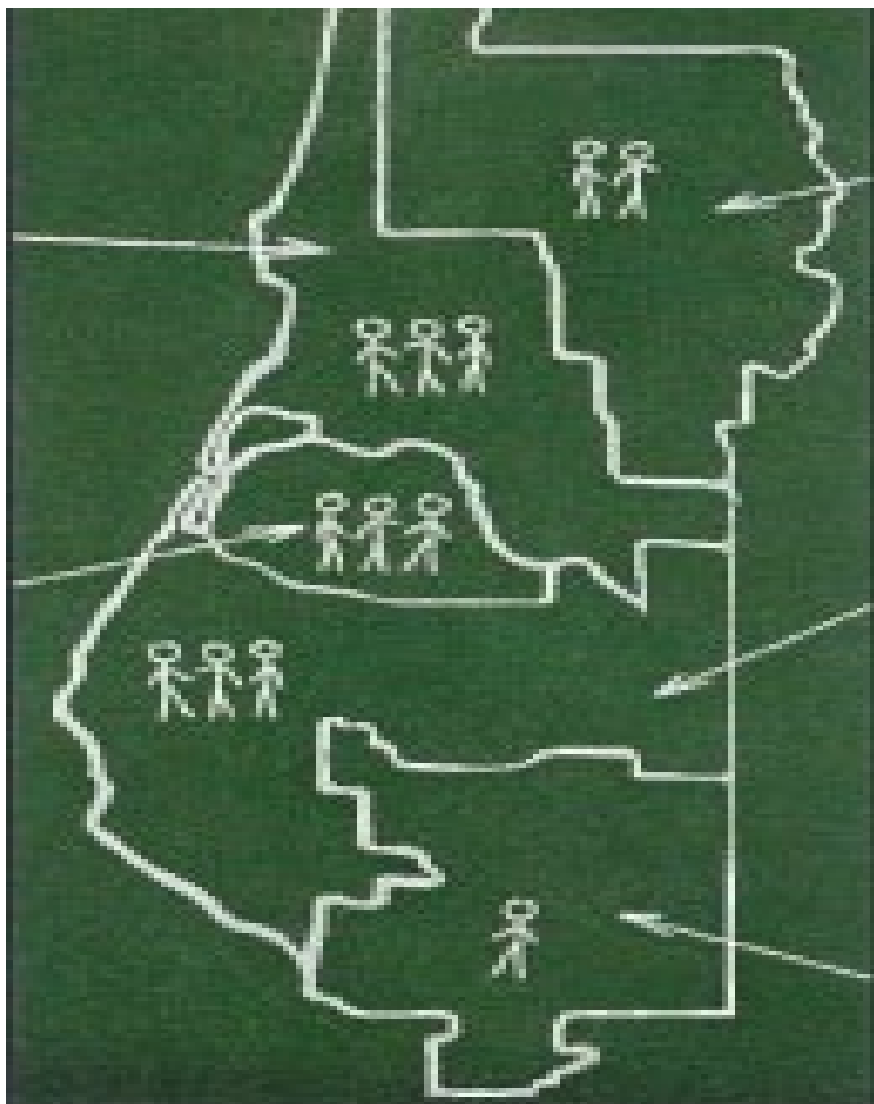


Humboldt Bridges To Success



Humboldt Bridges To Success: Structure

- Collaboration between Humboldt County's Children's Behavioral Health Program, 32 School Districts, and Humboldt County Office of Education
- 5 hiring districts which employ 2 Navigators and a Parent Support Technician for the region.
 1. Southern Humboldt
 2. Eel River Valley
 3. Central Eureka
 4. Northern Humboldt
 5. Humboldt County Office of Education (0-5 years)



- 6 Clinician Positions budgeted. 1 for each hiring district with Central Eureka having 2.
- Supervising Mental Health Clinician: Clinicians
Supervising Mental Health Coordinator: Navigators and Parent Support Technicians

Prevention

- High Hopes of Tier 1 interventions
- Instead: Worked with staff, especially School Administration on noticing the signs of suicide and other mental health needs.
- Work with staff on what an appropriate referral is and what our scope of practice is.
- Work to meet student and family at the least restrictive environment

