy and the subsequent milestones apply to all positions with the exception of the supervising mental health clinician.</p> <p>The supervising mental health clinician is already in the position part-time. If awarded grant funds, the position would be converted from part-time to full-</p>	2 <sup>nd</sup> week following award	8 <sup>th</sup> – 12 <sup>th</sup> week following award

	time. The supervising mental health clinician has already stated that she would move into this position full-time.			
	1)	Activity/Milestone: Open recruitment, close recruitment.	2 <sup>nd</sup> week following award	4 <sup>th</sup> week following award
	2)	Activity/Milestone: Scheduled interviews	5 <sup>th</sup> week following award	5 <sup>th</sup> week following award
	3)	Activity/Milestone: Interviews are conducted, references checked and hiring recommendations are submitted.	6 <sup>th</sup> week following award	7 <sup>th</sup> week following award
	4)	Activity/Milestone: Employment offer made to candidate(s), pending background check.	7 <sup>th</sup> week following award	8 <sup>th</sup> week following award
	5)	Activity/Milestone: Background check is complete and candidate is permitted to start.	8 <sup>th</sup> week following award	12 <sup>th</sup> week following award
	<b>Retention strategy for staff</b>			
			<b>Beg Date</b>	<b>End Date</b>
	1)	Strategy: Provide comprehensive onboarding organizational structure orientation/program training.	1 <sup>st</sup> week of employment	Ongoing
	1)	Activity/Milestone: Supervisor begins initial orientation to worksite, introductions to staff, and overview of workstation and buildings. Employee attends DHHS/HCOE/School District New Hire Orientation with Employee Services.	1 <sup>st</sup> week of employment	1 <sup>st</sup> week of employment
	2)	Activity/Milestone: Inform staff of the option to earn overtime or and or compensatory time. Supervisor answers any questions pertaining to the earning of additional compensation.	1 <sup>st</sup> week of employment	1 <sup>st</sup> week of employment
	3)	Activity/Milestone: Review of time spent working in crisis situations through supervision to ensure the staff are claiming all overtime/comp time they are entitled to.	Ongoing	Ongoing
	4)	Activity/Milestone: Check in with staff regarding workload during supervision. If staff begin to struggle, find solutions to address workload issue.	Continuous	Continuous
	5)	Activity/Milestone: Offer retirement and education benefit package. Allow time for staff to consult with benefit package advisor. Periodic review of available employee benefits including vacation time, paid family leave, and the Employee Assistance Program in supervision.	Ongoing	Ongoing



			Beg Date	End Date
	2)	Strategy: Continuous engagement and support of personnel (management provides effective support to HBTS staff)	Upon award	Ongoing
	1)	Activity/Milestone: Provide access to relevant Policies and Procedures, job aids, or instruction manuals. Teach staff how to locate additional tools and how to independently use resources.	1 <sup>st</sup> week of employment	1 <sup>st</sup> week of employment
	2)	Activity/Milestone: Align new staff with a mentor.	1 <sup>st</sup> quarter of employment	1 <sup>st</sup> quarter of employment
	3)	Activity/Milestone: Build team support through debriefing, regular check-ins, and one-on-one as well as group supervision.	Ongoing	Ongoing
	4)	Activity/Milestone: Identify and provide opportunities for professional development.	Ongoing	Ongoing
	5)	Activity/Milestone: Follow sustainability plan obtaining funding to create program permanency, conveying to staff funding plan, elevating employment insecurity.	Ongoing	Ongoing
			Beg Date	End Date
	3)	Strategy: Communication and feedback	Upon award	Ongoing
	1)	Activity/Milestone: Connect regularly with staff members, keeping open lines of communication.	Upon employment	Ongoing
	2)	Activity/Milestone: Bring team together regularly to discuss project as a whole.	Quarterly	Ongoing
	3)	Activity/Milestone: Ask for individual and team feedback.	Ongoing	Ongoing
	4)	Activity/Milestone: Make program improvements based of feedback.	Ongoing	Ongoing
	5)	Activity/Milestone: Report back to staff, the improvements made as a result of feedback.	Ongoing	Ongoing
	<b>Care coordination plan with ongoing mental health providers</b>			
			Beg Date	End Date
	1)	Strategy: Train Humboldt Bridges to Success expansion staff on current coordination efforts and processes throughout County and School services.	Within first 3 months of hiring	Ongoing (as needed)
	1)	Activity/Milestone: Overview of Katie A. services/Child & Family Team meetings through training and supervision.	Within first 3 months of hiring	Ongoing (as needed)
	2)	Activity/Milestone: Overview of Student Study Team process through training and supervision.	Within first 3 months of hiring	Ongoing (as needed)

