

**Beyond Barriers:
Analyzing the Impact of the Westside Community
Improvement Association's Workforce Training and
Re-Entry Initiative**



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California Center for Rural Policy at Cal Poly Humboldt



**Cal Poly
Humboldt.**



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THE PROGRAM

The Historic Preservation Job Training Program was initially established and funded by the California Community Reinvestment Grants (CalCRG), a program approved under California's Prop 64 in 2016. CalCRG was specifically designed to provide support for communities disproportionately impacted by past federal and state drug policies. The program's core services encompass job placement, mental health treatment, substance use disorder treatment, system navigation assistance, legal aid to overcome reentry barriers, and access to vital medical care. At its heart, the mission of the CalCRG program is to promote health, wellness, and economic justice, seeking to uplift populations and communities adversely affected by the enduring consequences of the war on drugs.

Eight quarterly cohorts received funding from CalCRG, and recent cohorts have received funding from the AB628 Breaking Barriers to Employment Initiative, which is administered by the Foundation for California Community Colleges (Foundation CCC) on behalf of the California Workforce Development Board. While the core essence of the program remains consistent for each cohort, the program has evolved based on the input and needs of the participants. The program has also received funding and support from St Joseph's Community Benefits, and the most recent training lab property is financed by Redwood Region Economic Development Commission (RREDC).

The program continues to assist communities affected by past federal and state drug policies, advancing its mission to improve health, wellness, and economic justice for populations and communities harmed by the war on drugs. In particular, the program works to improve participants' sense of self worth through job training, education, industry-recognized certification, paid hands-on training, connection to employers, and improved opportunities for gainful employment. For most participants, these resources and services have led to greater financial and housing stability as well as provided relief from the impacts of generational poverty and incarceration. WCIA's programming invests in the well-being of individuals and their families, attending to their needs and fostering positive self-perceptions and relationships.

The program, led by the Westside Community Improvement Association (WCIA), provides two broad scopes of services including navigational services and job training. Navigation services are designed to identify the needs of each participant and work collaboratively with other organizations to connect them to resources and services, providing coordination of services, support, information and referral, advocacy, and financial literacy education. The focus of these services includes connecting families to various resources such as child support services (e.g. negotiating payment plans and stipulated agreements, supporting family court and visitation services, etc.), transitional services for those coming out of incarceration, record expungement support, housing application assistance, transportation, and assistance in accessing health

insurance resources as well as providing valuable knowledge about participant's rights and preparing them to transition off of state and federal benefit programs.

In addition to navigational services, the program provides financial literacy education focusing on successful societal re-entry for formerly incarcerated individuals. This training includes assistance with addressing court-ordered debt, child support arrears, and credit repair; provides guidance on choosing and maintaining appropriate medical insurance coverage; and helps participants set and evaluate goals for building wealth throughout their lives.

The job training resources are robust and seek to establish partnerships with various partners, including employers, employment agencies, labor unions, and specialized training providers, to create pathways to employment opportunities. Within the program, some participants, referred to as "Cohort Members," undergo a more extensive skilled trades and construction program that specifically focuses on skilled trades in historic building preservation (cohort members pictured on the right).



Through these services, WCIA's program aims to holistically enhance the well-being of participants by connecting individuals to employment opportunities, providing housing assistance, fostering financial stability, and engendering a sense of community and belonging. The program aims to empower individuals to live fulfilling and self-sustaining lives through the promotion of long-term personal growth and resilience.

DATA SOURCES

Primary Data

Primary data collected from WCIA includes intake data, quarterly report data, and data indicating program outcomes. The WCIA utilizes a holistic intake process and gathers comprehensive data from participants as well as from probation and services such as substance use treatment facilities.

Secondary Data

In addition to primary data, this report makes use of several secondary data sources. Data sources utilized for purposes of this report include:

- U.S. Census Bureau American Community Survey (ACS)
- The California Health Information Survey (CHIS)
- County Health Rankings & Roadmaps (CHRR)
- U.S. Health Resources & Services Administration (HRSA)
- California School Climate, Health, and Learning Surveys (CalSCHLS)
- California Department of Public Health (CDPH), County Health Status Profiles
- California Department of Public Health (CDPH), Overdose Surveillance Dashboard
- St. Louis Federal Reserve Economic Data (FRED)
- California Department of Justice, Monthly Arrest and Citation Register (MACR)
- Prison Policy Initiative

In the graphical representations, horizontal bars are utilized to display confidence intervals, which were calculated at a 95% level of confidence. Throughout this evaluation, the word “significant” is used exclusively and deliberately to indicate that the difference between two variables is statistically significant. A difference between variables is determined to be significant if their confidence intervals do not overlap.

