



Humboldt County
Department of Health and Human Services

Phillip R. Crandall, Director

The Professional Building
507 F Street, Eureka, CA 95501
Phone (707) 441-5400 Fax (707) 441-5412

March 30, 2010

Children's Advocacy Institute
University of San Diego School of Law
5998 Alcalá Park, San Diego, CA 92110

Humboldt County is responding to your January 2010 Report: *Proposition 63: Is the Mental Health Services Act Reaching California's Transition Age Foster Youth.*

Given Humboldt County's strategic efforts to serve Transition Age Youth (TAY) inclusive of Transition Age Foster Youth (TAFY), I offer the following comments regarding your report;

1. Humboldt County agrees that our investments of Mental Health Services Act (MHSA) Community Services and Supports (CSS) funds targeting TAFY services are proportionally low. The planning and funding of MHSA programs inclusive of, but not limited to, CSS have been grounded in the local stakeholder process that guides our overall MHSA strategies and investments;
2. Humboldt County has strategically invested substantial funds from the MHSA and other sources that have positioned us to develop planned relevant services and supports to this population. In doing so, Humboldt County has taken a longer term developmental approach to transforming and enhancing mental health services and supports to TAY, inclusive of TAFY and other foster care populations in a targeted manner. Humboldt County believes it was critical to first develop the capacity to gather data, discover/implement Evidence Based Practice approaches and develop a robust TAY stakeholder policy inclusion capacity to maximize services and support outcomes;

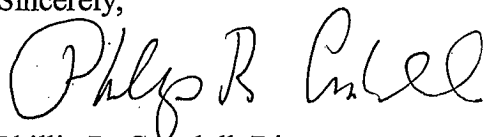
For example, the development of MHSA program support functions (Offices of Research and Evaluation/Client and Cultural Diversity/Training, Education and Supervision) were partially funded under the MHSA CSS launch in 2005 and have significantly enhanced Humboldt County's capacity to develop holistic, effective TAY/TAFY partnership approaches, monitor outcomes and allow for a deeper and sustainable set of strategies to improve the lives of TAY/foster youth in Humboldt County;

3. Concurrent to this approach, Humboldt County has launched/invested in several foster care/TAY initiatives, three which I will briefly mention.
 - The Humboldt County Transition Age Youth Collaborative (HCTAYC) was launched in 2008, and is a TAY/TAFY driven initiative (Attachment 1) involving all 3 DHHS Branches (Social Services/Public Health/Mental Health), California Youth Connection, Y.O.U.T.H. Training Project, Youth in Mind and local TAY youth. Humboldt County has invested 1.5 million dollars over 5 years in this TAY initiative which we hope will transform not only how much services we deliver but enhance the quality and effectiveness of these services.
 - The Mental Health/Foster Care Expansion Project – launched in 2008, this is a focused initiative targeting all children and youth in our Foster Care System (inclusive of TAFY ages 16-21) with the intent of 100% of these youth receiving Mental Health (and Public Health/Social Services) integrated services and supports. We know California can and needs to do better serving foster youth of all ages. Foster Youth are reliant on us to provide for their mental health, physical health and social support needs and have these delivered “as if they were our children”. We take this need seriously – and I have authorized three million dollars toward this effort to be used as needed to fully implement this project. (Attachment 2)
4. Humboldt County has recently submitted our MHSIA Innovation Project to the Oversight and Accountability Commission (OAC) (Attachment 3) which has a focus on TAY/TAFY (21-25). Its narrative also provides some insight into the overall integrated efforts Humboldt County has made to TAY/TAFY services enhancements and establishing a youth policy voice in a variety of areas that to Humboldt County, is the best path to transformation of our County’s ability to provide for TAY/TAFY needs. What that means is a holistic approach that not only provides mental health services in a new context, but the broader array of services and supports TAY/TAFY need to successfully transition to adulthood (e.g. housing/ permanence/health/education and vocational supports etc. – as guided by the youth). The Innovation Project Narrative also provides some quantitative data on TAY/TAFY access in Humboldt County which was provided by APS Health Care, California’s External Quality Review Organization for Medi-Cal Specialty Mental Health Services. We do believe, however, that qualitative data (the how) is as important as the amount of direct services funded.

I hope this response provides you with a broader understanding of how Humboldt County is approaching this very complex set of issues involving not only TAFY but foster youth of all ages. The underlying challenges Humboldt County is undertaking is how can we invest concurrently to reduce the numbers of children and youth migrating into Foster Care, provide services in the least restrictive local settings possible, and concurrently develop and fund holistic services and supports that provide for TAY/TAFY needs as they become adults. A difficult set of challenges that has to be taken on.

In closing, I appreciate the opportunity to respond to your Report, and respect the spirit of advocacy it represents in asking for transformation in what California provides for TAFY Mental Health services and supports.

Sincerely,

A handwritten signature in cursive script that reads "Phillip R. Crandall". The signature is written in black ink and is positioned above the printed name.

Phillip R. Crandall, Director
Department of Health and Human Services

Attachment 1

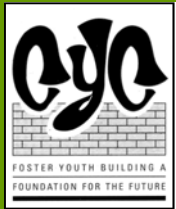
Who are we?



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



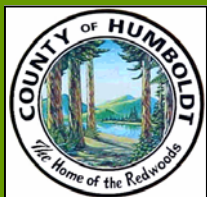
The **Y.O.U.T.H. Training Project** develops the leadership and inherent expertise of youth to improve systems of care. We support youth-led training and youth engagement opportunities in child welfare, mental health, education, and other social welfare agencies.



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



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



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

HCTAYC

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

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

Visit us on the web:
www.humboldtyouth.org

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

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

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

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

H

Humboldt



C

County

T

Transition

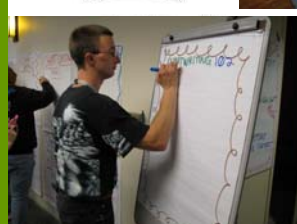


A

Age

Y

Youth



C

Collaboration

www.humboldtyouth.org

Welcome to the Humboldt County Transition Age Youth Collaboration!



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

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

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

What are our goals?

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

When will we see change?

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

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



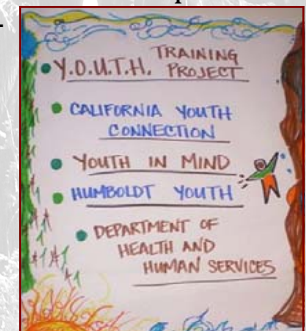
Youth Advisory Board

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



Why are we doing this?

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





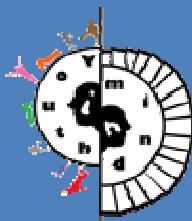
HUMBOLDT COUNTY

TRANSITION AGE YOUTH COLLABORATION

(HCTAYC)

FIRST YEAR EVALUATION

y.o.u.t.h.
training project



EXECUTIVE SUMMARY

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

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

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

FINDINGS

During its first year, HCTAYC:

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

PARTICIPATION

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

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

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

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

IMPACT ON TRANSITION AGE YOUTH

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

The following examples illustrate the effectiveness of this model:

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

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

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

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

greater integration of youth voices in their community.

IMPACT ON HUMBOLDT COUNTY DHHS SYSTEMS

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

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

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

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

recommendations were implemented within weeks.

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

IMPACT ON YOUTH DEVELOPMENT STATE LEADERS

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

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

PROGRAM CHALLENGES

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

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

RECOMMENDATIONS

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

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

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

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

Humboldt County DHHS management

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

EVALUATOR RECOMMENDATIONS

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

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

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

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

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

CONCLUSION

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

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

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INTRODUCTION

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

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

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

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

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

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

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

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

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

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

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

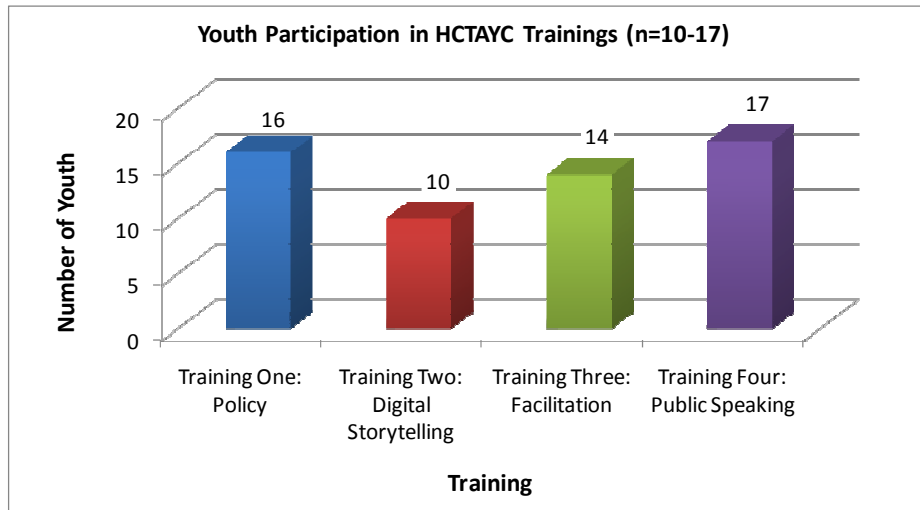
FINDINGS

PARTICIPATION

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

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

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



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

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

FIRST-YEAR ACTIVITIES OF THE COLLABORATION

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

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

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

IMPACT ON YOUTH

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

INCREASED KNOWLEDGE AND SKILLS

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

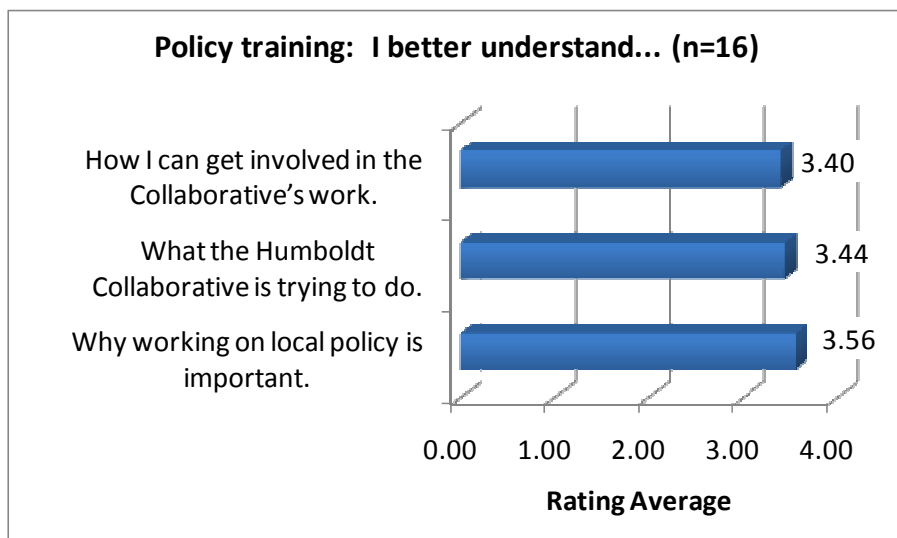
To complement these training opportunities, the HCTAYC youth members also participated and presented in a number of statewide conferences and local events to share the efforts of the collaborative, deliver recommendations for other youth development leaders considering replication, and represent the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

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

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

POLICY (Training One)

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



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

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

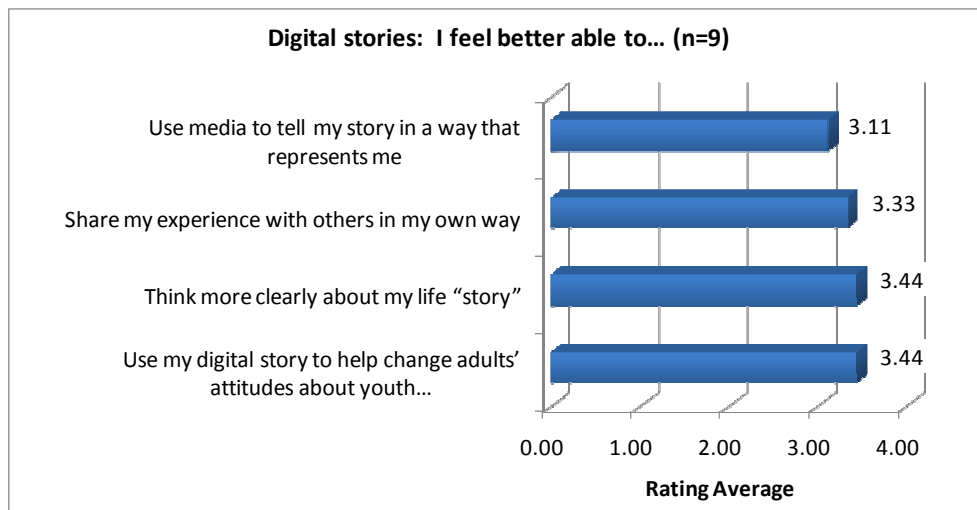
- ▶ Helping youth understand their rights,
- ▶ Understanding policy,
- ▶ Learning how to talk with "higher-ups,"
- ▶ Being able to practice interviews and stating the situation,
- ▶ Building a network to use in the future,
- ▶ Learning to speak "for myself," and
- ▶ Understanding what mental health is.