Humboldt Bridges to Success Crisis Mental Health Services Referral

Email to: hbtsreferralscentral@co.humboldt.ca.us & albeec@eurekacityschools.org
(most responses within 24 hours)

For use by the following school districts: Cutton Elementary School District, Eureka City Schools, Freshwater Elementary School District, Garfield Elementary School District, Kneeland Elementary School District, South Bay Union School District and Charters within the region

Requests requiring an immediate response call (707) 445-7715
and request a clinician to respond to your school

Date of Request: 09/15/21

Student's Last Name: Wonderland Student's First Name: Alice

DOB: 05/05/2010 Age: 11 Gender: M/ F/ N/B Grade: 6 Race/Ethnicity: Nat. Amer. Tribal Affiliation: Yurok

Interpretation Services Needed for Student or Family: Yes No Language Spoken: _____

Ed Services : English Learning 504 IEP Insurance: Medi-Cal Partnership Private None

Parent/Guardian Name: John Wonderland

Parent/Guardian Email: acesdown@rabbithole.com

Home Phone: 707-867-5309 Cell Phone: _____

Has parent been notified of referral: Yes No (reason): _____

Home Address: 123 Main Street City: Storyville Zip: 12345

Reason for referral: (Please include any known services or interventions, past or present)

Teacher has noticed that Alice is keeping to herself more, and has lost interest in things that she use to enjoy. She keeps to herself on the playground and refuses to engage in group activities. The school counselor has spoken with her a few times, but she does not discuss her feelings, and denies that anything is wrong. Teacher spoke with Mom. She states that her cousin recently died from and accident, and that he and Alice were close. Mom and Dad are worried about Alice as she doesn't want to hang out with her family and younger sib, Joe.

Current Medications (if known): None

Student is: Foster Care Homeless - Has the District Liaison been contacted? Yes No

Referral Source:

Name: Ms. School Counselor School Site: Candlewick Elementary

Phone: 707-123-4567 Administrator: Ms. Principal

Office Use:

Clinician:	Navigator:	Family Support Coach:
Date of First Contact:	Return to Sender:	

HBTS Crisis Triage Referral Checklist

Check if present	Students Current Behavior that supports referral to HBTS
	Thoughts of suicide: verbally saying, writing or insinuating that they'd like to kill or hurt themselves, talking about death.
	Increased agitation: verbal threats, violent behavior, destruction of community property, aggressive outbursts, increased impulsivity
	Psychosis: "out of touch" with reality, hears voices, sounds, or sees things that others cannot see or hear, is confused, has strange ideas, is paranoid/suspicious.
	Unexplained physical symptoms: Facial expressions look different, unusual movements, headaches, stomachaches, staying home sick often.
	Isolation from school, family, and friends: no interest in activities, stops seeing friends, stops doing HW, not attending school.
	Displays abusive behavior: hurts others, is self-harming, dangerous use of alcohol or drugs.
	Inability to Cope with Daily Tasks: not eating/eating too much, not sleeping/sleeping all day, is coming to school abnormally dirty/ungroomed.
	Mood Swings or Changes in Regular Mood: suddenly depressed/irritable/anxious, inability to stay still, rapidly shifting emotions, drastic change in regular mood.

Check if present	Current Stressors Student is experiencing
	Changes to family structure: caregivers separate/remarry, difficult transitions between two households.
	Loss of loved one: family member, friend, pet, due separation, relocation, or death.
	Changes in peer relationships: High stress transitions between peers groups, romantic partners, conflict/arguments with peers.
	Strained family relationships: Conflict or arguments with caregivers, siblings, removal from home, violence in the home.
	Academic Stress: Worrying about or overwhelmed by homework, projects, tests or grades, struggling with work, radical change in work output or performance.
	Negative Peer Interactions: Youth is being bullied, feeling singled out by peers, or feelings of loneliness, recently embarrassed in a peer setting.
	School disciplinary actions: Suspensions, detentions, SARB referral
	Cultural Stress: Perceived or real discrimination, cultural disrespect or invalidation.
	Drug or Alcohol Use: coming to school intoxicated, increased use, changes in pattern of use.
	Other:

Referral Process

- Referral with ROI, Checklist, and Referral Form gets emailed to both Supervisors from School Administration
- Supervisors collaborate on best intervention and gather the Regional Team for the intervention.