	3)	Activity/Milestone: Overview of IEP process through training and supervision.	Within first 3 months of hiring	Ongoing (as needed)
	4)	Activity/Milestone: Overview of community services and resources through training and supervision.	Within first 3 months of hiring	Ongoing (as needed)
	5)	Activity/Milestone: Overview of linkage, warm hand off, follow-up, and care coordination expectations.	Within first 3 months of hiring	Ongoing (as needed)
			Beg Date	End Date
	2.	Strategy: Identification of Humboldt County Mental Health clients receiving Intensive Care Coordination (ICC) in each school district and connect HBTS staff with current Child & Family Team coordinator.	Within first 6 months of program expansion	Ongoing (as needed)
	1)	Activity/Milestone: County MH Analyst pulls ICC data.	Within first 6 months of program expansion	Ongoing (as needed)
	2)	Activity/Milestone: HBTS clinical supervisor reviews data and distributes to county staff in each district.	Within first 6 months of program expansion	Ongoing (as needed)
	3)	Activity/Milestone: HBTS staff contact current Child & Family Team coordinator.	Within first 6 months of program expansion	Ongoing (as needed)
	4)	Activity/Milestone: HBTS staff join next scheduled Child & Family Team meeting.	As scheduled	As scheduled
	5)	Activity/Milestone: HBTS staff provide services that in-line with care coordination plan.	Ongoing	Ongoing
			Beg Date	End Date
	3.	Strategy: Evaluate care coordination and use feedback to drive better outcomes	Ongoing	Ongoing
	1)	Activity/Milestone: Establish a performance management process	Within 6 months of expansion	Within 6 months of expansion
	2)	Activity/Milestone: Set performance expectations	Within 6 months of expansion	Within 6 months of expansion
	3)	Activity/Milestone: Monitor performance throughout the year	Ongoing	Ongoing
	4)	Activity/Milestone: Evaluate performance	Annually	Ongoing
	5)	Activity/Milestone: Make improvements to the performance management process	Annually	Ongoing

## ATTACHMENT 8: PROGRAM IMPLEMENTATION PLAN - SUSTAINABILITY PLAN

Sustainability Plan	
VII.E.iv.2.	<p><b>The Sustainability Plan shall include the following:</b></p> <p>a. The plan to ensure the continuation of the positive program impacts on the system of care after the MHSSA grant cycle ends</p> <p>Collaboration between Humboldt County Mental Health (HCMH), the Humboldt County Office of Education (HCOE), local school districts (districts), and the Humboldt-Del Norte SELPA, as part of a countywide system of support is the key to effectively and more efficiently aligning and delivering services to preschoolers, TK-12 students and their families and sustaining these services after grant funding ends. It is the Partnerships intent to continue the work of HBTS beyond the MHSSA grant cycle. Sustainability planning will be conducted throughout the project and not just as the MHSSA funding ends. Partners will help identify new funding streams and other resources to continue HBTS operations. All practices will be continuously evaluated in terms of importance to program operations, and what it will take to continue practices deemed crucial. Partners will also work to augment each other's operations to reduce or even eliminate some expenses. The partnership will continue to evaluate expenses throughout the grant period, looking for ways to reallocate resources to support grant operations.</p> <p>The County is committed to sustaining the clinician positions and the districts are committed to sustaining the K-12 coordinator, navigators, and child/family support coaches.</p> <p>Operational support will be supplemented through grants. The partnership will continue to seek grant support for ongoing technology needs, travel expenses, and professional development.</p> <p>Foundational support is being sought for the purpose of outward-facing training sponsorship. Humboldt Area Foundation has the ability to provide a venue free of cost and makes financial awards to pay for staff time to conduct trainings, purchase training materials, and other training related costs. The sponsorship would cover the cost to provide training to students, families, educators and community groups.</p> <p>Humboldt Bridges to Success will be continued beyond MHSSOAC funding though the shared responsibility to sustain positions. The HBTS program design intentionally split the employment responsibility between the County and school districts to facilitate sustainability. Thus, the reason seven positions are currently with County Mental Health (with the potential of adding one more) and the regional hiring districts have between two and four positions. The shared responsibility to sustain positions allows for a long program life. The hiring district also have the</p>

		ability to seek contributing funding from other districts in their region in order to sustain district positions.	
	b.	Describe the strategy and key milestones, with dates, to maintain any increase in access, linkages, and diversions to appropriate levels of care that resulted from the MHSSA program	
		Strategy: Continue the Humboldt Brides to Success Program to maintain the increase in access, linkages, and diversions to appropriate levels of care.	
		Key Milestones	Dates
		HBTS program sustainability – Standing agenda item at DHHS/Education leadership meeting.	Quarterly
		Conduct program evaluation, analyses and report out to all stakeholders on program performance. Demonstrate need, highlight success, barriers, lessons learned, and gaps.	1 year following award. Ongoing annually.
		Evaluate all funding streams and all program expenses. Demonstrate fiscal prudence to all stakeholders. Eliminate discretionary spending and focus on expenses related to critical need (staff to continue providing the same level of services).	Upon award and quarterly
		Develop robust diversified funding strategy to support HBTS long-term.	Ongoing
	c.	The plan to acquire additional/new funding to sustain the program after the grant cycle ends.	
	i.	<p>Describe your ability to get Medi-Cal reimbursement for your program</p> <p>The Humboldt Bridges to Success mental health clinicians bill Medi-Cal for specialty mental health services provided to beneficiaries. The amount of Medi-Cal claims will vary annually depending on the students served, the amount of services provided, and the insurance status of the students. Training and support for staff is provided to identify and claim appropriate Medi-Cal services.</p>	
	ii	<p>Describe your ability to get/commit local (County, School, etc.) funds to support and sustain your proposed program during the term of this grant.</p> <p>How much is from the school district/Local Educational Agency (LEA), annually?</p> <p>Contributions from participating LEAs: the partner LEAs will contribute at least \$15,000 per year (total across the six districts) in cash funding beyond the amount of MHSOAC funding to support the five navigator positions and one child and family support coach. This will include professional development, travel to conferences, mileage and cell phone costs as well as general office expenses.</p>	

