

BP 108 MH First Aid Yang

BP 108 Mental Health First Aid

Existing MIDD Program/Strategy Review ☐ MIDD I Strategy Number _____ (Attach MIDD I pages)

New Concept ☒ (Attach New Concept Form)

Type of category: New Concept

SUMMARY: This concept supports providing an 8-hour Mental Health First Aid is training course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Mental Health First Aid would be taught to a variety of audiences, including: health and human services workers; employers and business leaders; faith community leaders; college and university staff and faculty; law enforcement and public safety officials; veterans and family members; persons with mental illness-addictions and their families; and other caring citizens.

Collaborators:

Name	Department
Laura Quinn	DCHS

Subject Matter Experts and/or Stakeholders consulted for Briefing Paper preparation. List below.

Name	Role	Organization
Kim Beeson	Youth Mental Health First Aid Facilitator	Puget Sound Educational Service District
Woody Pollack	Youth Mental Health First Aid Facilitator	LMHC-A, Vashon Alliance to Reduce Substance Abuse Coalition
Danielle Chard	Mental Health First Aid Facilitator	DESC

The following questions are intended to develop and build on information provided in the New Concept Form or gather information about existing MIDD strategies/programs.

A. Description

1. Please describe the New Concept or Existing MIDD Strategy/Program: Please be concise, clear, and specific. What is being provided to whom, under what circumstances? What are the New Concept Existing MIDD Strategy/Program goals? For New Concepts, does it relate to an existing MIDD strategy? If so, how?

Mental Health First Aid is an 8-hour training course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. Mental Health First Aid would be taught to a variety of audiences, including: health and human services workers; employers and business leaders; faith community leaders; college and university staff and faculty; law enforcement and public safety officials; veterans and family members; persons with mental illness-addictions and their families; and other caring citizens. The evidence behind

the program demonstrates that it does build mental health literacy, helping the public identify, understand, and respond to signs of mental illness. It also helps reduce stigma related to behavioral health conditions.

The Mental Health First Aid course runs eight hours and may be offered in a variety of formats. Most often, it is provided in one day, or in two 4-hour sessions spaced over a short period of time.

Just as CPR training helps a person with no clinical training assist an individual following a heart attack, Mental Health First Aid training helps a person assist someone experiencing a mental health crisis such as contemplating suicide. In both situations, the goal is to help support an individual *until appropriate professional help* arrives. Mental Health First Aiders learn a single 5-step strategy that includes assessing risk, respectfully listening to and supporting the individual in crisis, and identifying appropriate professional help and other supports. Participants are also introduced to risk factors and warning signs for mental health or substance use problems, engage in experiential activities that build understanding of the impact of illness on individuals and families, and learn about evidence-supported treatment and self-help strategies.

Mental Health First Aid is intended for all people and organizations that make up the fabric of a community. The course is presented to chambers of commerce, professional associations, hospitals, nursing homes, rotary clubs, parent organizations, social clubs, and other groups. Professionals who regularly interact with a lot of people (such as police officers, human resource directors, and primary care workers), school and college leadership, faith communities, friends and family of individuals with mental illness or addiction, or anyone interested in learning more about mental illness and addiction should get trained.¹

Offering train the trainer courses in mental health first aid, thereby increasing training capacity within the County, will also increase the likelihood that people in a number of different communities will learn about Mental Health First Aid. Having more people throughout the county who become knowledgeable about psychiatric conditions will ultimately reduce stigma for individuals with these conditions. Giving more people in the community the basic tools to recognize and respond to emergent mental health crises will increase the likelihood of useful interventions from a person's natural support system during a behavioral health crisis.

2. Please identify which of the MIDD II Framework's four Strategy Areas best fits this New Concept/Existing MIDD Strategy/Program?

Crisis diversion and Prevention and Early Intervention: If more people receive education about how to respond to symptoms of behavioral health conditions, that will increase the likelihood that people will access services and help sooner for themselves or others around them to prevent worse symptoms or outcomes. Individuals may be more likely to reach out for mental health assistance prior to it becoming a crisis if mental illness is destigmatized for them. Earlier intervention can also result in people experiencing fewer crises.