Intervention

- Navigators work to manage the case and gather information, look for barriers and needs, help to start the therapeutic process.
- Clinician works with the family and student to address therapeutic needs.
- Goal: Stabilize Student and Family and look for long term care if needed.
- Safety Plan
- Refer to Children's Mobile Response Team (CMRT) if needed.

Postvention

- Follow up with the student and family
- Make sure that referrals to outside agencies are made
- Be available for check ins if needed.
- Grief Counseling with most affected by the incident.

ANDREW GOFF / FRIDAY, MAY 3, 2019 @ 8
A.M. / NEWS

(UPDATES) Deceased Child Found at McKinleyville High: Report; Friday Classes Cancelled

UPDATE, 10:54 a.m.: Press release from
McKinleyville High School:

McKinleyville High School was closed today due to an apparent student suicide on our campus. While the school is safe, it will remain closed until Monday when school resumes. It is important for us to handle this in a thoughtful and confidential manner; therefore, we are unable to release details at this time.

Our thoughts and prayers go out to the family and friends of the student.

While there is no school today, grief counseling for McKinleyville High and community members will be available from 1 p.m. to 6 p.m. at:

Number of Students Served and Interventions

	10/1/19-9/6/21	9/7/21 – 3/3/23	Total:
Total # of clients served:	1,390	1,328	2,718
Total # of Interventions:	14,233	17,045	31,278



COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH BRANCH
529 I Street, Eureka, CA 95501
Phone: (707) 445-6200; Toll Free: (866) 597-1574
Fax: (707) 445-6097
www.co.humboldt.ca.us