		<p>The participating LEAs will contribute \$79,590 per year (total across the six districts) in in-kind funding to support the navigators and child and family support coach. This includes:</p> <ul style="list-style-type: none"><li>• on average 7 days of supervision for the navigators and child and family support coach per district by district administrators at an average daily rate of \$700. 7 days x \$700 = \$4,900 x six staff. = \$29,400</li><li>• on average 10 days per year of support for the navigators and the child and family support coach by district by certificated staff (i.e. school psychologists, counselors, instructional coaches) at an average daily rate of \$500. 10 days x \$500 = \$5000 x six staff. = \$30,000</li><li>• office space for six staff at a daily rate of \$16.25. This includes furniture, power, internet, land line phone, photocopying and other office expenses. \$16.25 x 184 days = \$2,990 x 6 staff = \$17,940</li><li>• participation by six staff in five days apiece of professional development/training at a daily cost of \$75 per day = \$375 x 6 staff = \$2,250</li></ul>						
		<p>What are the sources of the school district/LEA funds?</p> <p>The partner LEAs will contribute \$15,000 in cash spending (total across the six districts) plus \$79,590 in in-kind funding (total across the six districts) each year. These funds will come from the LEAs general funds (also known as LCFF or LCAP funds). The LEAs will also pursue non-general funds (like one-time California Department of Education or foundation funding) and if the LEAs are able to find non-LCAP funds they will use these funds instead.</p> <p>Note on in-kind funding: The above described in-kind funding will be predominantly supported using general/LCAP funds as well as other non-LCAP funding. These supports will include district mental health and administrative time to collaborate with MHSOAC funded staff to provide services to identified youth and their families.</p>						
	a.	<table><tr><td colspan="2">Identify the amount of funds that is proposed/committed to as matching dollars for the proposed program from this fund source.</td></tr><tr><td>1.</td><td>Source of Funds: Humboldt County Office of Education. Since 2015 the County and HCOE have partnered to support the Humboldt County MTSS Coalition. On average HCOE contributes 170,000/year as in-kind contributions. The collaboration seeks to expand the implementation of MTSS/PBIS county-wide. The contribution regularly consists of MTSS director and coordinator time (deliver training), supplies and space.</td></tr><tr><td>2.</td><td>Amount committed to: GY1: \$170,000 GY2: \$170,000 GY3: \$170,000 GY4: \$170,000</td></tr></table>	Identify the amount of funds that is proposed/committed to as matching dollars for the proposed program from this fund source.		1.	Source of Funds: Humboldt County Office of Education. Since 2015 the County and HCOE have partnered to support the Humboldt County MTSS Coalition. On average HCOE contributes 170,000/year as in-kind contributions. The collaboration seeks to expand the implementation of MTSS/PBIS county-wide. The contribution regularly consists of MTSS director and coordinator time (deliver training), supplies and space.	2.	Amount committed to: GY1: \$170,000 GY2: \$170,000 GY3: \$170,000 GY4: \$170,000
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	iii	Describe your ability to commit known State/Local funds (e.g. Mental Health Services Fund, etc.) for matching in order to support and sustain your proposed program during the term of this grant and beyond. (This does not include the grant funds that you are applying for with this application)						

	<p>The partnership will continue to research and apply for grant funding to sustain the proposed program during the term of this grant and beyond. There is the potential for use of existing funding sources such as MHSA dollars, Mental Health Block Grant, County General Funds, and Realignment dollars. If the Medi-Cal Healthier California for All initiative passes the revised Medi-Caid funding structure may potentially allow for sustainable funding.</p> <p>The County is currently conducting MHSA stakeholder meetings to obtain service priority input. Preliminary stakeholder priorities include:</p> <ul style="list-style-type: none"><li>Increasing support for youth, with comments such as:<ul style="list-style-type: none"><li>✓ providing more mental health counselors at schools</li><li>✓ providing a curriculum for students to know how to determine for themselves if they need help;</li><li>✓ first break support; and</li><li>✓ strengthening the continuity of care for families.</li></ul></li></ul> <p>Preliminary results of the 597 responses, to the online community survey show;</p> <ul style="list-style-type: none"><li>When respondents were asked to mark the level of importance of previously identified MHSA priorities, “more mental health counselors at schools and increased services in schools” was the #3 priority, with 302 respondents saying this was “essential” and 161 saying this was “very important.”</li><li>When asked if there are any populations or groups of people whom they believe are not adequately being served by the current MHSA programs, the #3 choice was “school age children” with 301 people choosing this response.</li><li>22% of those responding stated they work in an educational agency</li></ul> <p>Feedback indicates the community’s support to use MHSA funding to increase mental health services for school aged children. The Partnership supports the community’s priorities, and in the upcoming three-year-plan would like a portion of the MHSA dollars available to be designated to support HBTS.</p> <p>Humboldt County receives a Mental Health Block Grant. The County requests funds to support HBTS. The MHBG provides funding for laptops, cell phones, office supplies, and mileage needs. \$14,800.00, is available for the fiscal year 19-20. The county intends to request MHBG funds continue to support HBTS in future applications.</p>						
a.	<table><tr><td colspan="2">Identify the amount of funds that is proposed/committed to as matching dollars for the proposed program from this fund source</td></tr><tr><td>1.</td><td>Source of Funds: MHSA and MHBG</td></tr><tr><td>2.</td><td>Amount committed to: GY1: plan to seek at least 20,000 in MHBG funding. MHSA funds will be determined based on stakeholder and administrative priorities as well as amount of funds available.</td></tr></table>	Identify the amount of funds that is proposed/committed to as matching dollars for the proposed program from this fund source		1.	Source of Funds: MHSA and MHBG	2.	Amount committed to: GY1: plan to seek at least 20,000 in MHBG funding. MHSA funds will be determined based on stakeholder and administrative priorities as well as amount of funds available.
Identify the amount of funds that is proposed/committed to as matching dollars for the proposed program from this fund source							
1.	Source of Funds: MHSA and MHBG						
2.	Amount committed to: GY1: plan to seek at least 20,000 in MHBG funding. MHSA funds will be determined based on stakeholder and administrative priorities as well as amount of funds available.						