¹ Mental Health First Aid Frequently Asked Questions. (n.d.). Retrieved December 11, 2015, from <http://www.mentalhealthfirstaid.org/cs/faq/>

BP 108 MH First Aid Yang

System improvements: Providing more education to the public about behavioral health issues will help reduce stigma, foster support for people with behavioral health conditions, and bring more attention and resources to agencies that provide behavioral health services.

3. New Concept/Existing MIDD Strategy/Program area (Select all that apply):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Crisis Diversion | <input checked="" type="checkbox"/> Prevention and Early Intervention |
| <input type="checkbox"/> Recovery and Re-entry | <input checked="" type="checkbox"/> System Improvements |

Please describe the basis for the determination(s).

As noted above, increased education for the general public about behavioral health conditions and how to best help people experiencing symptoms will lead to greater awareness, stigma reduction, more prevention efforts, and increased community support.

B. Need; Emerging, Promising, Best, or Evidence Based Practices; Outcomes

1. Please describe the Community Need, Problem, or Opportunity that the New Concept Existing MIDD Strategy/Program addresses: What unmet mental health/substance use related need for what group or what system/service enhancement will be addressed by this New Concept/Existing MIDD Strategy/Program? What service gap/unmet need will be created for whom if this New Concept Existing MIDD Strategy/Program is *not* implemented? Provide specific examples and supporting data if available.

About one in five Americans experiences a mental illness per year² and many are reluctant to seek help or might not know where to turn for care. The symptoms of mental illness can be difficult to detect — even when friends and family of someone who appears to be developing a mental illness can tell that something is amiss, they may not know how to intervene or direct the person to proper treatment – which means that those in need of mental health services do not get them until they require emergency medical intervention. Many people in society remain ignorant or fearful about the signs and symptoms of mental illnesses³, although society has a role through responsible community members to help people experiencing these illnesses. If the greater community has a better understanding of psychiatric conditions, then more people will feel both competent and equipped to help people in their communities. If mental illness is destigmatized, more people will feel comfortable asking for and receiving help earlier in the process. This will improve the overall health of the population and promote wellness in the region.

If Mental Health First Aid training is not widely available and easily accessed, people with psychiatric conditions will continue to experience stigma, people with new psychiatric symptoms or emerging psychiatric conditions will be reluctant to engage in services, families and friends may not know how to best intervene, and the overall health of the community will continue to suffer. This not only adversely impacts the overall mental health of the region, but can also result in increased costs due to the use of public services such as jails and hospitals.

² Any Mental Illness (AMI) Among Adults. (n.d.). Retrieved December 11, 2015, from <http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-adults.shtml>

³ Link BG, Phelan JC, Bresnahan M, Stueve A, Pescosolido BA. Public conceptions of mental illness: labels, causes, dangerousness, and social distance. Am J Public Health. 1999;89(9):1328-33.

At this time King County offers Mental Health First Aid to a limited group of youth only. The Washington State Division Behavioral Health and Recovery (DBHR) had previously provided \$20,000 of Mental Health Block Grant (MHBG) funds to support two Youth Mental Health First Aid courses and two suicide prevention courses. . The Vashon Island Community Prevention and Wellness Initiative Coalition was the only King County entity to benefit from this initiative. Furthermore, DBHR no longer offers MHBG funds to support Mental Health First Aid, as federal entities have opined that Mental Health First Aid does not qualify as treatment. Washington State, has since used tax revenue from marijuana sales to fund Youth Mental Health First Aid. The total amount remains at \$20,000 per single entity to offer this prevention service, significantly limiting the number of people who can receive this training.