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

DIGITAL STORYTELLING (Training Two)

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

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



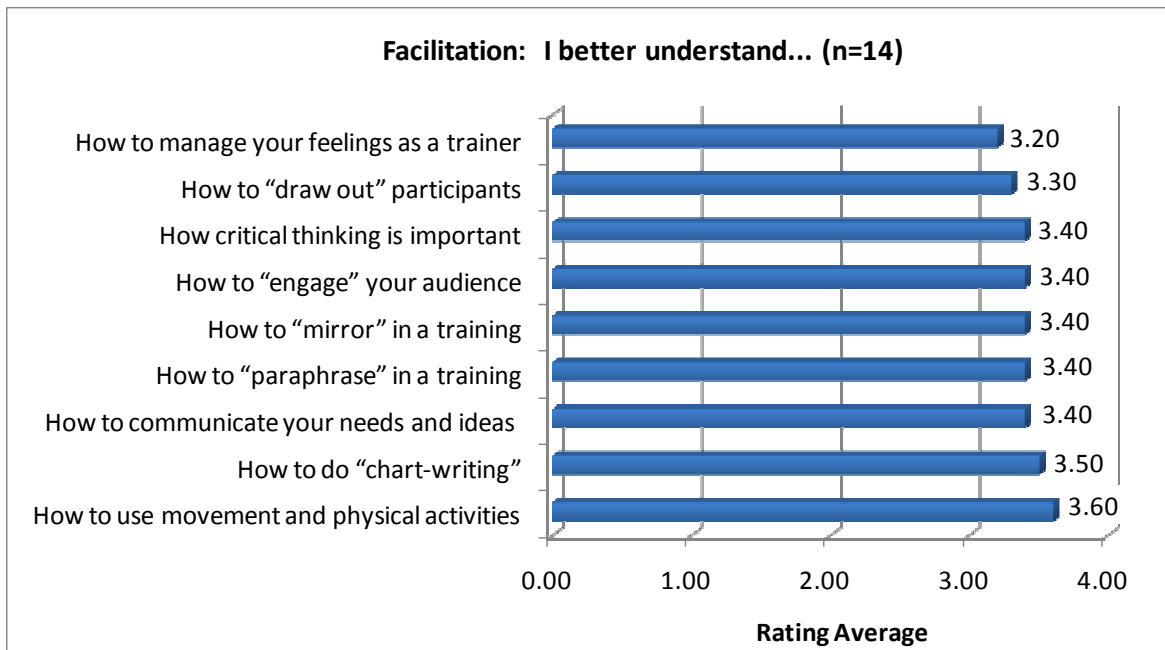
Many youth also reporting gaining technological skills from this training that they will likely use in the future. In fact, through this training, Humboldt County youth produced ten digital stories that are now being used to educate DHHS staff and other community members about the lived experience of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

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

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

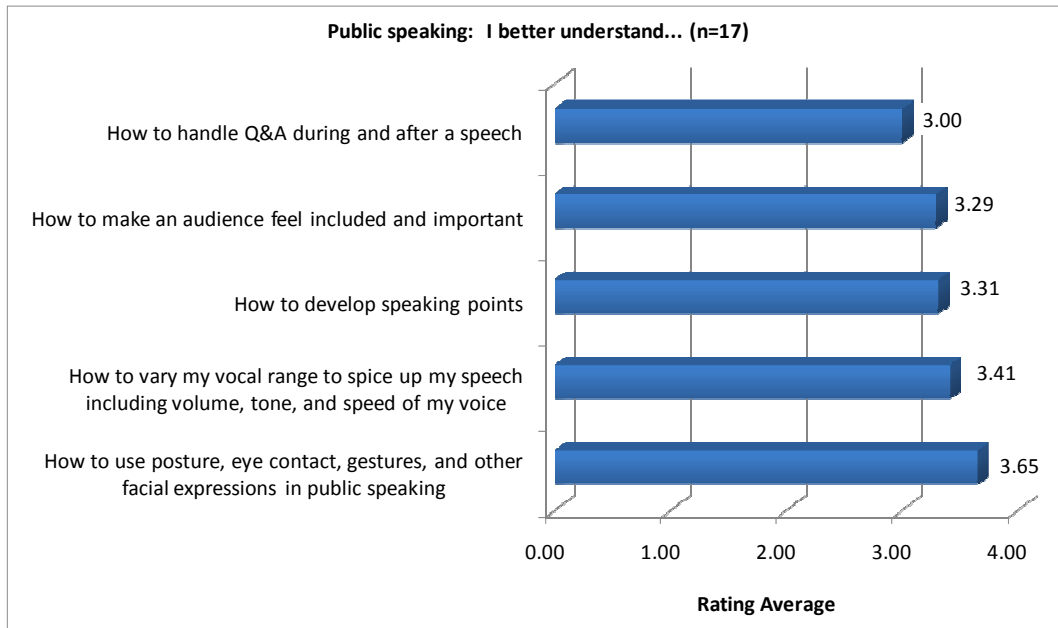
FACILITATION (Training Three)

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



PUBLIC SPEAKING (Training Four)

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



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

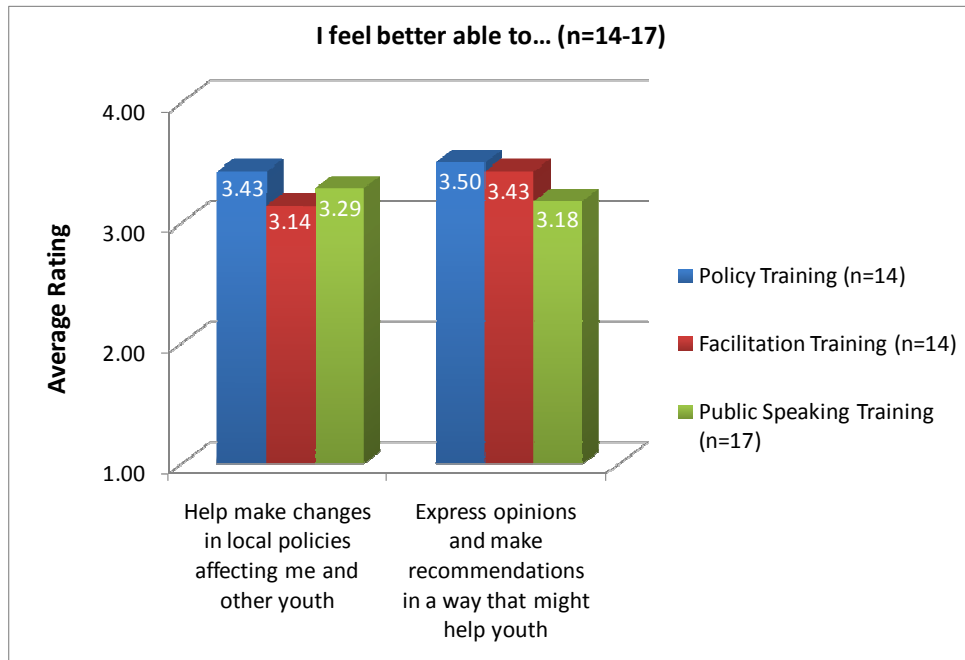
- ▶ "It helped to practice in small groups, because some were really shy about speaking."
- ▶ "I learned how to better give a speech."
- ▶ "Learning how to pinpoint key ideas and topics for my speech."
- ▶ "It helped me out a lot to look into people's eyes."
- ▶ "Learning not to use um's, and's, you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

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

INCREASED ABILITY TO EFFECT CHANGE

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

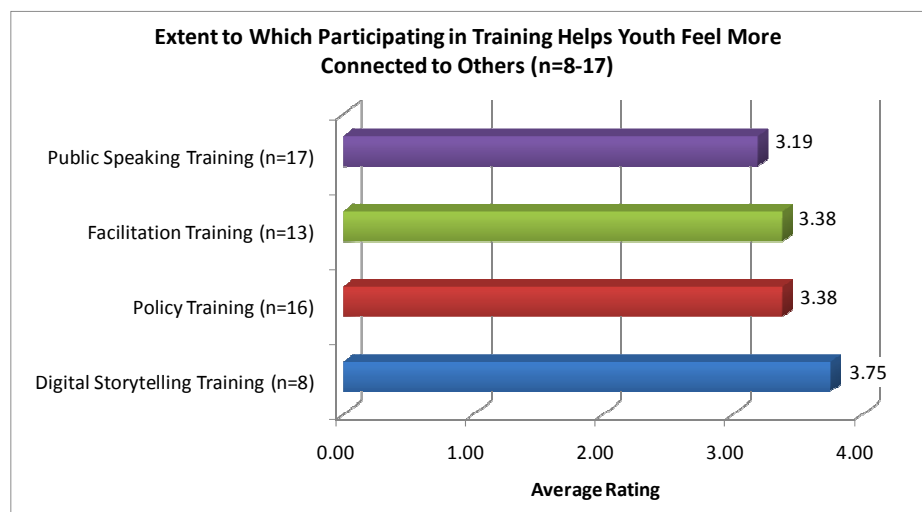
The accompanying chart shows how youth rated their confidence in these two areas after each of the three trainings where they were explicitly addressed. These gains speak to the relevancy and effectiveness of HCTAYC, even in its first year. *(Due to the focus of the digital storytelling training, participants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



CONNECTION AND COMMUNITY

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

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



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

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

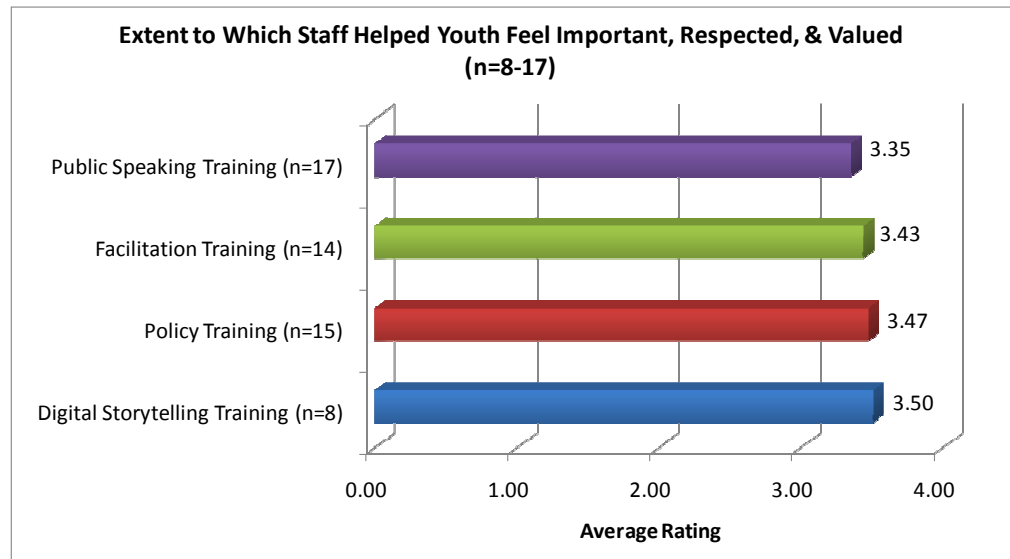
The comments of Youth Advisory Board members illustrate what it means to have a community of youth. One notes that being a part of HCTAYC has helped in dealing with life changes, “by giving me a support network. It is good to see people you know during this challenging process.” Another board member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

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

YOUTH EMPOWERMENT

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

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



As some of the youth explain:

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

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

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

-YTP staff member

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

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

LEADERSHIP DEVELOPMENT

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

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

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

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

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

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

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

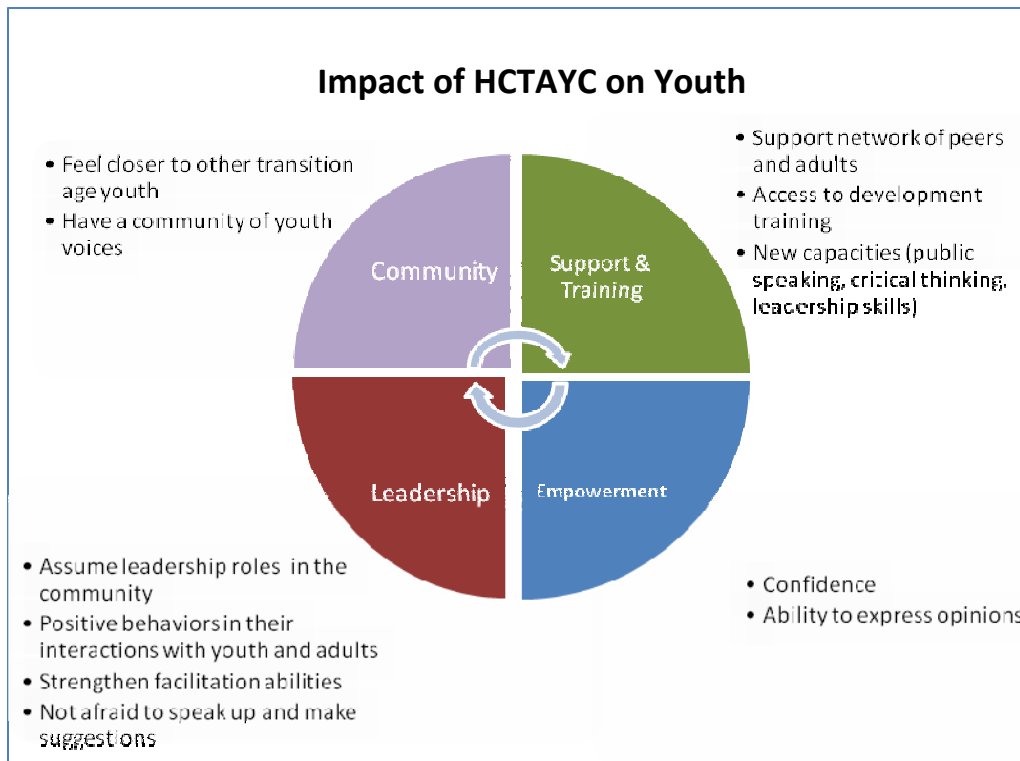
The outcomes resulting from these opportunities include the successful performance of youth as leaders and a shift in how adults, including county and collaborative partner staff, view the youth. HCTAYC project staff and collaborative partners provide the following observations:

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

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

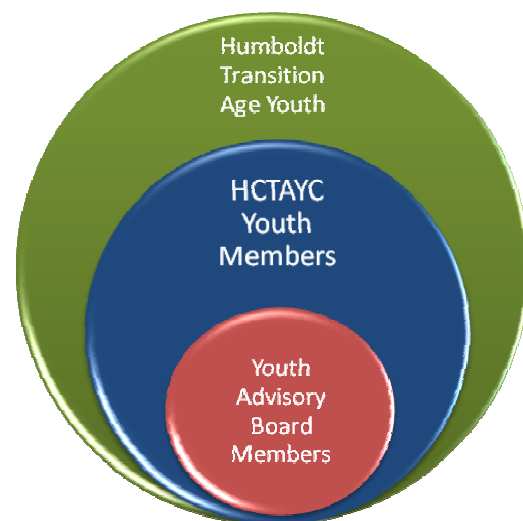
OVERALL IMPACT OF HCTAYC ON YOUTH

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



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

Ripple Effect of HCTAYC



Youth Advisory Board members reflect on the impact of HCTAYC:

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

IMPACT ON DHHS COUNTY SYSTEMS

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

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

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

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

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

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

County staff members say:

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

HCTAYC project staff members say:

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

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

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

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

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

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

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

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

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

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

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

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

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

IMPACT ON COLLABORATIVE PARTNERS

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

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

Working in Humboldt County not only allows the collaborative partners to understand the needs of Humboldt County youth, it helps them to better prepare and engage youth to participate in systems change. Understanding the county system in Humboldt County enables collaborative partners to help youth identify issues and solutions related to the county system and to educate youth about how to navigate the system to make changes.