					GY2: plan to seek at least 20,000 in MHBG funding. MHSA funds will be determined based on stakeholder and administrative priorities as well as amount of funds available. GY3: plan to seek at least 20,000 in MHBG funding. MHSA funds will be determined based on stakeholder and administrative priorities as well as amount of funds available. GY4: plan to seek at least 20,000 in MHBG funding. MHSA funds will be determined based on stakeholder and administrative priorities as well as amount of funds available.
		iv.	Describe your ability to commit private or other funds for matching to support and sustain your proposed program during the term of this grant and beyond. Identify the source of the funds.  The Partnership does not have any private or other funds that have been committed to sustain the proposed program during the term of this grant and/or beyond.		
			a.	Identify the amount of funds that is proposed/committed to as matching dollars for the proposed program from this fund source	
				1.	Source of Funds: Not applicable
				2.	Amount committed to: Not applicable GY1: Not applicable GY2: Not applicable GY3: Not applicable GY4: Not applicable
VII.E.iv.3.	Describe how the Partnership will continue after the funding for this grant ends. Include funding streams from private and public sources.  Humboldt Bridges to Success – and the proposed expansion – will give the members of the partnership a multi-year opportunity to continue learning to work together. This includes learning each organization’s strengths, available services, and how to best align each organization’s resources.  This process is ongoing, and we routinely find new opportunities to collaborate. Additionally, areas of misalignment are also identified that require us to put our heads together to determine a path towards better services for children and their families.  What is already evident is the vastly improved level of comfort and communication between the organizations. These closer working relationships became even clearer last May when a student at McKinleyville High School committed suicide in the middle of the night on the school campus. Jack Bareilles, who serves on the HBTS leadership team, had only been alerted to the tragedy by school and district staff when he received calls or texts from four different people from the County (including the Mental Health Director) and partner agencies offering whatever help was needed. Later that morning over 20 clinicians and mental health practitioners gathered at the high school to plan their collective response both that day and over the following days and weeks. While the				



	<p>grief and impact of this tragedy lingers to this day, we continue to take solace in the collective response of our growing mental health community.</p> <p>While we admit sustaining the school district employed navigator positions and child/family support coaches is a challenge, we are fortunate because of a recent change in California school funding. In 2015 California switched its school funding model to a more flexible, site-determined methodology—the Local Control Funding Formula (LCFF) which requires districts to look at their needs through a formal process requiring parent and community involvement and a review of student achievement data. Districts must use that process to determine what programs/ initiatives will be supported. Student mental health, school climate and student success are central goals in each district’s Local Control Accountability Plan (LCAP). LCFF offers an historic opportunity to set new, locally-driven priorities to improve outcomes for often underserved students such as those in our rural schools. LCAPs are updated annually to determine funding priorities for upcoming year. Once in the LCAP the work done by this grant will be sustained and supported.</p>
a.	<p>Also include a plan for continued access to program data derived from the Partnership.</p> <p>Data collected through the program will continue to be made available to the stakeholders. This data will be jointly housed (within the rules of HIPAA and FERPA) by Humboldt County Children’s Mental Health and the Humboldt County Office of Education.</p> <p>By including County HCOE and school district administrators and mental health leads in the Humboldt Bridges Leadership and Regional Teams, the data collected is more likely to continue to be used for planning and resource allocation purposes as part of future collaboration and projects.</p>

## ATTACHMENT 9: PROGRAM COMMUNICATIONS PLAN

Program Communications Plan		
VII.E.v.	1.	<p>a. Provide a plan as to how you will increase awareness of and access and linkage to mental health services for students and their families:</p> <p>Children and families confronting a mental health crisis need a trusted person or persons to reach out to. In many cases, school based staff are the caring adults these children and families trust for help and guidance.</p> <p>The County will work closely with community partners, the DHHS Media Division, and the HCOE Communications Department to create public outreach such as Public Service Announcements. DHHS and HCOE Media will work with local news vendors to publicize information about the Humboldt Bridges to Success program. Local news stations, newspapers, and websites will have opportunities to report on the program's success.</p> <p>The County and HCOE will create and distribute fliers about the program as well as send out periodic news releases to local media outlets. Monthly program information will be posted to the County social media accounts including Facebook, Twitter, and soon Instagram. This information will also be distributed through the schools and their outreach networks—including back to school mailers and newsletters.</p> <p>The County will increase efforts to penetrate and provide outreach in outlying areas. The collaborative partner group will have the ability to reach consumer bases previously untouched by traditional outreach efforts. Conversations have been had regarding the development of materials that could be distributed through schools to parents. Engagement through training and support provided to families and collaborative partners will increase outreach.</p> <p>And last but certainly not least, through word of mouth Humboldt County residents will hear about the mental health interventions being provided to community members. This is one of the advantages of living in a small, tight-knit community.</p>
	b.	<p>The MHSOAC will require that the Partnership provide information on their website(s). Include this in your plan and describe how you will provide the information on your website:</p> <p>Humboldt County Department of Health and Human Services already includes information about Humboldt Bridges to Success on the agency website. The following page contains the web content currently provided.</p>