2. Please describe how the New Concept/Existing MIDD Strategy/Program Addresses the Need outlined above.

Mental Health First Aid would be taught to a variety of audiences, including: health and human services workers; employers and business leaders; faith community leaders; college and university staff and faculty; law enforcement and public safety officials; veterans and family members; persons with mental illness-addictions and their families; and other caring citizens. People will learn to identify the signs of behavioral health concerns and how to respond, similar to people using CPR for people who appear to be experiencing cardiac events. As a consequence, people will be more likely to intervene within their own communities. People experiences symptoms may experience less stigma about seeking help and services.

MIDD funds can be used to support train-the-trainer trainings, allowing more people to become Mental Health First Aid trainers themselves. If more people are versed in Mental Health First Aid it will increase the likelihood that more people will recognize individuals experiencing behavioral health symptoms and intervene in effective ways. MIDD funds can also be targeted to train individuals in specific settings, such as faith communities, where behavioral health crises may occur and people may not know how best to respond.

Peer reviewed studies from Australia and across the globe show that the program saves lives, improves the mental health of the individual administering care *and* the one receiving it, expands knowledge of mental illnesses and their treatments, increases the services provided, and reduces overall social distance toward individuals with mental illnesses by improving mental health literacy. One trial of 301 randomized participants found that those who trained in Mental Health First Aid have greater confidence in providing help to others, greater likelihood of advising people to seek professional help, improved concordance with health professionals about treatments, and decreased stigmatizing attitudes.⁴

Broad dissemination of this evidence-based practice would create an enabling environment, in which people find it safer and more acceptable to seek out treatment due to stigma reduction.

3. What EVIDENCE exists that the approach of this New Concept/Existing MIDD Strategy/Program will successfully address the identified need? Please cite published

⁴ Any Mental Illness (AMI) Among Adults. (n.d.). Retrieved December 11, 2015, from <http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-adults.shtml>

research, reports, population feedback, etc. Why would this New Concept/Existing MIDD Strategy/Program be expected to work? If this is an existing MIDD I strategy, please provide evidence of the results from existing MIDD evaluation reports, including who has/has not benefited from this strategy.

A study of Mental Health First Aid training for the public showed that participants were more able to recognize a mental disorder in vignettes, changed their beliefs about treatment that were more consistent with those of health professionals, were more likely to engage with people with mental disorders, felt increased confidence to help someone with a psychiatric condition, and were more likely to provide more help to others.⁵

Mental Health First Aid is included in SAMHSA's National Registry of Evidence-Based Programs and Practices. It is also included in three prevention categories in the Institute of Medicine: universal, selective, and indicated.⁶

A meta-analysis examined the effects of various anti-stigma approaches and concluded that both education and contact with people with psychiatric conditions had positive effects on reducing stigma for adults and adolescents with mental health conditions.⁷

Mental Health First Aid is already offered in and through King County as a prevention effort, though the current reach of this service is low as noted above. There are anecdotal reports of individuals who went through the course and were able to intervene effectively, so people experiencing symptoms were able to get help.

- 4. Please specify whether this New Concept/Existing MIDD Strategy/Program is a/an: Evidence-Based Practice Please detail the basis for this determination. Please include a citation or reference supporting the selection.**

As noted above, Mental Health First Aid is considered an evidence-based practice.

- 5. What OUTCOMES would the County see as a result of investment in this New Concept/Existing MIDD Strategy/Program? Please be as specific as possible. What indicators could be used to measure outcomes?**

Potential outcomes if Mental Health First Aid is offered throughout King County:

- Increase in number of people who would benefit from behavioral health services seeking those services
- Decrease in the number of people who need emergent behavioral health interventions (e.g., reductions in emergency department use due to psychiatric reasons)

⁵ Kitchener, B. A., & Jorm, A. F. (2002). Mental Health First Aid training for the public: Evaluation of effects knowledge, attitudes and helping behavior. *BMC Psychiatry*, 2(10), 1-6.

⁶ Mental Health First Aid. (n.d.). Retrieved December 11, 2015, from <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=321>

⁷ Corrigan PW, Morris SB, Michaels PJ, Rafacz JD, Rüsch N. Challenging the public stigma of mental illness: a meta-analysis of outcome studies. *Psychiatr Serv*. 2012;63(10):963-73.