The impact of youth development leaders’ involvement in HCTAYC extends further than their increased understanding of the needs of Humboldt County youth. **All collaborative partners say that they have gained new professional skills that contribute to their work in youth development and enhance their capacity to engage youth in systems change.** For instance, they comment:

- ▶ “I’ve gained more community organizing skills, and gotten much better at public speaking and making presentations.”
- ▶ “The top three benefits are becoming stronger and more experienced in working in collaboration—which brings so many things, budget management, and then probably providing quality and effective technical assistance long-distance.”
- ▶ “The policy training taught me a lot about getting youth to understand the perspective they share. Understand why they share those perspectives.”
- ▶ “I have learned a lot about federal and state program funding sources.”

It is clear that the collaborative partners have deepened their organizations’ capacity to serve California’s transition age youth through their participation in HCTAYC.

PROGRAM CHALLENGES

In addition to the many successes described throughout this year one evaluation report, HCTAYC experienced a number of challenges worth noting. One key challenge expressed by HCTAYC project staff and collaborative partners is engaging youth in capacity building training and policy efforts when their basic needs are not met: It is difficult for the youth to view HCTAYC as a priority in their life while they are constantly struggling to find housing and food. Also, because of the rural nature of the county, transportation is also a hindrance to youths' participation in HCTAYC events. Although there was some assistance from the county, for instance by allowing an HCTAYC project staff member (who is also employed by the county) to use a county van, and they also approved ILS staff to help with transportation at large events, there were struggles to manage the logistics of this part of the collaboration. Additionally, the project faced a number of challenges getting their technology set up, including telephone and computer access, impacting organizational communications and operations. Another challenge in engaging youth is the varying degrees of maturity and readiness of youth to participate in policy-setting and decision-making. Moreover, interpersonal conflicts sometimes hindered the progress of HCTAYC activities.

HCTAYC project staff and collaborative partners note a challenge in working in a county so far from their local offices. Due to their being centered outside of Humboldt County, it is difficult to meet and sometimes communicate regularly and have a strong presence in Humboldt County. Some county departments are not yet ready to make a culture shift to have youth as leaders in their decision-making processes. An increased presence by collaborative partners and staff would better enable them to reinforce the progress youth are making in the face of a bureaucratic culture within DHHS that has not traditionally looked to youth for input into the services meant to serve them.

"We had a youth come to one of our events who had housing at the beginning of the meeting and at the end of the meeting he didn't have housing. I remember it was the coldest night on record in Humboldt. It was too late for the young man to get into shelters. We asked if anyone could take him in for one night. Of the 12 youth who attended the event, 11 had marginal housing—two were sleeping in a car and others on a couch. Sometimes they don't have food. Not just 'I need a ride,' but 'I haven't eaten.' What do you do? There are no easy fixes."

-HCTAYC partner staff

RECOMMENDATIONS

The Youth Advisory Board members, project staff, partners, and county staff have all made several suggestions on how to better improve the collaboration in the coming year. The following are recommendations from each stakeholder.

Youth Advisory Board Members

- ▶ Each member would like YTP staff to address transportation and HCTAYC meeting scheduling issues, as these were challenges for them.
- ▶ HCTAYC social events should increase efforts to include the general population of youth from the Humboldt County community. This will expose them to the project and expand the project to encompass a more comprehensive youth voice.
- ▶ Hold county staff accountable for quicker responses to youths' policy recommendations.
- ▶ Use sophisticated technological tools, such as web conferencing, to allow virtual youth participation, and find other avenues for outside youth to participate virtually.

HCTAYC Collaborative Partners

- ▶ Increase Youth in Mind (YIM) staffing so that YIM can engage more with HCTAYC.
- ▶ Put more preparation work into the collaboration, and increased staffing to better support the youth.
- ▶ Increase staff capacity to better support youth by engaging more staff from collaborative partners.
- ▶ Convene more frequent meetings between YTP staff and other HCTAYC collaborative partners. For instance, have semi-monthly meetings rather than quarterly.
- ▶ Make more policy recommendations, partly through participation in local, state, and nationwide conferences.
- ▶ Hold more HCTAYC events to reach non-foster youth, like homeless, tribal, and youth accessing mental health services.
- ▶ Have more community organizing for transition age youth and more HCTAYC events.
- ▶ Create a youth commission to work with the Board of Supervisors in Humboldt County.
- ▶ Ensure accountability in the county to follow up with youth recommendations. There needs to be continuous follow-up and education about the needs of youth so that the county gains a better understanding of what those needs are.
- ▶ Develop mechanisms from various county departments to involve youth.
- ▶ Develop more avenues to increase Humboldt County general public's understanding and awareness of transition age youth needs.

DHHS Staff

- ▶ More work needs to be done in the county to involve youth.
- ▶ HCTAYC can provide training for county staff to increase staff's awareness of transition age youth.
- ▶ Continue shifting belief systems within the county to develop a culture of youth engagement.
- ▶ Recruit youth from Humboldt college campuses to find Youth Advisory Board members who are more likely to be in stable situations (in terms of housing and commitment to stay in the area).

EVALUATOR RECOMMENDATIONS

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

- ▶ Reach out to a more diverse youth population that includes non-foster youth, tribal youth, and other transition age youth served by county systems.
- ▶ Increase communication between project staff, partners, and DHHS county staff.
- ▶ Ensure accountability in DHHS county staff in following up with youth policy recommendations.
- ▶ Incorporate capacity-building strategies, such as youth-led staff trainings and coaching, disseminating best practice materials, and sharing staff successes with other staff, that encourage a culture shift among DHHS County staff to be fully committed to youth involvement in decision making and policy setting.

In order to fully engage youth in a positive youth development model, HCTAYC should consider involving youth in future evaluation processes. This will allow them to participate in gathering knowledge about the program, thus informing ongoing project development and enhancing their sense of ownership of HCTAYC. Engaging youth in the evaluation process will also promote empowerment, confidence, and new skills, all of which are central to the purpose of HCTAYC. For instance:

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

CONCLUSION

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

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

METHODOLOGY

This evaluation was guided by the project's theory of change developed by Korwin Consulting in partnership with HCTAYC staff at the onset of the evaluation process. The first stage of this evaluation included a meeting between Korwin Consulting and HCTAYC project staff to develop an evaluation plan with key goals and strategies for the process. A timeline was also developed to guide the progress of the evaluation plan.

The theory of change for HCTAYC explains the logic of the project's strategies and anticipated outcomes and impact it seeks to achieve. The theory of change includes the overarching purpose of HCTAYC, key strategies used to achieve HCTAYC's goals, short- and longer-term outcomes resulting from HCTAYC strategies, and ultimately, the long term impact of this project. *(The complete HCTAYC theory of change chart can be found in the Appendix.)*

Based upon this theory of change, Korwin Consulting and HCTAYC project staff developed evaluation questions to learn more about the short-term outcomes resulting during HCTAYC's first year. Using a mixed methods evaluation, the evaluation process included:

- ▶ **Post-Training Surveys:** A post-training survey was administered after each of the four formal youth trainings: Policy, Digital Storytelling, Facilitation Skills, and Public Speaking. *(For detailed results of each survey please refer to the Appendix.)*
- ▶ **Individual interviews:** Protocols were developed for the Youth Advisory Board, HCTAYC project staff and collaborative partners, and Humboldt County DHHS staff interviews. During October and November, 2009, a total of 14, 30-60 minute telephone interviews, were conducted to collect feedback from these stakeholders.
- ▶ **Journals:** HCTAYC project staff members were asked to keep a personal journal to track their perspectives on the progress of HCTAYC. Each quarter, project staff created journal entries to document project events that occurred during that period and their reflections on the effectiveness and outcomes of project activities. Staff journal entries included the period of January 2009 through September 2009.
- ▶ **Project Documentation:** HCTAYC shared a set of internal and external project documents that tracked important data on the progress of the project. These documents include youth policy recommendations, Humboldt County DHHS written responses to HCTAYC policy recommendations, the Youth Advisory Board application form, the HCTAYC project work plan, and access information for the HCTAYC project website (www.humboldtyouth.org).

LIMITATIONS

When reviewing findings of this evaluation it is important to note some current and projected limitations of this methodology.

- ▶ This evaluation did not engage youth from the general public in Humboldt County. All youth feedback came from participants of HCTAYC. Therefore, the findings pertain to youth members of HCTAYC and certain assumptions are made about the impact of HCTAYC within the broader Humboldt County transition age youth population.
- ▶ HCTAYC youth participants are involved at two levels: HCTAYC members who attend training events, and Youth Advisory Board members who are responsible for leading the project. Although all participating youth completed post-training surveys, individual interviews were only conducted with Youth Advisory Board members. Therefore, some in-depth findings about the impact of the project on all youth participants are extrapolated from Youth Advisory Board interviews.

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Korwin Consulting is sincerely grateful for the efforts and participation of the HCTAYC Youth Advisory Board, HCTAYC project staff, and the staffs and management of the Y.O.U.T.H. Training Project, California Youth Connection, Youth in Mind, and Humboldt County DHHS, whose collaboration, time, and insights made this evaluation possible.

The following individuals generously gave their time and thoughtfully contributed to this evaluation effort by agreeing to be interviewed and/or by providing comments on HCTAYC's formative evaluation materials.

- ▶ Jamie Lee Evans, MSW, *HCTAYC Project Director, Y.O.U.T.H. Training Project*
- ▶ Rochelle Trochtenberg, *HCTAYC Youth Organizer*
- ▶ Laura Forrest, *HCTAYC Project Assistant, Y.O.U.T.H. Training Project*
- ▶ Kristina Gelardi, *Northern Region Policy Coordinator, California Youth Connection*
- ▶ Jude Koski, *Northern Region Supervisor, California Youth Connection*
- ▶ Barbara LaHaie, *Assistant Director of Programs, Humboldt County Department Health and Human Services*
- ▶ Ann Lesser, *Deputy Director, Department of Health and Human Services, Mental Health Branch, Children, Youth and Family Services Division*
- ▶ Matt Lord, *Youth in Mind Board Member*
- ▶ Susan Manzi, *Youth Advisory Board Member*
- ▶ Preston Massey, *Youth Advisory Board Member*
- ▶ Tia Richardson, *Youth Advisory Board Member*
- ▶ Cindy Sutcliffe, *Program Manager, Humboldt County Child Welfare Services Division*
- ▶ Erik Thomsen, *Youth Advisory Board Member*
- ▶ Katherine D. Young, *Director, Humboldt County Social Services Branch*



The Korwin Consulting Evaluation Team

Lisa Korwin, Principal

Lead Evaluator for the Humboldt County Transition Age Youth Collaboration
Evaluation Design & Implementation

Jessica Shao, Associate

Data Analysis & Writing

Alyssa Andrews, Assistant

Data Analysis & Presentation

Robin Horner, Associate

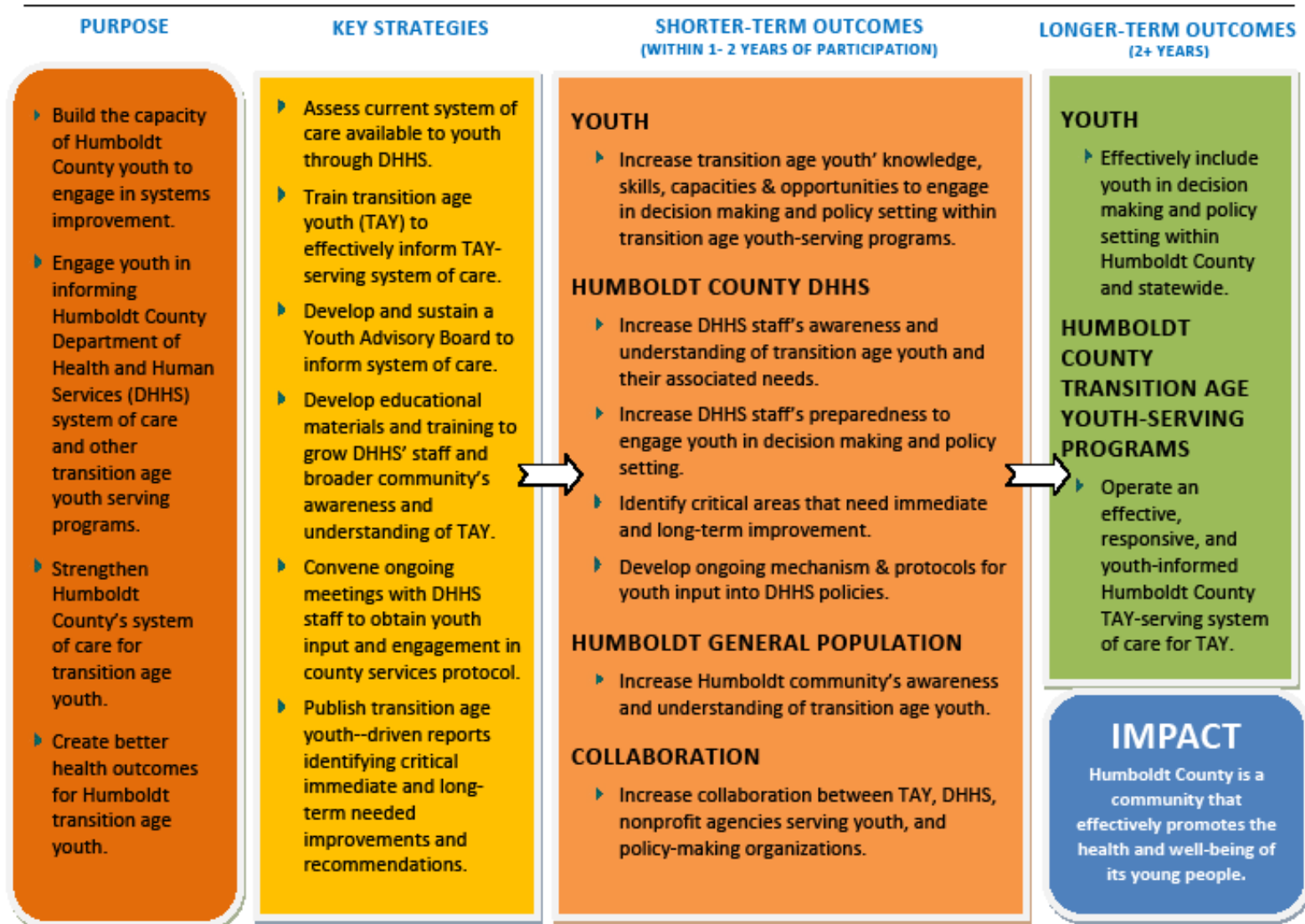
Presentation, Editing, & Review

Korwin Consulting, an evaluation and planning firm, advances social justice solutions by identifying community strengths, building organizational capacity, and evaluating impact. We have developed a reputation for producing high quality work that is not only responsive to our clients' needs but also engages our clients in interpreting preliminary findings to ensure that the information gathered is useful and accurate. More information on Korwin Consulting is available at www.korwinconsulting.com.