Humboldt County suicide mortality data report, 2005-2021, version 6/3/2022

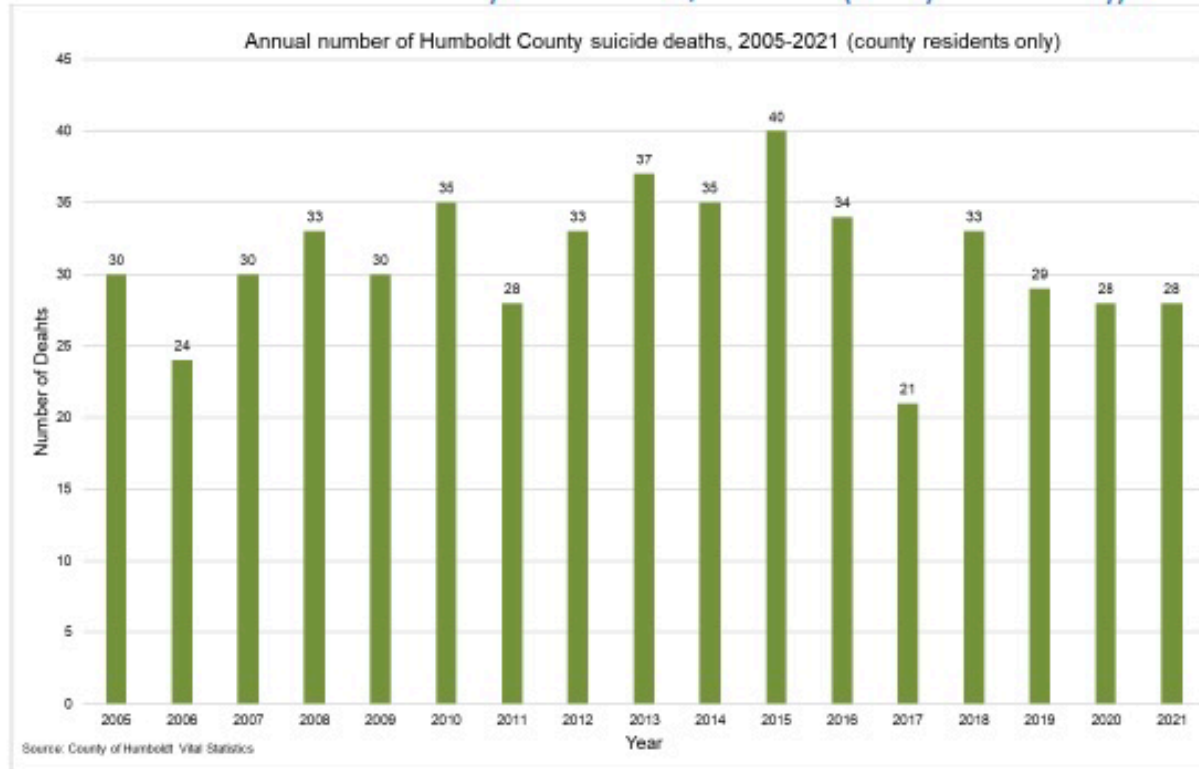
PURPOSE

This report is a supplement to the "Behavioral Health: Suicide" (Pg. 64) section of the 2018 Humboldt County Community Health Assessment (CHA). The CHA can be found at: <https://humboldt.gov/DocumentCenter/View/71701/2018-Community-Health-Assessment-PDF>

SUMMARY

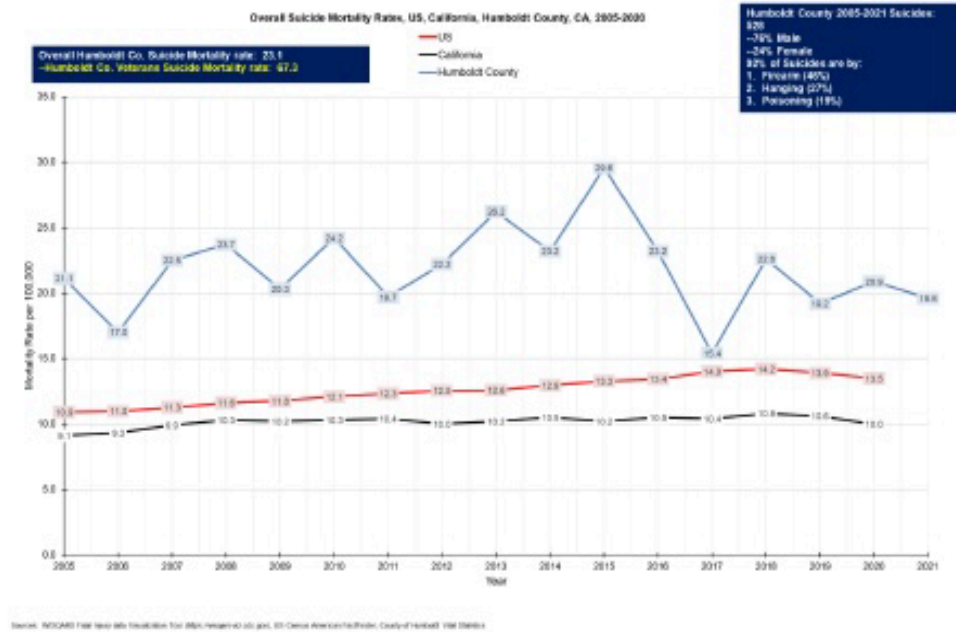
1. Death by suicide has been and remains a significant public health concern for Humboldt County residents.
2. Over 90% of Humboldt County Suicide deaths from 2005-2021 resulted from three methods: self-inflicted gunshot wounds, poisoning, and hanging/suffocation. Overall, approximately half of the 528 suicide deaths occurring during this time period resulted from self-inflicted gunshot wounds.
3. The Humboldt County suicide mortality count and rate per 100,000 for 2019-2021 were largely unchanged over the time period. Males represented 76% of suicide deaths; overall suicide attempts by men and women are approximately equivalent. Males use more lethal means (firearms, hanging) at a greater frequency than women, resulting in a higher rate of death. Humboldt County residents who are veterans of the US Armed Services die by suicide more than six times the rate of California.
4. Age-specific mortality rates from suicide in Humboldt County is significantly higher than state and national benchmarks across all age ranges. The average at death for Humboldt suicides is 51 years.
5. Humboldt County Public Health, in cooperation with the Humboldt Coroner's Office, reviewed nearly 200 suicide coroner reports from 2013-2018, using the Suicide Consolidated Risk Assessment Profile form (a data collection tool to determine risk factors for suicide). The most prevalent risk factors are listed from highest to lowest frequency in Table 1 (page 6). Significant risk factor differences between demographic groups are displayed in Table 2 (page7).