BP 108 MH First Aid Yang

- Members of the general population interacting with people with behavioral health conditions (i.e., reduction in stigma)
- Increase in resources directed towards behavioral health services, due to greater recognition of need in the area (e.g., communities would be more willing to permit the building of a behavioral health facility in the neighborhood)

C. Populations, Geography, and Collaborations & Partnerships

1. What Populations might directly benefit from this New Concept/Existing MIDD

Strategy/Program: (Select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> All children/youth 18 or under | <input type="checkbox"/> Racial-Ethnic minority (any) |
| <input type="checkbox"/> Children 0-5 | <input type="checkbox"/> Black/African-American |
| <input type="checkbox"/> Children 6-12 | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Teens 13-18 | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Transition age youth 18-25 | <input type="checkbox"/> First Nations/American Indian/Native American |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Immigrant/Refugee |
| <input type="checkbox"/> Older Adults | <input type="checkbox"/> Veteran/US Military |
| <input type="checkbox"/> Families | <input type="checkbox"/> Homeless |
| <input checked="" type="checkbox"/> Anyone | <input type="checkbox"/> GLBT |
| <input type="checkbox"/> Offenders/Ex-offenders/Justice-involved | <input type="checkbox"/> Women |
| <input type="checkbox"/> Other – Please Specify: | |

Please include details about this population such as: individuals transitioning from psychiatric hospital to community; individuals judged incompetent by the court; children of drug users who are in foster care, etc.

Individuals with new psychiatric symptoms, those with emerging behavioral health conditions or those close to them, may benefit the most, whether they take the training themselves or interact with others who have, because they can seek and obtain services sooner. This would decrease the need for more urgent and often intrusive interventions, such as involuntary detention or contact with law enforcement.

Individuals with behavioral health conditions would also benefit from communities that are familiar with Mental Health First Aid, as these individuals would experience less stigma.

2. Location is an important factor in the availability and delivery of services. Please identify whether this New Concept/Existing MIDD Strategy/Program addresses a specific geographic need in the following area. Please provide additional that discusses the basis for the selection:

County-wide

The entire community would benefit from stigma reduction and increased community support.

3. What types of COLLABORATIONS and/or PARTNERSHIPS may be necessary to implement this New Concept/Existing MIDD Strategy/Program, and with whom (other jurisdictions & cities, law enforcement, first responders, treatment providers, departments within King County, housing, employers, etc.)? Please be specific.

Useful collaborations would include:

- current providers of behavioral health services, in both the public and private sector (they can assist with advertising, registration, and certification processes)
- faith communities
- regional councils related to behavioral health
- first responders and law enforcement, to help reduce referrals to the criminal justice system
- human resource departments in places of employment, so employees can receive more support and pursue services sooner
- schools and other places of education, so students can receive more support and pursue services sooner

Ideally, formal and informal collaborations across the community would be useful, as everyone would benefit from more knowledge about behavioral health conditions.

D. Drivers, Barriers, Unintended Consequences, and Alternative Approaches

1. What FACTORS/DRIVERS, such as health care reform, changes in legislation, etc. might impact the need for or feasibility of this New Concept/Existing MIDD Strategy/Program? How?

Mental Health First Aid aligns with physical and behavioral health integration. As different systems integrate, the recognition of behavioral health conditions becomes more important people may present with behavioral health symptoms in a variety of clinical and non-clinical settings. There should be no “wrong door” for people who are seeking help. Mental Health First Aid is also consistent with the goals of the Health and Human Services Transformation Plan, as it focuses on prevention and the elimination of disparities.

2. What potential BARRIERS, if any, might there be to implementation? How might these be overcome? Who would need to be involved in overcoming them?

Facilitators of Mental Health First Aid have noted that the cost of the course is a barrier. Some people and organizations cannot afford the course fees associated with the training. MIDD funding would help eliminate that barrier.