		<p><b>Humboldt Bridges to Success</b></p> <p>Humboldt Bridges to Success staff work with staff at local public schools to provide short-term, school-based mental health intervention and support to students who are in crisis or at risk of crisis. These services are available to students through 12th grade.</p> <p>Services include:</p> <p><b>School-based crisis response.</b> Staff work with students, their families and schools to de-escalate and resolve crisis.</p> <p><b>Crisis stabilization.</b> Crisis assessment, short-term counseling and case management services After care. Referrals for long-term assistance and support may be provided</p> <p><b>Education and training.</b> Designed to increase awareness and ability to recognize the signs and symptoms of behavioral health issues and how to respond.</p> <p>Services are available and accessible through public schools countywide.</p> <p>Need help? Talk to your child's school administration and request a referral to Humboldt Bridges to Success.</p>	<p><b>Contact Us</b></p> <p><b>Mental Health</b></p> <p><b>24-hour Crisis Line</b> Ph: 707-445-7715</p> <p><b>Toll-free Crisis Line</b> Ph: 888-849-5728</p> <p><b>Walk-in services available</b> 720 Wood St. Eureka, CA 95501</p> <p><b>Non-crisis services available for children</b> Ph: 707-268-2800</p> <p><b>Non-crisis services available for adults</b> Ph: 707-268-2900</p>
	<p>2. Identify how you measure success of your communication plan:</p> <p>The goal of the communication plan is to increase awareness, access, and linkage to mental health services for students and their families. The communication plan will be evaluated using qualitative and quantitative measures. The target audience includes:</p> <ul style="list-style-type: none"> <li>• students,</li> <li>• teachers,</li> <li>• school administrators,</li> <li>• counselors,</li> <li>• bus drivers,</li> <li>• coaches,</li> <li>• families/caregivers,</li> <li>• community, and</li> <li>• the media.</li> </ul>	<p>If awarded funds, modification to the above content will be made instantaneously.</p>	

	<p>HBTS will use periodic surveys, analysis of HBTS incoming referrals, and direct feedback to evaluate communication plan success. HBTS began December 2018, and pre-implementation surveys were issued. The results of those surveys showed minimal public knowledge of the HBTS project. A post-implementation survey was issued and the results showed that program knowledge had increased. If awarded funding, the post-implementation survey will be used as a benchmark to measure communication plan success. Other surveys that will be used to gauge program performance include a Program Impact survey and Satisfaction surveys. Sample content is outlined below:</p> <p>HBTS post-implementation survey content:</p> <ol style="list-style-type: none"> <li>1) Service provider and school staff display an increased understanding of what services are available and how to access them.</li> <li>2) System partners report expanded and effective coordination on individual child/youth needs as well as system improvements.</li> </ol> <p>HBTS Program Impact surveys content:</p> <ol style="list-style-type: none"> <li>1) Increased social, emotional, and behavioral indicators of children and youth</li> <li>2) Increased school performance</li> <li>3) Increased school attendance</li> </ol> <p>HBTS Satisfaction Surveys:</p> <ol style="list-style-type: none"> <li>1) Children/youth and their family members report satisfaction with services</li> <li>2) School staff and other system partners report satisfaction with services</li> <li>3) Children/youth and family members report increased satisfaction with, and involvement in, developing service and support plans</li> </ol> <p>HBTS collects encounter-level information that captures quantitative measures.</p>
3.	<p>List what you want to accomplish with this plan, on a quarterly basis:</p> <p>On a quarterly basis, HBTS expects that program knowledge will increase. Specifically, the target audience would report increased understanding of what services are available and how to access them. HBTS would also expect system partners to report expanded and effective coordination on individual child/youth needs as well as system improvements.</p> <p>HBTS would expect positive program impact including: increased social, emotional, and behavioral indicators of health and well-being, increased school performance, increased school attendance.</p> <p>HBTS will be closely monitoring and working to ensure that students and families are connected to any/all services needed and that the appropriate level of care is provided. In addition, HBTS will be evaluating if public knowledge pertaining to community resources and how to access services has increased.</p>

## **ATTACHMENT 10: BUDGET WORKSHEET**

**The Budget Worksheet (ATTACHMENT 10) must be prepared according to the Budget Worksheet Instructions found in ATTACHMENT 10-1. The total cost on the Budget Worksheet must equal the total amount of the Grant**

File name is: MHSOAC RFA\_MHSSA\_001 - ATTACHMENT 10 – Budget Worksheet

Complete the Budget Worksheet Excel workbook and attach to the Application.