APPENDIX

- ▶ **HCTAYC Theory of Change**
- ▶ **Youth Policy Recommendations**
- ▶ **Post-Training Survey Tables**

Humboldt Collaborative Theory of Change



Humboldt County Transition Age Youth Collaboration

Policy Recommendations for the Children's Center

Youth placed at Humboldt's Children's Center are experiencing instability and trauma, thus need a temporary safe, nurturing, therapeutic family environment. Unfortunately, many youth report that the current environment in the Children's Center can be institutional, restrictive, insensitive to the needs of transition aged youth, and the cause of further trauma. Youth have identified the following concerns and proposed solutions to assist the Children's Center in becoming a home-like environment that utilizes a strengths-based approach to assist youth in transitioning to a stable placement.

A. Responding to Youth's Basic Needs

- A1. Require Children's Center to put aside meals and have adequate food available for youth who miss scheduled meal times for any reason.
- A2. Involve youth in selecting, buying and preparing food and meals.
- A3. Modify the physical environment to make youth feel welcome and valued by making changes such as placing dressers in all bedrooms, using real curtains, and designating storage containers/space for all resident belongings.

B. Eliminating Institutional Environment

- B1. Eliminate inappropriately restrictive and institutional rules within Children's Center such as restrictions on phone use, access to outside food, laundry, medical clearance, lock up of clothing and personal items that won't fit in a cubby, restrictions on stuffed animals, and use of contracts for behavioral modification.
- B2. Develop alternatives to the existing level system in partnership with HCTAYC and others to ensure that the environment is a therapeutic family one that supports the needs of transition aged youth.
- B3. Create more activities for youth to do, such as allowing youth to go off grounds unsupervised for longer than an hour and having regular outside time to help youth deal with the stress and isolation of being placed in the Children's Center.
 - a. Develop process for soliciting youth involvement in planning programming and activities within the Children's Center.
 - b. Ensure all youth have access to outings, regardless of level and whether they have their own money to pay for the outing.
- B4. Ensure Children's Center allows youth to attend Independent Living Skills events, programs that support positive youth development and religious services, regardless of their behavior, level, or points.
- B5. Create consistent computer and internet access for youth at the Children's Center so that youth are able to maintain connections, complete schoolwork and gain experience.

C. Developing a Safe Place

- C1. Create a former foster youth ombudsman position to help youth who are having a problem with services, staff or placement issues at the Children's Center that staff can't resolve or don't believe.
- C2. Require staff to receive training from former foster youth on how to interact respectfully with youth, and talk with youth who are having problems.
- C3. Eliminate calls or threats to call law enforcement on youth, unless youth are experiencing an actual emergency.

D. Creating Opportunities for Youth Feedback

- D1. Develop ongoing mechanisms for youth to provide feedback to the Children's Center about the quality of care, program strengths and/or issues.

E. Addressing Bigger Picture Issues

- E1. Create separate shelter placements for children aged 4-9, 10-13 and 14-18 so children are not placed inappropriately with youth of different age groups and needs.
- E2. Address licensing issues so that teen mothers don't have to be separated from their children at the Children's Center.

Humboldt County Transition Age Youth Collaboration Policy Recommendations on PES/Sempervirens, Counseling Center and Crisis Line

Youth who are experiencing severe emotional or mental health distress and crisis must rely on Humboldt County's Crisis Line, Sempervirens Psychiatric Health Facility and Counseling Center for adequate support and appropriate treatment to help them through a difficult time. Unfortunately, many youth report that difficulties in accessing services and getting appropriate, consistent treatment leave Humboldt County transition aged youth in greater crisis and at extreme risk for suicide, arrest and dangerous situations.

A. Ensuring Meaningful Inpatient Intake, Assessment and Treatment

- A1. Develop consistent standards for inpatient admission that can be communicated to youth and other consumers as well as alternative treatment options when beds are full.
- A2. Create an intake protocol that provides adequate privacy and appropriate support for youth experiencing a crisis.
- A3. Consistently develop and implement developmentally appropriate treatment plans that include personal check-ins, therapy, and team case management.
- A4. Address issues around psychologist, psychiatrist and good staff consistency and retention so youth have the opportunity to build a trusting relationship.
- A5. Work with HCTAYC and the Y.O.U.T.H. Training Project to develop and deliver training for mental health providers, psychologists, and psychiatrists on adolescent development and good practice.
- A6. Limit the use of sedation and restraints except when no alternative is available. Train staff on alternative methods of working with TAY in crisis.
- A7. Develop a continuum of inpatient and aftercare mental health services to help youth transition from services through providing independent living support and training, assistance in finding housing and employment and support and encouragement.
- A8. Develop a discharge protocol including required documents, referrals to services and automatic follow up after release.
- A9. Ensure TAY are educated about their rights as patients and have developmentally appropriate mechanisms for addressing concerns and complaints.

B. Creating a Humane Environment for Transition Aged Youth

- B1. Ensure facility meets the comfort and health needs of youth including access to at least 2 blankets per patient, maintenance of heat and hot water, adequate food and decent beds and pillows.
- B2. Decorate the facility to create a more welcoming environment.
- B3. Evaluate alternatives to security guard supervision of youth, such as university or mental health interns.
- B4. Create truly optional activities and services that are developmentally appropriate and consistently offered to transition aged youth patients including activities that promote coping skills, promote socialization, physical activity, outside time, creativity and overall mental well being.
 - a. Have appropriate art and reading material available.
 - b. Collaborate with the Humboldt holistic, healing, harm reduction and university community to create alternative treatment options and integrated services for youth.
- B5. Evaluate visitation rules and procedures to ensure they are conducive to healthy family visits.
- B6. Identify a new facility for TAY inpatient and counseling center services that is accessible to public transportation, has dedicated space for TAY separate from the adult facility, and is convenient to other TAY services.

C. Improving Support Available on the Crisis Hotline for Transition Aged Youth

- C1. Work with HCTAYC and the Y.O.U.T.H. Training Project to develop a plan for consistent supervision and training of Crisis Line staff on TAY issues.
- C2. Develop plan to ensure adequate, dedicated and supportive staffing of Crisis Line that incorporates consumer feedback.
- C3. Create youth positions or a specific youth Humboldt crisis line where youth volunteers can provide peer support with the supervision of a professional.

POST- TRAINING SURVEY TABLES

Demographic Information

What is your gender?	Training One: Policy		Training Two: Digital Storytelling		Training Three: Facilitation		Training Four: Public Speaking	
	#	%	#	%	#	%	#	%
Female	10	67%	7	78%	10	71%	4	24%
Male	5	33%	2	22%	4	29%	13	76%
Transgender	0	0	0	0	0	0%	0	0%
TOTAL	15	100%	9	100%	14	100%	17	100%
skipped question	1		1		0		0	
What is your age?	Training One: Policy Training		Training Two: Digital Storytelling		Training Three: Facilitation		Training Four: Public Speaking	
	#	%	#	%	#	%	#	%
Under 16 years	0	0%	0	0%	0	0%	0	0%
16 – 18 years	7	47%	6	67%	6	43%	9	53%
19 – 22 years	7	47%	1	11%	5	36%	6	35%
23 - 25 years	0	0%	1	11%	2	14%	2	12%
Over 25 years	1	6%	1	11%	1	7%	0	0%
TOTAL	15	100%	9	100%	14	100%	17	100%
skipped question	1		1		0		0	
What is your race or ethnicity?	Training One: Policy Training		Training Two: Digital Storytelling		Training Three: Facilitation		Training Four: Public Speaking	
	#	%	#	%	#	%	#	%
Tribal, Native American	4	27%	2	22%	6	43%	2	13%
Caucasian	7	47%	6	67%	5	36%	8	54%
African American/Black	1	7%	0	0%	1	7%	0	0%
Multi-racial	1	6%	0	0%	0	0%	2	13%
Other	2	13%	1	11%	2	14%	3	20%
TOTAL	15	100%	9	100%	14	100%	15	100%
skipped question	1		1		0		2	

Demographic Information Continued

What is your sexual orientation?	Training One: Policy Training		Training Two: Digital Storytelling		Training Three: Facilitation		Training Four: Public Speaking	
	#	%	#	%	#	%	#	%
Straight	11	73%	5	56%	10	72%	13	81%
Bisexual	3	20%	2	22%	2	14%	2	13%
Lesbian	0	0%	1	11%	1	7%	1	6%
Gay	1	7%	1	11%	1	7%	0	0%
Questioning	0	0%	0	0%	0	0%	0	0%
Queer	0	0%	0	0%	0	0%	0	0%
TOTAL	15	100%	9	100%	14	100%	16	100%
skipped question	1		1		0		1	

Participation with Organizations

Did youth at each training participate in...	Training One: Policy Training		Training Two: Digital Storytelling		Training Three: Facilitation		Training Four: Public Speaking	
	#	%	#	%	#	%	#	%
California Youth Connection	7	64%	3	60%	7	78%	12	75%
Youth in Mind	9	82%	4	44%	6	67%	12	75%
Y.O.U.T.H. Training Project	4	36%	1	20%	6	67%	3	19%
Tribal programs	0	0%	1	11%	0	0%	9	56%
TOTAL	11	NA	5	100%	9	NA	16	NA
skipped question	5		5		5		1	

* Respondents may participate in more than one organization/program, resulting in a total that exceeds 100%

Participation in Activities and Trainings

Did youth at each training participate in...	Training One: Policy Training		Training Two: Digital Storytelling		Training Three: Facilitation		Training Four: Public Speaking	
	#	%	#	%	#	%	#	%
HCTAYC Game Night	NA		NA		7	78%	7	47%
HCTAYC Information Meeting					6	67%	6	40%
CYC Chapter Meetings	NA		NA		6	67%	10	7%
Policy Training Day 1					4	44%	1	7%
Policy Training Day 2	NA		NA		4	44%	1	7%
Digital Stories					4	44%	5	33%
YIM Policy Discussion	NA		NA		3	33%	2	13%
CYC Day at the Capitol Conference					3	33%	4	27%
YIM Information Meeting	NA		NA		2	22%	3	20%
TOTAL					9	NA	15	NA
skipped question					5		2	

* Respondents may participate in more than one training, resulting in a total that exceeds 100%

Seeking/Using Services

Did youth at each training seek or access...	Training One: Policy Training		Training Two: Digital Storytelling		Training Three: Facilitation		Training Four: Public Speaking	
	#	%	#	%	#	%	#	%
ILSP	12	80%	5	56%	11	85%	11	73%
Medical health services	8	53%	8	89%	6	46%	12	80%
Mental health	11	73%	7	78%	3	23%	9	60%
Public health	7	47%	7	78%	6	46%	11	73%
Housing resources	9	60%	6	67%	4	31%	9	60%
Food programs	7	47%	7	78%	4	31%	7	47%
Emergency shelters	4	27%	3	33%	4	31%	3	20%
Drug & alcohol treatment	4	27%	2	22%	3	23%	5	33%
Juvenile justice	3	20%	3	33%	2	15%	5	33%
Homeless shelters	3	20%	3	33%	1	8%	7	47%
Other	1	7%	1	11%	1	8%	0	0%
TOTAL	15	NA	9	NA	13	NA	15	NA
skipped question	1		1		1		2	

* Respondents may have used or sought more than one service resulting in a total that exceeds 100%

Policy (Training One)

I BETTER UNDERSTAND...	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count
	#	%	#	%	#	%	#	%		
Why working on local policy is important.	0	0%	0	0%	7	44%	9	56%	3.56	16
What the Humboldt Collaborative is trying to do.	0	0%	1	6%	7	44%	8	50%	3.44	16
How I can get involved in the Collaborative's work.	0	0%	0	0%	9	60%	6	40%	3.40	15

I FEEL BETTER ABLE TO...	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count
	#	%	#	%	#	%	#	%		
Express my opinions and make recommendations in a way that might help me and other youth in Humboldt.	0	0%	1	7%	5	36%	8	57%	3.50	14
Help make changes in local policies affecting me and other youth in Humboldt.	0	0%	1	7%	6	43%	7	50%	3.43	14
							skipped question			2