Class size and the number of trained facilitators is also a potential barrier, as facilitators find it difficult to teach more than 30 people at a time. If there is a shortage of facilitators, it will take longer to disseminate this training.

Facilitators have also noted that the National Council for Behavioral Health, who owns the curriculum, has an outdated website and it is hard to access information. Currently, all post-surveys from Mental Health First aid participants must be entered by hand. This is onerous for facilitators. It also takes a significant amount of time to produce the training, as tasks include marketing, registration, and issuing Continuing Education Certificates, if needed. If another entity could manage these administrative tasks, facilitators could focus on curriculum delivery and training more people.

Stigma may also be a barrier, even though that is what this course is meant to address. Culture change takes time and the adoption of this proposal would at least be a step in the right direction to address stigma.

3. What potential UNINTENDED CONSEQUENCES might exist if this New Concept/Existing MIDD Strategy/Program is implemented? Please be specific---for whom might there be consequences?

Potential unintended consequences include:

- Time-limited change in attitudes and behaviors related to behavioral health disorders (e.g., someone may take the course in January, but, but June may forget everything or not use skills learned)
- Increased stigma in certain populations or demographics (e.g., some people who take the course may want to increase “social distance” from people with behavioral health conditions due to what they learn)
- Increased demand for services that may not be available (e.g., the increase in screening and referrals for services may result in longer wait times for appointments)

4. What potential UNINTENDED CONSEQUENCES might there be if this New Concept/Existing MIDD Strategy/Program is *not* implemented? Please be specific---for whom might there be consequences?

If this proposal is not adopted, unintended consequences include:

- Unchanging or worsening levels of stigma for this population, which may prevent people who would benefit from services from seeking them
- Ongoing ignorance about the existence of Mental Health First Aid and its ability to empower people in the community to help others
- Less community cohesion, as people may be less likely to recognize symptoms of behavioral health conditions and help them seek services or otherwise intervene
- Uneven distribution and use of behavioral health interventions in the county (people who happen to live in cities or regions where this training is not offered will not have the skills to help community members)
- Missed opportunities to recognize and talk about both substance use and mental health conditions, which can impact communities as a whole (e.g., communities that decline the building of a behavioral health facility in the neighborhood)

5. What ALTERNATIVE APPROACHES currently exist to address this need apart from this New Concept/Existing MIDD Strategy/Program? At a high level, how does this New Concept/Existing MIDD Strategy/Program compare to those other approaches in terms of cost, feasibility, etc. Could this New Concept/Existing MIDD Strategy/Program be merged with one or more of the alternatives? What are the pros/cons of merging?

Youth Mental Health First Aid has been offered in limited locations around King County. It has generally been funded through State and Federal grants (Mental Health Block Grants, as described above). School districts, such as Lake Washington, have used their own district funds to pay for the training. Puget Sound Educational Service District has also offered several

trainings funded by participant fees. The charge for this training ranges from \$2,500-\$3,000, which includes facilitator fees and workbooks.

As noted above, these current Mental Health First Aid efforts are located in select areas of King County. More uniform distribution of these trainings will help shift the culture of the region. The use of MIDD funds for this proposal can help ensure that communities, regardless of their socioeconomic status, demographics, racial composition, etc., can access and benefit from this training.

There are other activities and events, such as Speak Out!, in King County that aim to reduce stigma and increase inclusivity. Mental Health First Aid can help this effort through education and training.

E. Countywide Policies and Priorities

- 1. How does this New Concept/Existing MIDD Strategy/Program FIT within the CONTINUUM of care, and within other county initiatives such as Behavioral Health Integration, Health and Human Services Transformation, Best Starts for Kids, All Home, the Youth Action Plan, and/or the Vets and Human Services Levy or any other County policy work?**

Mental Health First Aid can be a primary prevention effort that can divert people from the behavioral health system entirely. It can also serve as a secondary prevention effort, so that people can engage in services sooner and avoid more costly and intrusive interventions.

Mental Health First Aid is aligned with physical and behavioral health integration, as people with behavioral health conditions may seek services through primary care first. There should be no “wrong door” for people who want help.