Fig. 1. Annual Number of Humboldt County Suicide Deaths, 2005-2021 (county residents only)



The above bar chart shows the annual number of suicide deaths of Humboldt County residents from 2005 through 2021. The highest amount of suicide deaths was 40 in 2015, and the lowest was 21 in 2017. The source of this data is County of Humboldt Vital Statistics.

Fig. 2. Overall Suicide Mortality Rates, US, California, Humboldt County, CA, 2005-2020

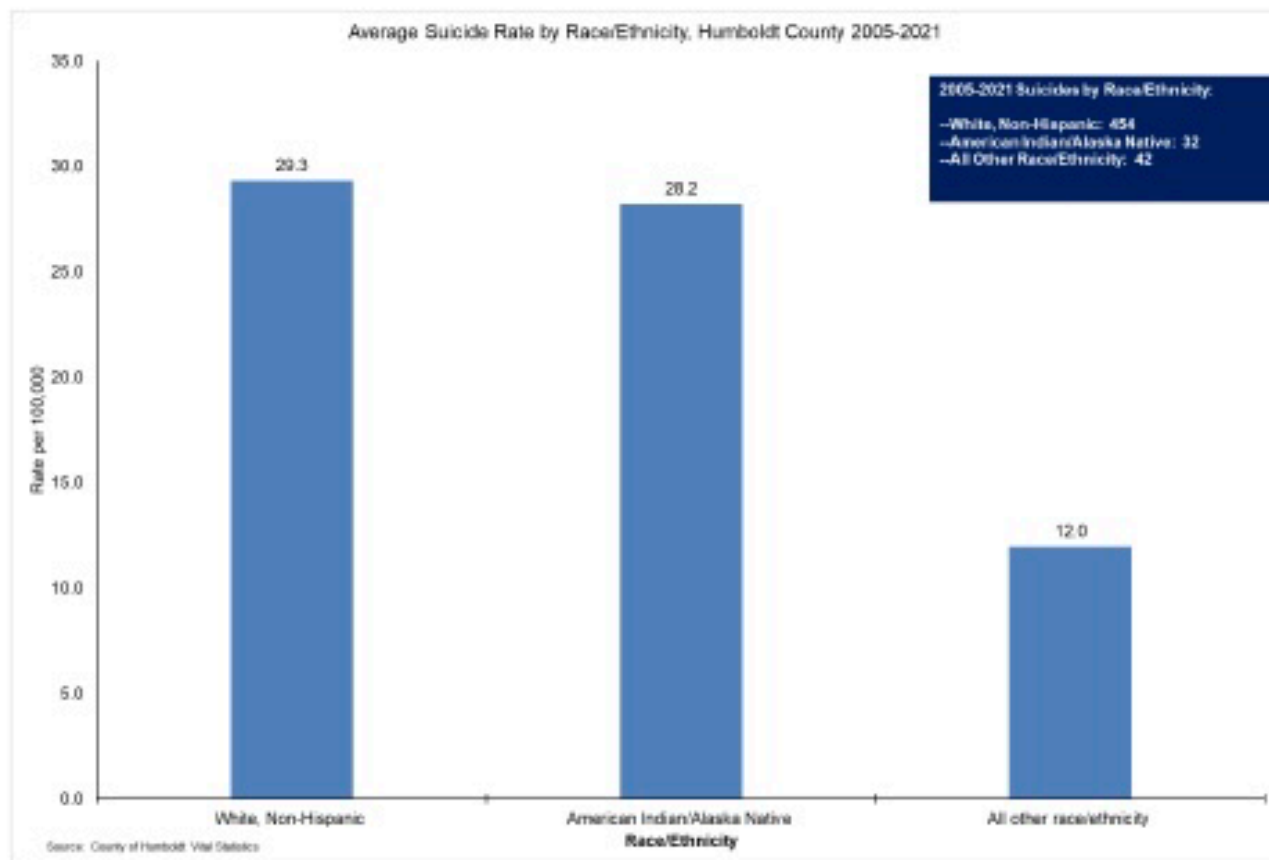


This line chart shows the overall suicide mortality rate per 100,000 residents for Humboldt County, the state of California and the United States. It spans the years of 2005 through 2020 for the California and the United States, while spanning 2005 through 2021 for Humboldt County. The chart shows that Humboldt County has a higher average rate through this entire time span of 2005 through 2020. The chart is accompanied by additional statistics including the overall Humboldt County suicide mortality rate of 23.1, and the much higher Humboldt County veterans suicide mortality rate of 67.3.

An additional text box contains this data in Humboldt County for the years of 2005 through 2021: Total suicides were 528, with approximately half resulting from self-inflicted gunshot wounds. Suicides by gender were 76% male and 24% female. Over 90% of the total suicide deaths came by way of firearms at 46%, hanging at 27%, and poisoning being the cause of 19% of suicide deaths.

Note: Data for California and US rates were not yet available at the time of this report.

Fig. 4. Average Suicide Rate by Race/Ethnicity, Humboldt County 2005-2021



This bar chart represents the average suicide rate per 100,000 residents by race and ethnicity for Humboldt County from 2005 through 2021. The average rate for White/non-Hispanic was 29.3. American Indian/Alaska Native had an average of 28.2, and all other race/ethnicity had an average of 12. The total suicides by race/ethnicity were 454 for White/non-Hispanic, 32 for American Indian/Alaska Native, and 42 for all other race/ethnicity. Source: County of Humboldt Vital Statistics.