Overall, today's training topics were...	#	%
Not Very Good	0	0%
Good	4	25%
Great	12	75%
TOTAL	16	100%
skipped question	0	

The training space was...	#	%
Not Very Good	0	0%
Good	7	44%
Great	9	56%
TOTAL	16	100%
skipped question	0	

Overall, the facilitators today were...	#	%
Hard to Understand	0	0%
Somewhat Easy to Understand	6	37%
Easy to Understand	10	63%
TOTAL	16	100%
skipped question	0	

Digital Storytelling (Training Two)

I FEEL BETTER ABLE TO...	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count
	#	%	#	%	#	%	#	%		
Use my digital story to help change adults' attitudes about youth in Humboldt County and possibly beyond	1	11%	0	0%	2	22%	6	67%	3.44	9
Think more clearly about my life "story"	1	11%	0	0%	2	22%	6	67%	3.44	9
Share my experience with others in my own way	1	11%	0	0%	3	33%	5	56%	3.33	9
Use media to tell my story in a way that represents me	1	11%	0	0%	5	56%	3	33%	3.11	9

TO WHAT EXTENT...	Not at all	Somewhat	Fairly well	Big time!	Rating Average	Response Count
Do you feel that participating in this digital storytelling workshop has helped you to feel more connected to others?	0	0	2	6	3.75	8
Did the project staff help you to feel important, respected, appreciated, and valued at this training?	0	1	2	5	3.50	8
answered						8
No response or n/a						1

BECAUSE OF THIS WEEKEND'S DIGITAL STORYTELLING WORKSHOP	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count
	#	%	#	%	#	%	#	%		
I learned computer skills that I will use in the future	1	11%	0	0%	4	44%	4	44%	3.22	9
I feel more powerful in the world (more skillful, more experienced, braver...)	1	11%	0	0%	5	56%	3	33%	3.11	9

Overall, the digital storytelling workshop was ...	#	%
Great	6	75%
Good	2	25%
Not Very Good	0	0%
TOTAL	8	100%
skipped question	1	

Overall, the facilitators were...	#	%
Easy to Understand	7	88%
Somewhat Easy to Understand	1	12%
Hard to Understand	0	0%
TOTAL	8	100%
skipped question	1	

Facilitation (Training Three)

I BETTER UNDERSTAND...	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count
	#	%	#	%	#	%	#	%		
How to use movement and physical activities	0	0%	0	0%	6	43%	8	57%	3.60	14
How to do "chart-writing"	0	0%	0	0%	7	50%	7	50%	3.50	14
How to communicate your needs and ideas	0	0%	0	0%	8	57%	6	43%	3.40	14
How to "paraphrase" in a training	0	0%	1	7%	7	50%	6	43%	3.40	14
How to "mirror" in a training	0	0%	0	0%	8	57%	6	43%	3.40	14
How to "engage" your audience	0	0%	0	0%	9	64%	5	36%	3.40	14
How critical thinking is important	0	0%	0	0%	8	57%	6	43%	3.40	14
How to "draw out" participants	0	0%	1	7%	8	57%	5	36%	3.30	14
How to manage your feelings as a trainer	0	0%	0	0%	11	79%	3	21%	3.20	14

I FEEL BETTER ABLE TO...	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count
	#	%	#	%	#	%	#	%		
Express my opinions and make recommendations in a way that might help me and other youth in Humboldt.	0	0%	0	0%	8	57%	6	43%	3.43	14
Help make changes in local policies affecting me and other youth in Humboldt.	0	0%	1	7%	10	71%	3	21%	3.14	14

To what extent... (n=17)	Not at all	Somewhat	Fairly well	Big time!	Rating Average	#
Do you feel that participating in this training has helped you to feel more connected to others?	1	2	6	7	3.19	16
Did the project staff help you to feel important, respected, appreciated, and valued at this training?	0	2	7	8	3.35	17

Overall, today's training topics were...	#	%
Great	11	79%
Good	3	21%
Not Very Good	0	0%
TOTAL	14	100%
skipped question	0	

Facilitation (Training Three), continued

The training space was...	#	%
Great	10	77%
Good	3	23%
Not Very Good	0	0%
TOTAL	13	100%
skipped question	1	

Overall, the facilitators were...	#	%
Easy to Understand	12	92%
Somewhat Easy to Understand	1	8%
Hard to Understand	0	0%
TOTAL	13	100%
skipped question	1	

Public Speaking (Training Four)

I better understand...	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count
	#	%	#	%	#	%	#	%		
How to use posture, eye contact, gestures, and other facial expressions in public speaking	0	0%	0	0%	6	35%	11	65%	3.65	17
How to vary my vocal range to spice up my speech including volume, tone, and speed of my voice	0	0%	0	0%	10	59%	7	41%	3.41	17
How to develop speaking points	0	0%	1	6%	9	56%	6	38%	3.31	16
How to make an audience feel included and important	1	6%	0	0%	9	53%	7	41%	3.29	17
How to handle Q&A during and after a speech	1	6%	3	18%	8	47%	5	29%	3.00	17

I feel better able to... (n=17)	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average
	#	%	#	%	#	%	#	%	
Help make changes in local policies affecting me and other youth in Humboldt.	1	6%	0	0%	9	53%	7	41%	3.29
Express my opinions and make recommendations in a way that might help me and other youth in Humboldt.	1	6%	0	0%	11	65%	5	29%	3.18

To what extent... (n=17)	Not at all	Somewhat	Fairly well	Big time!	Rating Average	#
Did the project staff help you to feel important, respected, appreciated, and valued at this training?	0	2	7	8	3.35	17
Do you feel that participating in this training has helped you to feel more connected to others?	1	2	6	7	3.19	16

Overall, today's training topics were...	#	%
Great	11	65%
Good	6	35%
Not Very Good	0	0%
TOTAL	17	100%

Public Speaking (Training Four), continued

Overall, the facilitators were...	#	%
Easy to Understand	13	76%
Somewhat Easy to	4	24%
Hard to Understand	0	0%
TOTAL	17	100%

The training space was...	#	%
Great	9	53%
Good	8	47%
Not Very Good	0	0%
TOTAL	17	100%

Express Opinions and Make Changes in Local Policy (Trainings One, Three, and Four)

I feel better able to... (Rating Averages)	Public Speaking	Facilitation Training	Policy Training
Express my opinions and make recommendations in a way that might help me and other youth in Humboldt.	3.18	3.43	3.50
Help make changes in local parties affecting me and other youth in Humboldt.	3.29	3.14	3.43

Feel More Connected to Others and Valued by Staff (All Trainings)

TO WHAT EXTENT...	Training One: Policy (n=16)		Training Two: Digital Stories (n=9)		Training Three: Facilitation (n=14)		Training Four: Public Speaking (n=17)	
	#	%	#	%	#	%	#	%
...do you feel that participating in this training has helped you to feel more connected to others?								
Not at all	0	0%	0	0%	0	0%	1	6%
Somewhat	1	6%	0	0%	0	0%	2	12%
Fairly Well	8	50%	2	25%	8	62%	6	38%
Big Time!	7	44%	6	75%	5	38%	7	44%
TOTAL	16	100%	8	100%	13	100%	16	100%
Rating Average	3.38		3.75		3.38		3.19	
...did the project staff help you to feel important, respected, appreciated, and valued at this training?								
Not at all	0	0%	0	0%	0	0%	0	0%
Somewhat	0	0%	1	12%	1	7%	2	12%
Fairly Well	8	53%	2	25%	6	43%	7	41%
Big Time!	7	47%	5	63%	7	50%	8	47%
TOTAL	15	100%	8	100%	14	100%	17	100%
Rating Average	3.47		3.50		3.43		3.35	

Attachment 2



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

Mental Health Foster Care Project

Interim Mental Health Service

Access and Outcome Report

March 2010

Objectives

- Assess care needs for both behavioral and physical health services for children and youth in foster care
- Provide services for identified behavioral health needs
- Provide services through an integrated Department of Health & Human Services team approach, including community partnerships such as probation, education, and family resource centers
- Include youth voice in program development, treatment planning, and service provision

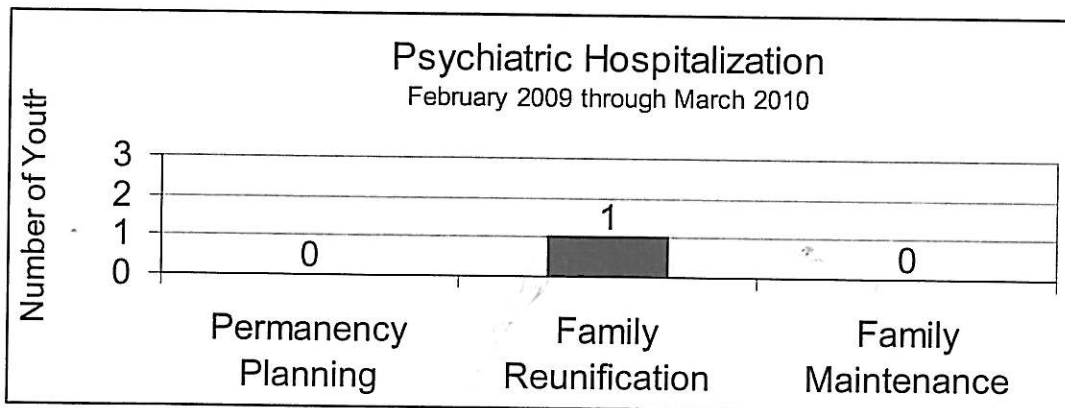
Methodology

- Co-location under one roof – Mental Health Branch - Children & Family Services, Services Social Branch - Child Welfare Services, Public Health Branch - Foster Care Nursing, and the Humboldt County Transition Age Youth Collaborative
- Mental Health Screening Tool (MHST) completed by Social Workers when a child enters the foster care system and periodically there after
- Completion of a comprehensive behavioral health assessment for all youth in care
- Customize services to address each child and family's specific needs delivered in-home or in the field when appropriate and including a combination of services and interventions such as individual and family counseling, case management, rehabilitation services, medication evaluation and support, therapeutic behavioral services, wraparound services, and evidence-based programs

Initial Outcomes

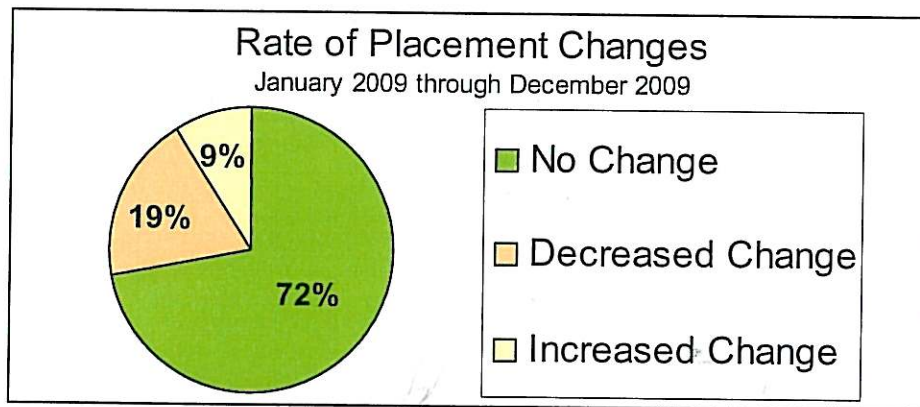
Psychiatric Hospitalization

Of the approximately **126 youth** in foster care who were assessed for and participated in behavioral health services, **one required hospitalization**



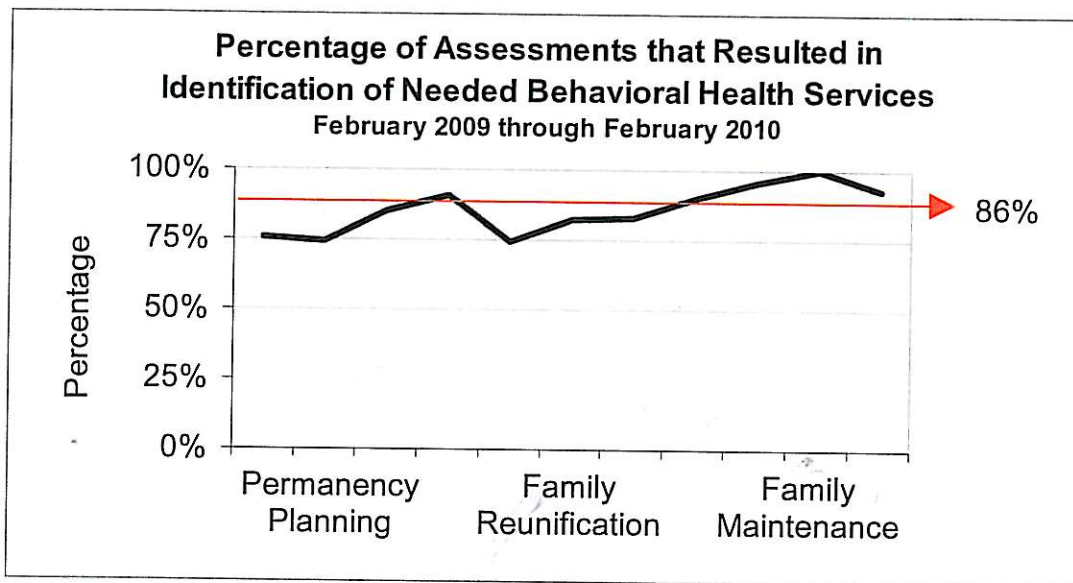
Placement Changes

Most recent data indicates that of the youth in foster care who were assessed for and participated in behavioral health services, **91% experienced no placement changes or a decreased rate of placement**



Behavioral Health Assessment and Services

The average percentage of assessments which resulted in **identified behavioral health needs** was **86%**