## ATTACHMENT 10-1: BUDGET WORKSHEET INSTRUCTIONS

### Budget Worksheet Instructions

Information provided in the **Budget Worksheet (Attachment 10)** should reflect the Applicant's plans to implement the MHSSA grant. The staff and contractors to be hired shall be itemized and be comprised of personnel related to providing the services in the proposed program, including staff devoted to data collection, county evaluation, and administrative staff. Costs include personnel (salary and benefits), administration, and other. The information entered into the Budget Worksheet should correspond with the information provided in the **Budget Narrative**.

The Applicant should provide its best estimate in terms of types of staff being sought for positions and anticipated expenditures.

The following instructions are in worksheet order, and the numbers pertain to each line item identified on the Budget Worksheet. All amounts shall be entered using whole dollars only.

#### A. PERSONNEL EXPENDITURES

1. Hire Staff (Employees)
  - a. List each staff position /classification proposed to be hired for this program
2. Hiring Month
  - a. List the hiring month in which each staff will be hired. For instance, entering a "1" means that the staff will be hired within the first 30 days of the contract execution. Entering a "2" means that the position will be hired within 31-60 days of contract execution. Enter a number between 1 and 48.
3. GY 1
  - a. Enter the cost (salary) of the staff for the first Grant year (i.e. months 1-12 from the contract execution date)
4. GY 2
  - a. Enter the cost (salary) of the staff for the second Grant year (i.e. months 13 -24 from the contract execution date)
5. GY 3
  - a. Enter the cost (salary) of the staff for the third fiscal year (i.e. months 25-36 from the contract execution date)



6. GY 4
  - a. Enter the cost (salary) of the staff for the fourth fiscal year (i.e. months 37-48 from the contract execution date)
7. Total of All GYs
  - a. Summation of all Grant years for each line items on the Cost Worksheet
8. Personnel Services Salaries
  - a. Summation, by Grant year, of personnel service salaries for staff hired
9. Personnel Services Benefits
  - a. Enter the total amount for personnel services/employee benefits for all the positions listed above.
10. Total Personnel Services
  - a. Summation, by Grant year, of Personnel Services Salaries and Personnel Services Benefits.
11. Hire Contractors or other non-staff
  - a. List each role/classification that will be hired as a contractor for this program
12. Hiring Month
  - a. List the hiring month in which each staff will be hired. For instance, entering a "1" means that the staff will be hired within the first 30 days of the contract execution. Entering a "2" means that the position will be hired within 31-60 days of contract execution. Enter a number between 1 and 48.
13. GY 1
  - a. Enter the cost for each role/classification listed for the first Grant year (i.e. months 1-12 from the contract execution date)
14. GY 2
  - a. Enter the cost for each role/classification listed for the second Grant year (i.e. months 13-24 from the contract execution date)
15. GY 3
  - a. Enter the cost for each role/classification listed for the third Grant year (i.e. months 25-36 from the contract execution date)
16. GY 4
  - a. Enter the cost for each role/classification listed for the fourth Grant year (i.e. months 37-48 from the contract execution date)

17. Total of All GYs

- a. Summation of all Grant years for each line items on the Cost Worksheet

18. Total Contracted Services

- a. Summation, by Grant year, of Contracted role/classifications cost

19. Total Personnel/Contracted Services

- a. Summation, by Grant year, of Total Personnel Services and Total Contracted Services

20. Other Costs (non-staff and non-contracted services)

- a. List each Other Costs that will be incurred by the Applicant as part of the operating the Program. Costs may be grouped into categories (e.g. training)

21. Exp Month

- a. List the month in which the expenditure will occur. For instance, entering a "1" means that the Other Costs will be incurred within the first 30 days of the contract execution. Entering a "2" means that Other Costs will be incurred within 31-60 days of contract execution. Enter a number between 1 and 48.

22. GY 1

- a. Enter the cost for each Other Costs listed for the first Grant year (i.e. months 1-12 from the contract execution date)

23. GY 2

- a. Enter the cost for each Other Costs listed for the second Grant year (i.e. months 13-24 from the contract execution date)

24. GY 3

- a. Enter the cost for each Other Costs listed for the third Grant year (i.e. months 25-36 from the contract execution date)

25. GY 4

- a. Enter the cost for each Other Costs listed for the fourth Grant year (i.e. months 37-48 from the contract execution date)

26. Total of All GYs

- a. Summation of all Grant years for each line items on the Cost Worksheet

27. Total Other Costs

- a. Summation, by Grant year, of Other Costs

28. Total Program Costs before Administration

- a. Summation, by Grant year, of Total Personnel/Contracted Services and Total Other Costs

29. Administration (includes indirect costs, overhead)

- a. Include costs for Administration of the program, not to exceed 15% of the total program cost. This includes any Administration Cost incurred by collaborators, contractors, or anyone else. The total amount of all Administration Cost may not exceed 15% of the total program cost
- b. The 15% maximum Administration Cost can be calculated as follows: multiply line 28 (Total Program Costs before Administration) by 17.647%. Total Program Costs before Administration shall not include any Administration Costs. All Administration Costs shall be entered onto this line item.
- c. Total Administration costs cannot exceed the following for the total term (4 years) of the contract:
  - 1. Small population designation - \$375,000 (\$2,500,000 grant x 15%)
  - 2. Medium population designation - \$600,000 (\$4,000,000 grant x 15%)
  - 3. Large population designation - \$900,000 (\$6,000,000 grant x 15%)

30. Total Proposed Program Costs

- a. Summation of all costs proposed by Grant year
- b. The total of all 4 years shall equal the total amount of the Grant.