Mental Health First Aid is also relevant for Best Starts for Kids. If families and school staff can recognize symptoms of behavioral health disorders, they can intervene sooner and help prevent further difficulties in the future. Youth who also learn about behavioral health conditions can also learn about their own mental health and learn skills to use and available resources when they themselves are in distress.

- 2. How is this New Concept/Existing MIDD Strategy/Program rooted in principles of recovery, resiliency, and/or trauma-informed care?**

The Mental Health First Aid course and skills taught are informed by principles of recovery, resiliency, and trauma-informed care.

- 3. How does this New Concept/Existing MIDD Strategy/Program enact and further the County’s EQUITY and SOCIAL JUSTICE work?**

Because Mental Health First Aid aims to reduce stigma, it is aligned with Equity and Social Justice. People experiencing behavioral health symptoms are still people, should still be able to access and receive services, and experience the same dignity as others.

F. Implementation Factors

1. What types of RESOURCES will be needed to implement this New Concept/Existing MIDD Strategy/Program (staff, physical space, training, , etc.)?

The primary resource needed is funding for training. Funds would be used to (1) train more trainers, so there is greater capacity to introduce people to and train them in Mental Health First Aid, (2) provide reimbursement to people (for example, those in faith communities and schools) who elect to take the course, and (3) provide administrative support related to the trainings (e.g., locations, marketing, recruitment, surveys, etc.)

2. Estimated ANNUAL COST. \$501,000-\$1.5 million Provide unit or other specific costs if known.

The Mental Health First Aid website indicates that adult courses cost around \$100 per person. Costs are variable, depending on the number of individuals trained, and the numbers of trainings offered.

3. Are there revenue sources other than MIDD that could or currently fund this work? Clarify response, citing revenue sources.

As noted above, State and Federal grants currently cover the cost of Mental Health First Aid courses. Some school districts also pay for Mental Health First Aid. Mental Health Block Grant dollars did pay for these courses at one point, but can no longer be used for prevention purposes. Other sources, such as the new property tax for Best Starts for Kids, could potentially contribute to costs of training targeted groups, such as child care workers, early education specialists, and parents. In December, 2015, Congress appropriated \$15 million for Mental Health First Aid⁸; how this will roll out to the states and what this could mean for King County is unknown at this time.

4. TIME to implementation: Currently underway

a. What are the factors in the time to implementation assessment?

Some agencies, such as Puget Sound Education Services, and individuals who work at behavioral health agencies, are already trained as facilitators for Mental Health First Aid. Organizing current trainers to provide more trainings to the community will take time. There may also be an insufficient number of trainers to meet either the need or demands for courses.

b. What are the steps needed for implementation?

The first step is to discern what resources related to Mental Health First Aid (e.g., funds, trainers, available classes, etc.) are currently available. Decisions need to be made about initial target groups for trainings. A pool of individuals interested in becoming trainers needs to be identified. Work will be necessary to determine where and when the courses

⁸ <http://www.mentalhealthfirstaid.org/cs/2015/12/congress-appropriates-15m-for-mental-health-first-aid/>
accessed 1/4/16

BP 108 MH First Aid Yang

should occur, what administrative support is available, and how to reach populations that may benefit most from this training.

c. Does this need an RFP?

An RFP may be useful to select an entity that could provide administrative support (scheduling, advertising, personal services contracts with trained facilitators, etc.).

G. Any OTHER INFORMATION that would assist reviewers with making recommendations about this New Concept/Existing MIDD Strategy/Program? (optional). Do you have suggestions regarding this New Concept/Existing MIDD Strategy/Program?

New Concept Submission Form

Please review the preceding pages before completing this form.

Please be specific. Be sure to describe how the concept addresses mental health or substance abuse needs in King County. All programs funded by MIDD II must be implemented in King County.