Next Steps

- Continued commitment and improvement in the percentage of youth assessed for behavioral health needs and provide behavioral health services to those with identified need
- Additional outcomes including clinical scales, placement stability, frequency of placement changes, successful completion of high school, transition to independence, and relationship permanency
- Expansion of effective behavioral health evidence based and promising approaches, for example: Trauma-Focused Cognitive-Behavioral Therapy

Humboldt County
 Department of Health and Human Services
Mental Health Foster Care Project

	Permanency Planning						Family Reunification						Family Maintenance													
	Cohort 2/17/09		Cohort 8/6/09		Cohort 10/15/09		Cohort 3/1/10		Cohort 2/17/09		Cohort 8/6/09		Cohort 10/15/09		Cohort 3/1/10		Cohort 2/17/09		Cohort 8/6/09		Cohort 10/15/09		Cohort 3/1/10			
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%		
Number of youth per unit who are at least 12 months old	62		66		81		83		44		55		47		67						86		110		117	
Number of youth/Families declining a behavioral health assessment	3	5%	4	6%	2	2%	1	1%	0	0%	3	5%	4	8%	5	7%					4	5%	11	10%	11	9%
Number of youth pending a behavioral health assessment	10	16%	5	8%	17	21%	26	31%	9	20%	18	33%	14	30%	20	30%					54	63%	63	57%	66	56%
Number youth assessed for a behavioral health need	49	79%	57	86%	62	77%	56	67%	35	80%	34	62%	29	62%	42	61%					28	33%	36	33%	40	34%
Of those youth assessed, number with no behavioral health need identified	11	22%	15	26%	9	15%	6	10%	9	26%	6	18%	5	17%	5	12%					1	4%	0	0%	3	7%
Of those youth assessed, number identified with a behavioral health need	38	78%	42	74%	53	85%	51	90%	26	74%	28	82%	24	83%	37	90%					27	96%	36	100%	37	93%
Of those youth with an identified behavioral health need, number receiving services	38	100%	41	98%	50	94%	50	98%	26	100%	28	100%	24	100%	36	97%					27	100%	36	100%	37	100%
Of those youth with an identified behavioral health need, number declining services	0	0%	1	2%	3	6%	1	2%	0	0%	0	0%	0	0%	1	3%					0	0%	0	0%	0	0%

Attachment 3



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

Mental Health Services Act Innovation Plan

March 2010

EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Humboldt

County Mental Health Director	Project Lead
Name: Karolyn Rim Stein	Name: Jaclyn Culleton
Telephone Number: 707 268 2990	Telephone Number: 707 268-2923
E-mail: kstein@co.humboldt.ca.us	E-mail: jculleton@co.humboldt.ca.us
Mailing Address: DHHS Mental Health Branch 720 Wood Street Eureka Ca, 95501	Mailing Address: DHHS Mental Health Branch 720 Wood Street Eureka Ca, 95501

I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.

Karolyn Rim Stein
Signature (Local Mental Health Director/Designee)

3/16/10
Date

MHS Director
Title

INNOVATION WORK PLAN

Description of Community Program Planning and Local Review Processes

County Name: Humboldt
Work Plan Name: Adaptation to Peer Transition Age Youth (TAY) Support

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

Methods for obtaining stakeholder input occur in a diversity of ways that include but are not limited to:

- Humboldt County Department of Health & Human Services sponsored Innovation education and planning meetings. These are widely advertised meetings inviting people to gather to discuss Innovation.
- Humboldt County Department of Health & Human Services participation in community meetings where Mental Health Services Act education and planning are discussed. These are meetings already occurring in the community where a county staff person attends and requests that Mental Health Services Act planning be on the agenda for a specific meeting to focus on Innovation education and input. These are often meetings sponsored by local community-based organizations and associations that represent and/or serve diverse stakeholders. This dramatically increases the number and diversity of individuals providing input.

To conduct planning where communities are already gathered is an important method of obtaining stakeholder input. It ensures the inclusion of the diversity of stakeholders that represent the demographics of the Humboldt County population.

- Input sent to the Mental Health Services Act email address, left on the Mental Health Services Act voice mail, left in a Mental Health Services Act comment box, written on comment forms at stakeholder meetings. This ensures stakeholders anonymity and input methods that stakeholders are most comfortable with at a time that is most convenient.

Development of this Innovation Plan included but was not limited to:

- The Humboldt County Innovation Community Planning Process benefitted from an early introduction to the essence of Innovation starting in 2006. A Humboldt County community member participated on the Innovation Resources Committee to the Mental Health Services Oversight and Accountability Commission and gave periodic updates on the committees progress including a review of the resulting *Innovation Resource Paper* dated November 19th, 2007.
- The development of educational materials to inform stakeholders on Innovation and ensure understanding of Innovation Guidelines including the focus on learning and developing new mental health approaches. (See Attachment A for an example handout)
- The Innovation planning process was built upon knowledge gained from ongoing input activities and Local Review processes. While conducting planning for previous components of the Mental Health Services Act, Innovation education and input discussions occurred. Input that led to this Innovation plan was captured, recorded, and analyzed during stakeholder processes including but not limited to:
 - Humboldt County Transition Age Youth Collaboration Recommendations
 - MHSA Capital Facilities and Information Technology Needs Planning Process
 - Superior Region WET Partnership
 - MHSA Workforce Education and Training Planning Process
 - MHSA Fiscal Year 2009/2010 Update
 - Prevention and Early Intervention Planning Process
 - Community Services and Supports Fiscal Year 2008/2009 Update
 - Community Services and Supports Expansion Plan
 - Community Services and Supports One-Time Augmentation Plan
 - Community Services and Supports FY05/06 Remaining Funds Plan
 - 2007 Community Services and Supports Progress Report
 - 2006 Community Services and Supports Progress Report
 - Community Services and Supports implementation activities
 - The initial Community Services and Supports planning process
- Analyzed input from the above processes became the basis for stakeholder discussions leading to the selection of the Innovation purpose and prioritization of the learning goal. Stakeholder decision making discussions included but were not limited to:
 - Hope Center
 - Mental Health Board
 - Prevention and Early Intervention Stigma and Discrimination Reduction Committee

- Prevention and Early Intervention Transition Age Youth Partnership Committee
 - Mental Health Branch Staff Brown Bag Lunch. (See Attachment B for an example flyer)
 - Department of Health and Human Services Project Leadership Team
 - Mental Health Branch Leadership Team
-
- Once the Innovation purpose was identified and the learning goal was prioritized, further stakeholder participation and decision making led to the development of the Innovation Draft Plan presented for Public Comment. They included but were not limited to staff and participants from:
 - Humboldt County Transition Age Youth Collaboration
 - Children Youth and Family Services
 - Independent Living Skills
 - Hope Center, Peer Support Specialists
 - Full Service Partnership Peer Support Specialists

2. Identify the stakeholder entities involved in the Community Program Planning Process.

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

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

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

3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

There was a 30-day Public Comment period from

February 1, 2010 through March 2, 2010

There was a Public Hearing on

Date: March 3, 2010

Time: 12:00 – 1:00 pm

Place: Humboldt County Department of Health and Human Services
Rainbow Room, 720 Wood Street, Eureka, Ca 95501

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

Copies of the MHSA Innovation Plan were made available to all stakeholders through the following methods:

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

Exhibit B

- Advertisements were placed in the local newspaper February 20th and 27th with the Plan's availability, including where to obtain it, where to make comments, and where/when the public hearing would be held (Attachment F)
- The Mental Health Branch Director and the Mental Health Services Act Coordinator announced to Department of Health and Human Services staff, community-based organizations and partner agencies in various meetings the Plan's availability including where to obtain it, where to make comments, and where/when the public hearing would be held.

During the public review period, comments from stakeholders were received in a variety of ways, including e-mail, public input meetings, comment boxes, phone calls, and at the public hearing.

A number of the comments received were outside of the scope of Mental Health Services Act Innovation planning and not substantive to this Plan. However, they are relevant and important to services provided in the community. All comments were carefully documented and used to inform planning and implementation of programs and activities throughout the Humboldt County Department of Health and Human Services.

The need to clarify the chronology of the Community Planning Process and the adaptation to mental health peer support was recommended in the comments and resulted in additional language to those sections.

Innovation Work Plan Narrative

Date: 2/01/10

County: Humboldt

Work Plan #: 1

Work Plan Name: Adaptation to Peer Transition Age Youth (TAY) Support

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

While this Innovation Project will increase access to services and promote interagency collaboration, the Community Planning Process clearly identified the need to improve the quality of services, including better outcomes, for older transition age youth who are severely mentally ill, as the essential purpose.

The idea for this project was formulated through a series of stakeholder processes. When the question was posed “What is necessary to increase the quality of services, including better outcomes for older transition age youth who are severely mentally ill?” The following input characterized the resulting recommendations:

“Develop a continuum of inpatient and aftercare mental health services to help youth transition from services through providing independent living support and training assistance in finding housing and employment and support and encouragement.”

“Address issues around . . . good staff consistency and retention so youth have the opportunity to build a trusting relationship”

“Work with Humboldt County Transition Age Youth Collaboration . . . to develop and deliver training for mental health providers . . .”

Humboldt County Transition Age Youth policy recommendations 2009

These recommendations then led to the Planning Process identification of an adapted peer support model.

Then a learning goal was prioritized that will contribute to learning, and if successful improve mental health practice. This essential goal is to learn if and how adaptations to peer support services increase outcomes for older transition age youth with severe mental illness.

While peer support provided to clients through the Mental Health Branch is a known benefit to clients of mental health services, what is yet known is the effectiveness of peer support when it is adapted to leverage peer support activities provided through the Social Services Branch to transition age youth including current or former foster youth.

Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

This Innovation Project is an adaptation to mental health peer support. The adaptation to mental health peer support is the integration with social service peer support. This Project will address the issue of improving outcomes for older transition age youth with severe mental illness. If successful this adapted peer support will facilitate the provision of improved service delivery and create positive changes such as decreased hospitalization, decreased psychiatric emergency visits, decreased incarceration, and increased success of self defined recovery goals in areas such as housing, education, vocation, and relationship permanency.

This adaptation of peer support will attempt to maximize effective resources through the on-going integration efforts of the Humboldt County Mental Health, Social Services, and Public Health Branches.

To ensure the most effective use of resources, avoid duplication of effort, and maximize the leveraging of ongoing efforts and community strengths, this Innovation Project was developed with careful consideration of the common goals of other Humboldt County Department of Health and Human Services initiatives and using the transformation strategies and vision that have guided planning and service delivery in Humboldt County for more than a decade.

It is helpful to the understanding of this Project's development to be aware of some of the background of Humboldt County Department of Health and Human Services.

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

- Establishing consolidated administrative support infrastructure(s);
- Establishing consolidated program support infrastructures(s);
- Developing governmental "rapid cycle" change management processes;
- Importing or developing Evidence Based Practices and other outcome based approaches to services;
- Developing integrated, co-located and decentralized services concurrently;

- Establishing client and cultural inclusion structures/processes that will advise the Department in terms of policy and programming;
- Focusing on quality improvement and systems accountability in terms of outcomes linked to improved individual and family recovery and self sufficiency, as well as improved community health;
- Using a “3 x 5” approach to program design which spans:

Three Service Strategies

Universal
 Selective
 Indicated

Five Target Populations

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

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

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

This Innovation Project, the adaptation of mental health peer support, will benefit from this larger department wide transformation effort.

Adaptations to peer support will include but not be limited to the following Humboldt County Initiatives:

- Humboldt County Transition Age Youth Collaboration
- MHSAs Prevention and Early Intervention Transition Age Youth Partnership Project
- Humboldt County Foster Care Expansion Initiative
- Humboldt County California Connected by 25 Initiative
- Humboldt County Ten Year Plan to End Homelessness
- MHSAs Community Services and Supports Comprehensive Community Treatment Full Service Partnership
- MHSAs Workforce Education and Training Support to Peer Volunteers and Staff

The **Humboldt County Transition Age Youth Collaboration** is bringing together organizations and individuals to improve the services youth receive as they transition into adulthood and become independent. Demonstrating a commitment to serve youth in the best possible ways, Humboldt County began a five year process in 2008 to increase transition age youth input and genuine engagement in systems delivery and

improvement. By using the skills and expertise gained through experience, they find ways to make the systems of care for transition age youth better and more responsive to young people's needs and feedback. Their offices are located at the Social Services Branch – Independent Living Skills program building. Areas of focus for systems improvement include: foster care, mental health, homelessness, alcohol and drug abuse, transitional housing, employment services, and any other services transition age youth use.

Humboldt County Department of Health and Human Services is engaged in an ongoing, department-wide coordinated effort with statewide community-based groups that advocate for the unique needs of transition age youth. Youth in Mind (YIM), California Youth Connection (CYC), and Youth Offering Unique Tangible Help (Y.O.U.T.H.) are currently involved.

Humboldt County Transition Age Youth Collaboration activities include in part:

- Development of 10 digital stories from Humboldt County youth who have experienced the foster care, mental health and other systems. Those stories have been utilized in trainings and for departmental staff development
- Recruitment and hiring of a team of Humboldt County Youth Advisory Board members to serve on the workgroup
- Development of a countywide youth leadership program to support and prepare youth for strong youth engagement throughout Humboldt County Department of Health and Human Services
- Development of ongoing mechanisms for youth concerns and recommendations to be incorporated into various county initiatives such as foster care, mental health, and housing
- Policy recommendations have been developed and delivered to DHHS for the Children's Center, Sempervirens, Crisis Hotline and Psychiatric Emergency Services
- Created ongoing opportunities for youth to exercise their leadership and expand their learning through conference presentations and participation
- Development of a qualitative evaluation mechanism to track the collaboration's success in initiating systems change in Humboldt County.

The **Mental Health Services Act Prevention and Early Intervention Transition Age Youth Partnership Project** was developed through the Community Planning Process and identified transition age youth, particularly those who have experienced foster care, as an unserved and/or underserved priority population for our community. The goals for this population include reducing psychiatric hospitalization, psychiatric emergency services, incarceration, suicide attempts and substance abuse, while increasing their ability to succeed in school and employment, define their own recovery, and participate fully with their families and in their community.