See Budget Worksheet Example on the next page.

EXAMPLE BUDGET WORKSHEET

**ATTACHMENT 10**  
**BUDGET WORKSHEET**

(Whole Dollars)

**Applicant: ABC County Partnership**

(1) Hire Staff (list individual role/classification) (add rows as needed)

(2) Hiring Month	(3) GY 1	(4) GY 2	(5) GY 3	(6) GY 4	(7) Total All GYs
1	40,000	40,000	40,000	40,000	160,000
7	20,000	40,000	40,000	40,000	140,000
1	60,000	60,000	60,000	60,000	240,000
7	30,000	60,000	60,000	60,000	210,000
1	30,000	30,000	30,000	30,000	120,000
7	15,000	30,000	30,000	30,000	105,000
7	75,000	150,000	150,000	150,000	525,000
					-

Subtotal - (8) Personnel Services Salaries

270,000 410,000 410,000 410,000 1,500,000

Add: (9) Personnel Services Benefits

105,300 159,900 159,900 159,900 585,000

(10) Total Personnel Services

375,300 569,900 569,900 569,900 2,085,000

(11) Hire Contractors or other non-staff (If applicable, list individual role/classification) (Add rows as needed)

(12) Hiring Month	(13) GY 1	(14) GY 2	(15) GY 3	(16) GY 4	(17) Total All GYs
1	10,000	10,000	10,000	10,000	40,000
4	7,500	10,000	10,000	10,000	37,500
7	5,000	10,000	10,000	10,000	35,000
7	50,000	100,000	100,000	100,000	350,000
1	90,000	90,000	90,000	90,000	360,000
4	67,500	90,000	90,000	90,000	337,500

						-
(18) Total Contracted Services		230,000	310,000	310,000	310,000	1,160,000
(19) Total Personnel/Contracted Services		605,300	879,900	879,900	879,900	3,245,000
(20) Other Costs (non-staff and non-contracted services)	(21) Exp Month	(22) GY 1	(23) GY 2	(24) GY 3	(25) GY 4	(26) Total All GYs
	Training	7	5,000	5,000	5,000	20,000
	Facilities Improvements	7	50,000		5,000	55,000
	Transportation	1	10,000	10,000	10,000	40,000
	Technology	7	10,000	10,000	10,000	40,000
						-
(27) Total Other Costs		75,000	25,000	25,000	30,000	155,000
(28) Total Program Costs before Administration		680,300	904,900	904,900	909,900	3,400,000
(29) Administration (includes indirect costs and overhead, limited to 15%) *		120,053	159,688	159,688	160,571	600,000
(30) Total Proposed Program Costs		800,353	1,064,588	1,064,588	1,070,471	4,000,000

## ATTACHMENT 11: BUDGET NARRATIVE

Budget Narrative		
VII.F.2.	a. Hire Staff	
	i.	<p>For each “Hire Staff” listed on the Budget Worksheet, explain how the salaries were determined and provide support for the stated salary. For example, state the classification and provide the published salary range for the employee in the stated classification:</p> <p>Salaries were calculated using the published ranges from the 2017-20 Memorandum of Understanding (MOU) between the County of Humboldt and American Federation of State, County and Municipal Employees (AFSCME) Local 1684 (EXHIBIT F-1). The staffing positions were calculated using the annual rate at step B for FY 1 and increasing a step each year.</p> <p>Supervising Mental Health Clinician, \$70,165.08-\$99,482.28 annually</p> <p>Administrative Analyst I, \$43,252.68-\$61,325.04 annually</p>
	ii.	<p>Provide a statement for each classification listed on the Budget Worksheet as to the time base (Full Time Equivalent) of work proposed. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for GY 1, GY 2, GY 3 and GY 4. If the position is half-time, state that the position is 50% for GY 1, GY 2, GY 3 and GY 4:</p> <p>Supervising Mental Health Clinician, 50% for GY 1, GY 2 and 5 months for GY 3, 100% for remainder of GY 3 and GY 4</p> <p>Administrative Analyst I, 50% for GY 1, GY 2, GY 3 and GY 4</p>
	b. Personnel Service Benefits	
	i.	<p>Explain what is included in the cost and how were the costs determined. Provide support for the costs. For example, provide published guidance from HR (or some other entity) stating percentage of salary or actual dollars used for employee benefits, including medical, retirement, taxes, etc.</p> <ol style="list-style-type: none"> <li>1. State Unemployment Insurance at .16% of salary per FY</li> <li>2. Employee Health Insurance at \$862.04 per month per 1.00 FTE through 12/31/20 and then \$835.70 per month per FY</li> <li>3. Life Insurance at \$34.68 per year per 1.00 FTE per FY</li> <li>4. Dental Insurance at \$732.00 per year per 1.00 FTE per FY</li> <li>5. Public Employee Retirement System (PERS) Miscellaneous at 28.855% of salary per FY</li> </ol>