Table 2. Risk Factor Analysis of Humboldt County Suicides, 2013-2018

RISK FACTOR ANALYSIS OF HUMBOLDT COUNTY SUICIDES, 2013-2018

% Yes by Age Grouping

Risk Factor	%Age 49 and Less	%Age 50+	Risk Difference	p-value
Physical health problem at time of incident	22.2%	53.5%	31.2%	p<0.001
Other substance abuse problem at time of incident	38.9%	22.8%	16.1%	p<0.01
Intimate partner problem at time of incident	28.9%	17.8%	11.1%	p<0.04
Financial problem at time of incident	10.0%	18.8%	8.8%	p<0.05

%Yes by Race/Ethnicity

Risk Factor	%White, Non-Hispanic	% All other Race/Ethnicity	Risk Difference	p-value
Family relationship stress at time of incident	29.8%	60.6%	30.9%	p<0.001
Physical health problem at time of incident	42.4%	21.2%	21.2%	p<0.02
Eviction/loss of home/homeless at time of incident	7.0%	21.2%	14.2%	p<0.02
Social isolation at time of incident	24.7%	13.3%	11.4%	p<0.03
Suicidal thoughts or plans at any time	46.8%	30.3%	16.5%	p<0.05

% Yes by Gender

Risk Factor	% Females	% Males	Risk Difference	p-value
Current mental health treatment at time of incident	49.0%	19.0%	30.0%	p<0.001
Current mental health problem at time of incident	75.5%	49.3%	26.2%	p<0.001
Disclosed intent to commit suicide at time of incident	46.9%	27.5%	19.5%	p<0.01
Suicide attempt at any time	36.7%	19.0%	17.7%	p<0.01
Depressed mood at time of incident	65.3%	47.2%	18.1%	p<0.02
Other relationship problem at time of incident	18.4%	7.8%	10.6%	p<0.03
Suicidal thoughts or plans at any time	55.1%	40.1%	15.0%	p<0.04
Other substance abuse problem at time of incident	40.8%	26.8%	14.0%	p<0.04
Mental health diagnosis at any time	44.9%	31.0%	13.9%	p<0.05

Analysis of su
County resid

Table 1. Frequency of Results—Humboldt County Suicide Consolidated Risk Assessment Profile, 2013-2018