This project enhances and supports peer-to-peer activities such as peer counseling, peer support groups, peer mentors, peer support specialists, and peer educators. Education, training and outreach in partnership with the Prevention and Early

Intervention Projects, Stigma and Discrimination Reduction and Suicide Prevention, utilizes a universal approach that will provide education and training throughout Humboldt County about the early identification of indicators for transition age youth who are at risk of or experiencing the onset of serious psychiatric illness, the importance of family and community in supporting mental health wellness and recovery, and ways to access behavioral health services within local communities.

This project is an approach that is youth-driven and congruent with youth culture. Transition age youth participants will experience opportunities for community engagement, leadership and meaningful and caring relationships with peers and adults. These protect against risk factors of serious mental illness by promoting development of relevant personal and interpersonal skills, healthy personal attitudes and behaviors toward violence prevention, academic completion and minimization of the use of drugs, tobacco and alcohol.

The goal of the **Humboldt County Foster Care Expansion Initiative** is to provide prevention, early intervention, and the least restrictive placement setting through integrated and holistic service provision. Initiative objectives for every foster youth include but are not limited to: care needs assessed for behavioral and physical health services, services provided through an integrated service team approach, permanent connections ensured for all youth transitioning out of foster care, and shared and independent housing resources for emancipating youth.

With an emphasis on a team approach and including youth voice in program development, treatment planning, and service provision, expansion partners include Mental Health Branch - Children Youth and Family Services, Public Health Branch- Foster Care Nursing, Social Services Branch-Child Welfare Services, and Humboldt County Transition Age Youth Collaborative.

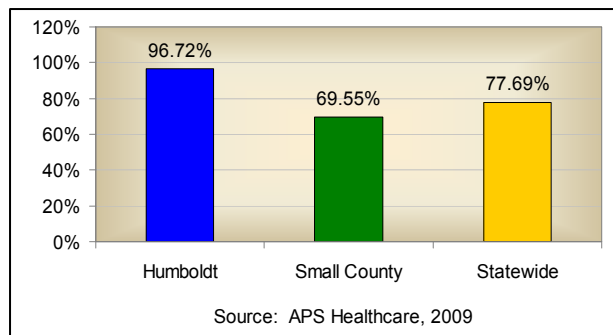
Of the foster youth assessed in Humboldt County, nearly 80% experience serious emotional disturbance. When a foster youth is assessed to need behavioral health services, services are provided through an integrated team approach comprised of DHHS services and when appropriate, partners such as Probation, Education, or Family Resource Centers and may include but are not limited to services and approaches such as:

- Home and field field-based services
- Customized client-driven service packages, including case management brokerage and rehabilitation services
- Support for caregivers
- Individual, group and/or family counseling
- Therapeutic Behavioral Services
- Wraparound services
- Medication evaluation and support services
- Referrals to evidence-based practices
- Functional Family Treatment

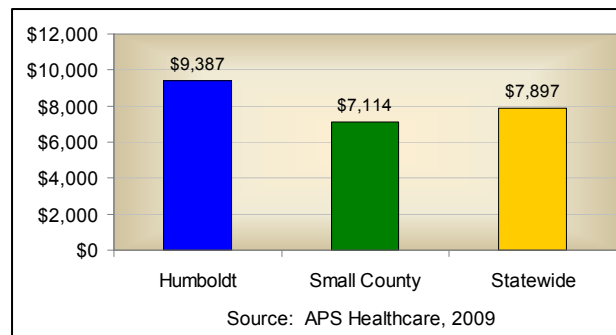
- Parent Child Interaction Therapy
- Aggression Replacement Therapy
- Humboldt County Transition Age Youth Collaboration
- Family Intervention Team
- Family Finding Humboldt Offers Permanency for Everyone
- Team Decision Making
- Differential Response
- Independent Living Services
- Children’s Shelter
- Multiple Assistance Center

The following graphs reflect Humboldt County’s commitment to increasing access to Medi-Cal mental health services for transition age youth in foster care.

Medi-Cal Mental Health Penetration Rate for Transition Age Youth in Foster Care (Ages 16-25) Calendar Year 2008



Medi-Cal Mental Health Approved Claims for TAY Foster Youth (Ages 16-25) Calendar Year 2008



Humboldt had 16% and 24% more approved claims for Medi-Cal mental health services than the statewide or small county average, respectively.

Humboldt County served 20% more of the TAY foster care population than the statewide average and 28% more than the small counties average.

The **Humboldt County California Connected by 25 Initiative** is a youth transitions initiative for the expansion of job training, employment services, and enhanced Independent Living Skills Program services in Humboldt County’s DHHS Social Services Branch. The purpose is to ensure that former foster youth receive the same support that children receive from their families when they transition to adulthood by providing an integrated comprehensive continuum of services supporting positive development. Activities include but are not limited to:

- Increasing the percentage of youth who have graduated and who pass the California High School Exit Exam
- Working with the Employment Development Department to co-locate the Youth Employment Opportunity Program and Workforce Investment Act with the Independent Living Skills Program

- Engaging homeless former foster youth to participate in educational, job training, and employment activities
- Increasing housing opportunities
- Partnering with College of the Redwoods and Humboldt State University to identify ways to promote and continue the year round dormitory housing program and the Fostering Educational Dreams Luncheon
- Identifying and engaging homeless former foster youth to participate in transitional housing programs
- Providing Humboldt Offers Permanency for Everyone, a family search and engagement project
- Providing a Multi Disciplinary Team for youth transitioning with a developmental disability, mental health issues, and after care supports, by mapping resources available to youth with special needs.

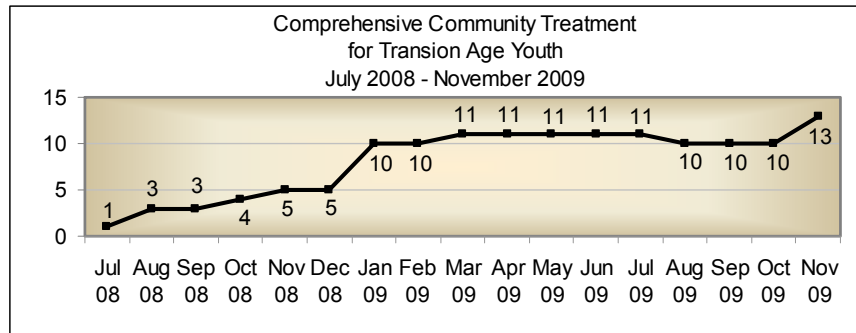
The **Humboldt County Ten Year Plan to End Homelessness** provides a conceptual framework for reducing and preventing homelessness among Humboldt County residents with specific focus on initial target populations including chronically homeless adults and older adults with severe mental illness and/or with co-occurring substance abuse disorders, foster youth aging out of Humboldt County's Foster Care System, and Humboldt County transitional age youth with serious emotional disorders. The purpose of the Plan is to identify, develop and maintain, in cooperation with cities, private nonprofits and other community stakeholders, sustainable projects that are consistent with the values of each community, and to improve Humboldt County's homeless residents' access to services and housing in the communities where they live.

Core operating principles in the Plan include developing decentralized service approaches, shared fiscal and program support approaches, sustainability strategies and outcome-driven approaches with specific focus on the importance of accurate data collection, ongoing maintenance of programs and services, and existing and potential funding sources.

The **Community Services and Supports Comprehensive Community Treatment Full Service Partnership** team provides intensive community services and supports (e.g.: housing, medical, educational, social, vocational, rehabilitative, or other needed community services) as defined by the partner to achieve recovery. Personal Services Coordinators, including peer clients and peer family members whenever possible, provide services to partners. Comprehensive Community Treatment program objectives are to work with individuals with severe mental illness to:

- Decrease mental health symptoms & prevent recurrent episodes
- Meet basic needs & enhance quality of life
- Improve functioning in social and employment settings
- Assist family members/care providers
- Provide support for people to stay in their communities

The chart below illustrates an increase in the number of transition age youth served by the Comprehensive Community Treatment program since July 2008.



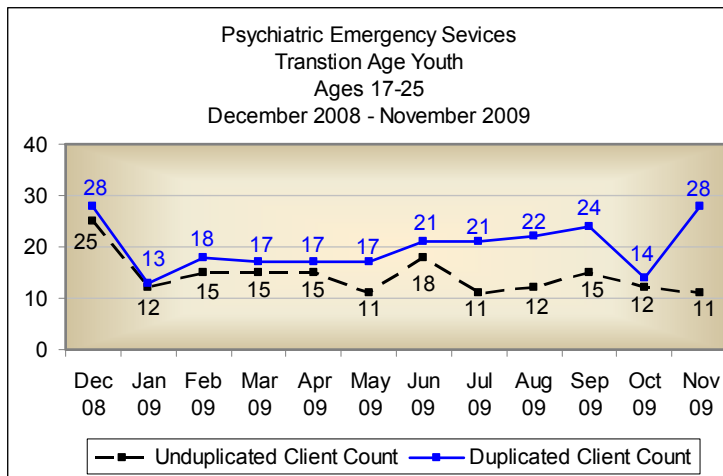
The **Mental Health Services Act Workforce Education and Training Support to Peer Volunteers and Staff** addresses the need, identified in the stakeholder process, to increase participation of individuals with experience in the public mental health system in mental health service delivery, specifically clients and family members of clients, transition age youth with experience in foster care, and clients of CalWorks and HumWorks.

Training Support to Peer Volunteers and Staff provides transitional support to those volunteers seeking regular employment in public mental health services, provides educational and vocational support to new hires, and increase the awareness of staff about the value of working with peer clients and peer family members.

Referrals for the clients who participate in this project will come from multiple sources such as:

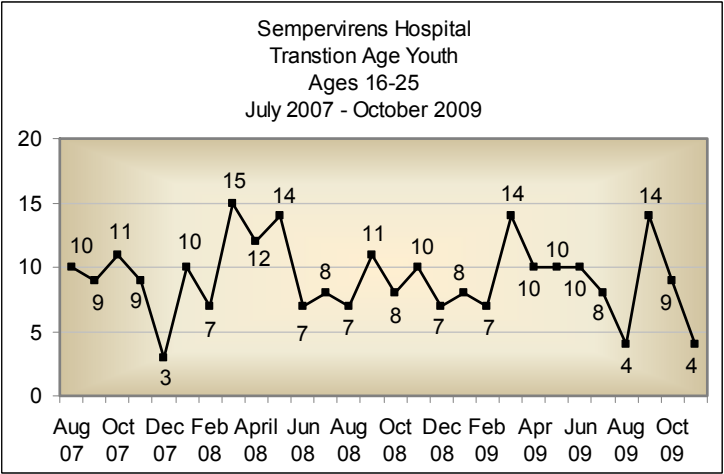
- Providers of the full service partnership Comprehensive Community Treatment services
- Outreach workers in the Community Services and Supports Rural Outreach Services Enterprise
- Peer Support Specialists at the Community Services and Supports client-run Hope Center
- Humboldt County Probation Department
- Youth Advocates from the Humboldt County Transition Age Youth Collaboration
- Children, Youth and Families Services clinic

Clients who participate in this project will be between the ages of 21 and 25 years old who have a serious mental illness and have experienced at least one hospitalization and/or psychiatric emergency visit and/or a placement at a restrictive level of care, including incarceration, in the last two years.



There was an average of 14 transition age youth between the ages of 17 and 25 years old per month who made an average of 20 visits per month from December 2008 through November 2009 at Humboldt County's Psychiatric Emergency Services. Unduplicated Count is the number of individual clients and Duplicated Count is the number of visits. For example, 11 individual clients made 28 visits in November 2009.

There was an average of 8 visits per month of individual transition age youth between the ages of 16 and 25 years old from December 2008 through November 2009 at Humboldt County's Sempervirens Hospital



Each client will be paired with a Peer Support Specialist. While no client is obligated, they will be encouraged to voluntarily participate in Mental Health Branch activities as well as other Department of Health and Human Services initiatives at the Social Services and Public Health Branches which may include but are not limited to:

- If the client is not in the full service partnership Comprehensive Community Treatment program, the Peer Support Specialists will meet periodically with the team providers and along with the client have access to the knowledge and resources of the full service partnership “what ever it takes” model.
- The Peer Support Specialists and clients will be full participants in the Prevention and Early Intervention Transition Age Youth Partnership Project and will benefit from peer-to-peer activities such as peer counseling, peer support groups, peer mentoring, peer support specialists, peer educators, the importance of self-defined family and community in supporting mental health wellness and recovery, and the ways to access services within local communities.
- The Peer Support Specialists will be identified and receive ongoing support and training through the Workforce Education and Training Support to Peer Volunteers and Staff to ensure they have the skills and resources necessary to be successful in the workplace.
- The Peer Support Specialists will be full participants with the Humboldt County Transition Aged Youth Collaboration. By collaborating with the community, using the experience and skills of statewide partner organizations and the expertise gained through experience by Humboldt County’s youth, the Peer Support Specialists will provide better and more responsive services based on the client’s self and when appropriate family-identified needs and feedback.
- The Peer Support Specialists will be familiar with the Humboldt County Foster Care Expansion Initiative, the Humboldt County California Connected by 25 Initiative, and the Humboldt County Ten Year Plan to End Homelessness. Clients will have access to and benefit from those approaches including but not limited to: educational support, job training, employment activities, and housing supports in a manner and setting that is most culturally appropriate for that client.

This Innovation Project will support the Mental Health Services Act General Standards.

Community Collaboration: by Initiating, supporting and expanding collaborations and linkages, especially connections with services not traditionally defined as a part of mental health care.

Cultural Competence: by reducing disparities in access to mental health services and improve outcomes.

Client Driven Mental Health System: by including the ongoing involvement of clients in roles such as, but not limited to, implementation, staffing, evaluation and dissemination

Family Driven Mental Health System: by including the ongoing involvement of family members in roles such as, but not limited to, implementation, staffing, evaluation and dissemination.