	<p>6. Public Agency Retirement Services (PARS) at 1.50% of salary per FY 7. FICA/Medicare at 7.65% of salary per FY</p> <ul style="list-style-type: none"> <li>• State unemployment insurance, employee health insurance, life insurance and dental insurance are published Insurance Rates for FY 2020-21 Budget Projections (EXHIBIT F-2) for County of Humboldt Human Resources.</li> <li>• PERS rates are from the Humboldt County Miscellaneous 2018 Actuarial (EXHIBIT F-3) showing 31.855% and the 2015-17 MOU between the County of Humboldt and AFSCME Local 1684 (EXHIBIT F-1) showing the contracted 3% offset.</li> <li>• Pension funding policy with allowed PARS rates included with Humboldt County Board of Supervisors Agenda Item 19-269 from February 26, 2019 with projected PARS rate increase for fiscal year 2019-20.</li> </ul> <p>FICA and Medicare tax rates are charged at the published Social Security rate.</p>
	<p>c. Hire Contractors or other non-staff</p> <p>For each “Hire Contractors or other non-staff” listed on the Budget Worksheet, explain how the costs were determined and provide support for the stated cost. For example, support could include an existing or new contract which states the classification, the cost, and time period in order to support the requested funds for each fiscal year.</p> <p>Upon approval of the grant application, Humboldt County Department of Health and Human Services will be signing new contracts with Humboldt County Office of Education and individual Humboldt County School Districts for the positions that are budgeted specifically for the triage program. Some school districts would be adopting new job classification for this program. The positions we will be contracting for are:</p> <p>Five Student Services Navigators</p> <ul style="list-style-type: none"> <li>• ECS - Paid at Eureka City School’s Classified Management Class II, Step 6-9 (EXHIBIT F-4). Assuming a 2% salary increase and a benefit increase GY 2 and 1% salary increase GY 3 and GY 4.</li> <li>• FESD – Paid at Fortuna Elementary School District’s Classified Management/Confidential Class 8, Step 1 with step increasing each year (EXHIBIT F-5).</li> <li>• HCOE – Paid at Humboldt County Office of Education’s Classified Hourly Range 48 (EXHIBIT F-6) Assuming a 2.20% increase each year.</li> <li>• NHUHSD – Paid at \$26.00 per hour, (EXHIBIT F-7). Assuming a 5% increase in benefits each year.</li> <li>• SHUSD – Paid at Southern Humboldt Unified School District’s Classified Hourly Range 39, Step 7 (EXHIBIT F-8). Projecting a 2% increase to salary and a 3.5% increase to H&amp;W in GY 2, GY 3 and GY 4.</li> </ul> <p>One Family/Child Support Coach</p>



		<p>Position does not currently exist in this district. Pay based on Humboldt County Office of Education's "Transition Partnership Program Lead Vocational Caseworker" at the Classified Range 39, Step E (EXHIBIT F-9) for 7.50 hour days as approved in the 17MHSOAC070 Grant. Position will be at 0.53 FTE to create a full time position in combination with 0.47 FTE position already approved. Position will increase to 1.00 FTE in December 2022, GY 3, when 17MHSOAC070 Grant ends.</p>
		<p>Provide a statement for each classification listed on the Budget Worksheet as to the Full Time Equivalent of the proposed work. State this as a percentage for each year funding is requested. For example, if the position is full time, then state that it is 100% for GY 1, GY 2, GY 3 and GY 4. If the position is half-time, state that the position is 50% for GY 1, GY 2, GY 3 and GY 4.</p> <p>Student Services Navigator, 100% for GY 1, GY 2, GY 3 and GY 4</p> <p>Student Services Navigator, 100% for GY 1, GY 2, GY 3 and GY 4</p> <p>Student Services Navigator, 100% for GY 1, GY 2, GY 3 and GY 4</p> <p>Student Services Navigator, 100% for GY 1, GY 2, GY 3 and GY 4</p> <p>Student Services Navigator, 100% for GY 1, GY 2, GY 3 and GY 4</p> <p>Family/Child Support Coach, 53% for GY 1, GY 2 and 5 months for GY 3, 100% for remainder of GY 3 and GY 4</p>
	d.	Other Costs (non-staff and non-contracted services)
	i.	<p>For each "Other Costs (non-staff and non-contracted services)" listed on the Budget Worksheet, explain what the costs are for, how the costs were determined and provide support for the stated cost. For example, training could be supported through a published catalog of classes and rates</p> <p>N/A</p>

## ATTACHMENT 12: FINAL SUBMISSION CHECKLIST

Complete this checklist to confirm the items in your application. Place a check mark or “X” next to each item that you are submitting to MHSOAC. For your application to be complete, all required attachments along with this checklist shall be returned with your application package.

Check	DESCRIPTION
X	Attachment 1: Application Cover Sheet
X	Attachment 2: Intent to Apply
X	Attachment 3: Minimum Qualifications
X	Attachment 4: Applicant Background
X	Attachment 5: Proposed Plan
X	Attachment 6: Program Implementation Plan – Plan Narrative
X	Attachment 7: Program Implementation Plan – Plan Timeline
X	Attachment 8: Program Implementation Plan – Sustainability Plan
X	Attachment 9: Program Communications Plan
X	Attachment 10: Budget Worksheet
X	Attachment 11: Budget Narrative
X	Attachment 12: Final Submission Checklist
X	Attachment 13: Payee Data Record (Std 204)

## **ATTACHMENT 13: PAYEE DATA RECORD (STD 204)**

The Applicant must complete and submit Payee Data Record (STD. 204) with its Final Application.

This form is available at: <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>