#108

Working Title of Concept: Mental Health First AID

Name of Person Submitting Concept: Jim Vollendroff

Organization(s), if any: MHCADSD

Phone: 206-263-8903

Email: jim.vollendroff@kingcounty.gov

Mailing Address: 401 5th Ave Seattle WA 98104

Please note that county staff may contact the person shown on this form if additional information or clarification is needed.

Please share whatever you know, to the best of your ability.

*Concepts must be submitted via email to MIDDconcept@kingcounty.gov by **October 31, 2015**.*

1. Describe the concept.

Please be specific, and describe new or expanded mental health or substance abuse-related services specifically.

Large scale Mental Health First Aid Project to build on the small community effort occurring now. Mental Health First Aid is an 8-hour course that introduces participants to risk factors and warning signs of mental health concerns, builds understanding of their impact, and overviews common treatments. The course uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect persons to professional, peer and social supports as well as self-help resources. Mental Health First Aid allows for early detection and intervention by teaching participants about the signs and symptoms of specific illnesses like anxiety, depression, schizophrenia, bipolar disorder, eating disorders, and addictions. The program offers concrete tools and answers key questions like "What can I do?" and "Where can someone find help?" Participants are introduced to local mental health

BP 108 MH First Aid Yang

resources, national organizations, support groups, and online tools for mental health and addictions treatment and support.

2. What community need, problem, or opportunity does your concept address?

Please be specific, and describe how the need relates to mental health or substance abuse.

One in five Americans has a mental illness and many are reluctant to seek help or might not know where to turn for care. The symptoms of mental illness can be difficult to detect — even when friends and family of someone who appears to be developing a mental illness can tell that something is amiss, they may not know how to intervene or direct the person to proper treatment — which means that all too often, those in need of mental health services do not get them until it is too late. As a society, we largely remain ignorant about the signs and symptoms of mental illnesses, and we ignore our role as responsible community members to help people experiencing these illnesses.

3. How would your concept address the need?

Please be specific.

Mental Health First Aid would be taught to a variety of audiences, including: health, human services, and social workers; employers and business leaders; faith community leaders; college and university staff and faculty; law enforcement and public safety officials; veterans and family members; persons with mental illness-addictions and their families; and other caring citizens. People will learn to identify the signs of behavioral health and how to respond just like they do with CPR.

4. Who would benefit? Please describe potential program participants.

Entire community

5. What would be the results of successful implementation of program?

Include outcomes that could be measured and evaluated. Please indicate whether this data is currently collected in some fashion, and in what form.

Increase in understanding of how to respond and decrease in stigma

6. Which of the MIDD II Framework's four strategy areas best fits your concept? (you may identify more than one)

- ☒ **Prevention and Early Intervention:** Keep people healthy by stopping problems before they start and preventing problems from escalating.
- ☒ **Crisis Diversion:** Assist people who are in crisis or at risk of crisis to get the help they need.
- ☐ **Recovery and Reentry:** Empower people to become healthy and safely reintegrate into community after crisis.
- ☒ **System Improvements:** Strengthen the behavioral health system to become more accessible and deliver on outcomes.

7. How does your concept fit within the MIDD II Objective — to improve health, social, and justice outcomes for people living with, or at risk of, mental illness and substance use disorders?

Increase in access to treatment and understanding.

8. What types of organizations and/or partnerships are necessary for this concept to be successful?

Examples: first responders, mental health or substance abuse providers, courts, jails, schools, employers, etc.

Current providers and National Council. Scope and size to be determined.

BP 108 MH First Aid Yang

9. If you are able to provide estimate(s), how much funding per year do you think would be necessary to implement this concept, and how many people would be served?

Pilot/Small-Scale Implementation: \$ # of dollars here per year, serving # of people here people per year

Partial Implementation: \$ # of dollars here per year, serving # of people here people per year

Full Implementation: \$ per year, serving 500 people per year

Once you have completed whatever information you are able to provide about your concept, please send this form to MIDDConcept@kingcounty.gov, no later than 5:00 PM on October 31, 2015.

If at any time you have questions about the MIDD new concept process, please contact MIDD staff at MIDDConcept@kingcounty.gov.