Wellness, Recovery and Resilience Focus: by increasing resilience and promoting recovery and wellness.

Integrated Service Experience: by providing access to a full range of services provided by multiple agencies, programs and funding sources for clients and family members.

Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This project provides Humboldt County Department of Health and Human Services with a unique opportunity to contribute to our knowledge about approaches that best serve our older transition age youth with severe mental illness.

The outcomes the County hopes to achieve will contribute to the essential learning of this project, which is to increase the quality of services including improving outcomes for this unique population.

Adaptations will be made to existing recovery-based peer support mental health services by integrating with social service peer support to learn if those changes better serve older transition age youth with severe mental illness.

We want to know if a youth with severe mental illness outcomes improve if that youth is paired with a Peer Support Specialist who fully participates in and is able to provide access to other Department of Health and Human Services initiatives in the Social Services Branch and the Public Health Branch that are youth-focused and youth-driven.

Specifically, we want to know if a youth with severe mental illness outcomes improve if they participate in activities that teach from an integrated human services perspective:

- peer counseling
- peer support groups
- peer mentors
- peer educators
- educational, vocational, and independent living skills development
- the importance of self-defined family and community in supporting mental health wellness and recovery
- and the ways to access culturally appropriate services within local communities

Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates: May 2010 – June 2012
MM/YY – MM/YY

The timeline for this Project will allow for almost half of one year, which is sufficient time for an implementation team to be identified, develop implementation, evaluation, and outcome plans, and develop a description of job duties for the Peer Support Specialists. Once Peer Support Specialists are identified, trained, and initial clients identified there will be a full year of Project implementation. This should allow sufficient time to collect data that reflects the effectiveness of the Project. This will be followed by almost half of one year to analyze results and disseminate the findings.

May 2010 – June 2010

Identify project implementation team which will include but not be limited to people who represent clients, family members, transition age youth, mental health, public health, social services, and other stakeholder groups

Develop implementation plan

July 2010 – September 2010

Develop evaluation and outcome plan

Develop description of job duties for Peer Support Specialists participating in this Project

October 2010 – December 2010

Recruit and train Peer Support Specialists

Identify initial client participants

January 2011 – January 2012

Implement project and evaluation plan

February 2012 – April 2012

Analyze results of outcomes and develop reports

Identify members of project evaluation team which will include but not be limited to people who represent clients, family members, transition age youth, mental health, public health, social services, clients and Peer Support Specialists who participated in the project, and other stakeholder groups

Determine efficacy of project. Determine which elements to continue

Assess feasibility of replication of successful elements

Develop dissemination plan

May 2012 – June 2012

Results of this learning activity will be disseminated in various ways including but not limited to:

- Humboldt County Transition Age Youth Collaboration conference presentations
- DHHS participation at local and statewide conferences and presentations
- DHHS Trends Report
- DHHS Newsletter
- Mental Health Branch Data Book
- Mental Health Board presentations

Exhibit C

Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The project will be reviewed and assessed by the project evaluation team which will include, but not be limited to, people who represent clients, family members, transition age youth, mental health, public health, social services, clients and Peer Support Specialists who participated in the project, and other stakeholder groups. Humboldt County's unique Children and Families' Committee of its Mental Health Board, a partnership of community members and DHHS staff, potentially could be such a team.

The project evaluation team will review the results of the essential learning outcome the county hopes to achieve. The essential learning outcome of this project is to increase the quality of services including improving outcomes for this unique population. Positive outcomes may include, but are not limited to:

Increased

- residential stability
- educational goals
- vocational goals
- relationship permanency

Reduced

- psychiatric hospitalizations
- psychiatric emergency visits
- restrictive placement levels
- incarceration

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Humboldt County Transition Age Youth Collaboration

MHSA Prevention and Early Intervention Transition Age Youth Partnership Project

Humboldt County Foster Care Expansion Initiative

Humboldt County California Connected by 25 Initiative

Humboldt County Ten Year Plan to End Homelessness

MHSA Community Services and Supports Comprehensive Community Treatment Full Service Partnership

MHSA Workforce Education and Training Support to Peer Volunteers and Staff

Humboldt County Department of Health and Human Services Integrated Services Unit

- Research and Evaluation Unit
- Office of Client and Cultural Diversity
- Training, Education And Supervision

Family Resource Centers

Client-run Hope Center

Adaptation to Peer Transition Age Youth (TAY) Support
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	May - June, 2010	FY 2010-11	FY 2011-12	TOTAL
TOTAL STAFF EXPENSES	17,404	297,285	369,251	683,939
Consultant Costs	13,188	57,500	46,800	117,488
OFFICE Supplies	700	1,540	2,240	4,480
Computer	2,500	6,250	0	8,750
Local Mileage	0	8,513	11,350	19,863
Out of County training		4,572	4,572	9,144
Other Expenses (Itemize):				0
Clothing, food, hygiene		3,360	4,480	7,840
Client, family member transportation needs		3,953	5,270	9,223
Non-cash incentives		1,200	1,600	2,800
Translation services		431	575	1,006
Work Plan Management	3,379	38,460	44,614	86,453

REVENUES:

FFP reimbursement for billable services	0	-96,209	-178,166	-274,374
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Required MHSA Funding	37,171	326,854	312,586	676,612
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County Administration	3,717	32,685	31,259	67,661
10% Operating Reserve	4,089	35,954	34,384	74,427
Total MHSA Funds Required for Innovation	44,977	395,494	378,229	818,700

Exhibit C

Funding requests for this Innovation program include the following: Staffing, consultation, and peer support services, office supplies, mileage and per diem, and training and travel for FY 2009-10. Computer equipment and software will be non-recurring expenses. Client supports may include but are not limited to the following: clothing, food, hygiene. Client and family member services may include transportation needs, translation services, and non-cash incentives. Budget proposals by fiscal year for the duration of the program May 2010 through June 2012 are provided above.

Proposed full year staffing consists of the following:

Staffing:

- Peer Support Specialists 5.0 FTE – to pair with Innovation program client participants, collaborate with Mental Health Branch CCT program team, participate in peer-to-peer activities, and receive ongoing training and support provided through DHHS Workforce Education and Training Support to Peer Volunteers and Staff and professional training Consultants.
- Substance Abuse Counselor .50 FTE – to provide assessment, referral, treatment and care coordination for clients with substance abuse treatment issues.
- Administrative Analyst 0.75 FTE – to establish and train for the data flow process, provide quality assurance for data entry and management, and analyze the data within the parameters of county-required outcome measures.
- Project Leader 0.15 FTE – to lead project evaluation team with ongoing review of learning outcome.

Benefit components include: State Unemployment Insurance at 0.25%, FICA at 7.65%, PERS Retirement at 17.72%, Life Insurance at \$26.40 per employee per year, Dental Insurance at \$720.00 per employee per year, Health Insurance per PERS Health Coverage Schedule, and Workers Compensation/A-87 \$6,174.20 per FTE annually.

Consultant costs include: Professional consultants for the development of evaluation and outcome plan (Jul – Sep 2010), training and support for Peer Support Specialists (Oct 2010 – Jun 2012), implementation of Project and Evaluation plan (Jan 2011 – Jan 2012)

Work Plan Management costs may include: Integrated project evaluation team, to include but not be limited to representatives from mental health, public health, social services, client and family members and community partners; development of and dissemination of results of this learning activity.

Humboldt County DHHS Mental Health Branch is requesting that distribution of the total Innovation planning estimate be approved to fund this program for Innovation months of operation May, 2010 – June 2012. Funding request is as follows:

Exhibit E – FY 2009-10 \$44,977

Exhibit E5 – FY 2010-11 \$773,722

Innovation Work Plan Description
(For Posting on DMH Website)

County Name

Humboldt County

Annual Number of Clients to Be Served (If Applicable)

4 - 8 Total

Work Plan Name

Adaptation to Peer Transition Age Youth (TAY) Support

Population to Be Served (if applicable):

Clients who participate in this project will be between the ages of 21 and 25 years old who have a severe mental illness and have experienced at least one hospitalization and/or psychiatric emergency visit and/or a placement at a restrictive level of care, including incarceration, in the last two years.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

This Innovation Project is an adaptation to mental health peer support. The essential learning goal is to find out if and how the adaptations improve outcomes. The adaptation to mental health peer support is the integration with social service peer support. This Project will address the issue of improving outcomes for older transition age youth with severe mental illness. If successful this adapted peer support will facilitate the provision of improved service delivery and create positive changes such as decreased hospitalization, decreased psychiatric emergency visits, decreased incarceration, and increased success of self defined recovery goals in areas such as housing, education, vocation, and relationship permanency.

Each client will be paired with a Peer Support Specialist. While no client is obligated, they will be encouraged to voluntarily participate in Mental Health Branch activities as well as other Department of Health and Human Services initiatives at the Social Services and Public Health Branches.

Initiatives may include but are not limited to:

- Humboldt County Transition Age Youth Collaboration
- MHSA Prevention and Early Intervention Transition Age Youth Partnership Project
- Humboldt County Foster Care Expansion Initiative
- Humboldt County California Connected by 25 Initiative
- Humboldt County Ten Year Plan to End Homelessness
- MHSA Community Services and Supports Comprehensive Community Treatment Full Service Partnership
- MHSA Workforce Education and Training Support to Peer Volunteers and Staff

EXHIBIT E

**Mental Health Services Act
Innovation Funding Request**

County: Humboldt

Date: 2/1/2010

Innovation Work Plans		FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name		Children, Youth, Families	Transitio n Age Youth	Adult	Older Adult
1	1 Adaptation Peer Transition Age Youth (TAY) Support	\$ 37,171		\$37,171		
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26	Plans \$0	\$37,171	\$0	\$37,171		\$0
27	Plus County Administration	\$ 3,717				
28	Plus Optional 10% Operating Reserve	\$ 4,089				
29	Total MHSA Funds Required for Innovation	\$44,977				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Humboldt

Fiscal Year: 2009/10

Work Plan #: 1

Work Plan Name: Peer Transition Age Youth (TAY) Support

New Work Plan

Expansion

Months of Operation: 05/10 - 06/12
MM/YY - MM/YY

Adaptation Peer Transition Age Yo

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	20,592	\$20,592		
2. Operating Expenditures	700	\$700		
3. Non-recurring expenditures	2,500	\$2,500		
4. Training Consultant Contracts	10,000	\$10,000		
5. Work Plan Management	3,379	\$3,379		
6. Total Proposed Work Plan Expenditures	\$37,171	\$0	\$0	\$37,171
B. Revenues				
1. Existing Revenues	\$0			\$0
2. Additional Revenues				
a. Medi-Cal FFP	0			\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$37,171	\$0	\$0	\$37,171

Prepared by: Melissa Chilton, Budget Spec.

Date: 2/1/2010

Telephone Number: (707) 441-5446

INN BUDGET SUMMARY

County: Humboldt

Date: 2/1/2010

INN Programs			FY 10/11 Requested MSHA Funding	Estimated MSHA Funds by Age Group (if applicable)			
No.	Name	Children and Youth		Transition Age Youth	Adult	Older Adult	
Previously Approved Programs							
1.	Adaptation to Peer Transition Age Youth (TAY) Support	\$639,440		\$639,440			
2.		\$0					
3.		\$0					
4.		\$0					
5.		\$0					
6.		\$0					
7.		\$0					
8.		\$0					
9.		\$0					
10.		\$0					
11.		\$0					
12.		\$0					
13.		\$0					
14.		\$0					
15.		\$0					
16.	Subtotal: Programs	\$639,440	\$0	\$639,440	\$0	\$0	Percentage
17.	Plus up to 15% County Administration	\$63,944					10%
18.	Plus up to 10% Operating Reserve	\$70,338					10.0%
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve	\$773,722					
New Programs							
1.		\$0					
2.		\$0					
3.		\$0					
4.		\$0					
5.		\$0					
6.	Subtotal: Programs	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% County Administration						#VALUE!
8.	Plus up to 10% Operating Reserve						#VALUE!
9.	Subtotal: New Programs/County Admin./Operating Reserve	\$0					
10.	Total MSHA Funds Requested for INN	\$773,722					

Note: Previously Approved Programs that propose changes to essential purpose, learning goal, and/or funding as described in the Information Notice are considered New

Attachment A

MHSA Innovation (INN) Guidelines Summary

Background: Innovation is a component of MHSA. The funding per project is one-time therefore if a project is successful it must be sustained through alternate funding.

General Requirements for an Innovation Project

Voluntary Participation: INN projects must be designed for voluntary participation however no person should be denied access based solely on his/her voluntary or involuntary status.

Essential Purposes of Innovation:

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

Application of the MHSA General Standards. It is only required to apply those that are appropriate for the INN project:

- Community Collaboration
- Cultural Competence
- Client Driven Mental Health System
- Family Driven Mental Health System
- Wellness, Recovery and Resilience Focus
- Integrated Service Experience

Definition of Innovation: An Innovation project is defined, for purposes of these guidelines, as one that contributes to learning rather than a primary focus on providing a service. By providing the opportunity to “try out” new approaches that can inform current and future practices/approaches in communities, an Innovation contributes to learning in one or more of the following three ways:

- Introduces new mental health practices/approaches including prevention and early intervention that have never been done before, or
- Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community, or
- Introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings

Scope of Innovation: Proposed INN projects may have an impact on (for example):

- Administrative/governance/organizational practices, processes or procedures
- Advocacy
- Education and training for service providers (including non- traditional mental health practitioners)
- Outreach, capacity building and community development
- Planning
- Policy and system development
- Prevention, early intervention
- Public education efforts
- Research
- Services and/or treatment interventions

Time Limited: By their nature, INN projects are similar to pilot or demonstration projects and are subject to time limitations to assess and evaluate their efficacy. Since the project takes time to develop and implement, a work plan should be completed within a time frame that is sufficient to allow learning to occur and to demonstrate the feasibility of the project being assessed.

Reporting: Both annual reporting and a final Innovation report that includes an analysis of the effectiveness of the project.

Community Program Planning Process: Including the local review and communicating results.