Experienced at time of incident	% YES
Current mental health problem	56.0
Depressed mood	51.8
Physical health problem	38.7
Family relationship stress	35.1
Disclosed intent to commit suicide	32.5
Other substance abuse problem	30.4
Current mental health treatment	26.7
Alcohol problem	26.7
Intimate partner problem	23.0
Social isolation	19.4
Financial problem	14.7
Criminal legal problem	11.5
Other relationship problem	10.5
Job problem	9.4
Eviction/loss of home	9.4
Other addiction	7.3
Anniversary of traumatic event	4.2
Non-criminal legal problem	2.6
School problem	2.1

Experienced in the last 30 days	% YES
Perpetrator of interpersonal violence	6.8
Victim of interpersonal violence	2.6

Experienced in the last 5 years	% YES
Death of friend/family member	10.5
Suicide of friend/family member	2.6

Experienced at any time	% YES
Suicidal thoughts or plans	44
Mental health diagnosis	34.6
Suicide attempt	23.6
Suicide of friend/family member	4.7
Nonfatal self-directed violence	4.2
Abused as a child	3.1

Decedent left a note	37.2%
Percent of 2013-2018 suicides reviewed	86.4% n=191

Experienced crisis	% YES
In past 2 weeks	77.5

If yes, type of crisis experienced	% YES
CRISIS: Mental health	46.1
CRISIS: Physical health	25.1
CRISIS: Family relationship stress	20.9
CRISIS: Intimate partner problem	19.4
CRISIS: Alcohol problem	19.0
CRISIS: Substance abuse	17.8
CRISIS: Other relationship problem	8.9
CRISIS: Financial problem	8.4
CRISIS: Job problem	5.8
CRISIS: Eviction/loss of home	5.8
CRISIS: Criminal legal problem	5.2
CRISIS: Death of friend/family member	4.2
CRISIS: Other addiction	3.7
CRISIS: School problem	1.6
CRISIS: Noncriminal legal problem	1.6
CRISIS: Suicide of friend/family member	1.1



ACEs also touch every community in the state. Figure 8 illustrates the prevalence of ACEs by California county. From large to small, rural to urban, ACEs affect the everyday lives of people across California.

The reality is that ACEs impact every person in California. Even in counties with the lowest prevalence, **one out of every two people** has had an adverse experience in childhood. Thus, a person likely knows multiple people who have at least one ACE even if she has no ACEs.

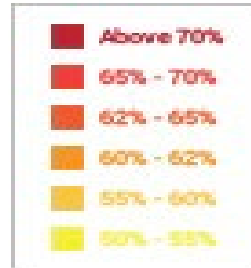


Figure 8. Percent of residents with at least one ACE across California counties.

PREVALENCE OF ACES IN CALIFORNIA'S MOST POPULOUS COUNTIES

- Los Angeles County – 60.7% of residents have 1 or more ACEs
- San Diego County – 59.0% of residents have 1 or more ACEs
- Orange County – 58.3% of residents have 1 or more ACEs
- Riverside County – 54.5% of residents have 1 or more ACEs
- San Bernardino County – 52.5% of residents have 1 or more ACEs

CALIFORNIA COUNTIES WITH THE HIGHEST NUMBER OF ACES

- Butte County – 76.5% of residents have 1 or more ACEs
- Mendocino & Humboldt Counties (combined) – 75.3% of residents have 1 or more ACEs

CALIFORNIA COUNTIES WITH THE LOWEST NUMBER OF ACES

- Santa Clara County – 53.4% of residents have 1 or more ACEs
- San Mateo County – 53.0% of residents have 1 or more ACEs

Trainings

Mental Health First Aide,
Question Persuade Refer (QPR),
Applied Suicide Intervention Skills Training (ASSIST),
Suicide 201 Training

Grant Update

- Humboldt County Behavioral Health, in partnership with Humboldt County Public Health, was recently awarded a California Department of Public Health Youth Suicide Reporting and Crisis Response Pilot Program grant. This 2-year pilot project aims to improve suicide reporting across county agencies as well as the subsequent crisis response. The County was awarded a little over a million dollars, and the funds will support Behavioral Health Crisis staff, Public Health prevention staff, and be used for system improvement activities.