SUBSTANCE USE AND DRUG POLICY IMPACTS IN HUMBOLDT COUNTY, CALIFORNIA

Humboldt County, as a region, has borne a disproportionate burden of substance use, the war on drugs, poverty, and their associated challenges. Presently, the region grapples with obstacles in workforce development and inadequate healthcare resources, which hinders the community's overall well-being. The secondary data sources illustrated below highlight these challenges and need for services in the region that can effectively address them.

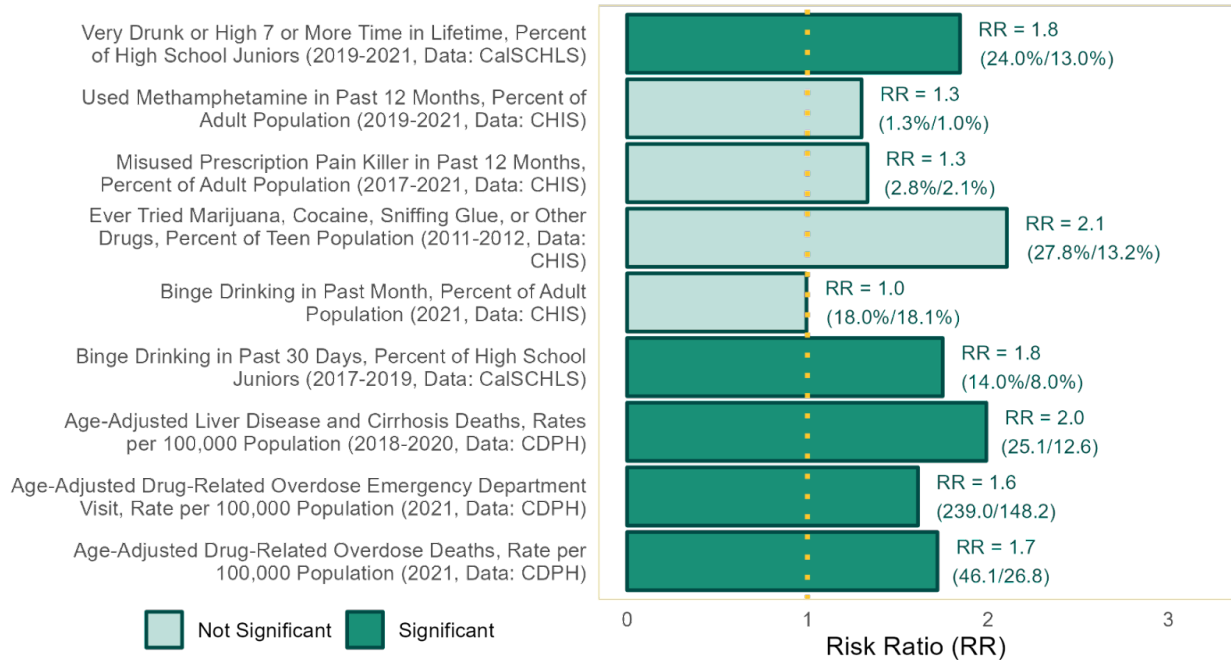
Substance Use and Outcomes

Multiple sources of evidence strongly indicate elevated substance use in Humboldt County compared to state averages. As illustrated below, the county experiences higher rates of substance use and related outcomes compared to the state. Most indicators, except one, have a risk ratio¹ (RR), indicating a higher prevalence of substance use or related outcomes compared to the state. Moreover, most of these differences are substantial, and five out of nine indicators show a statistically significant difference from the state. These data indicate sharply higher risks from substance use— the risk of an emergency department visit for overdose is 1.6 times higher than the state average, the risk of drug overdose death is 1.7 times higher, and the risk of death from liver disease is 2.0 times higher than the state level risk.

These findings collectively indicate strong evidence that substance use among youth and adults as well as the corresponding health risks and outcomes are more prevalent in Humboldt than in the rest of the state, indicating a greater need for programs and resources that can help prevent and overcome substance use and addiction.

¹ An RR greater than one indicates higher prevalence in Humboldt compared to the statewide average. For instance, the top bar shows that 24.0% of surveyed Humboldt high school juniors report having been very drunk or high seven or more times in their lifetime, while the statewide figure is 13.0%. Therefore, Humboldt juniors are 1.8 times more likely to have had such experiences compared to their statewide counterparts. Lastly, solid bars indicate statistically significant differences— determined by non-overlapping confidence intervals. Confidence intervals for CDPH and CHIS data are provided by the data source. CalSCHLS confidence intervals are estimated by the author using the sample size counts provided by the CalSCHLS dashboard.

Figure 1
Indicators of Substance Use and Outcomes

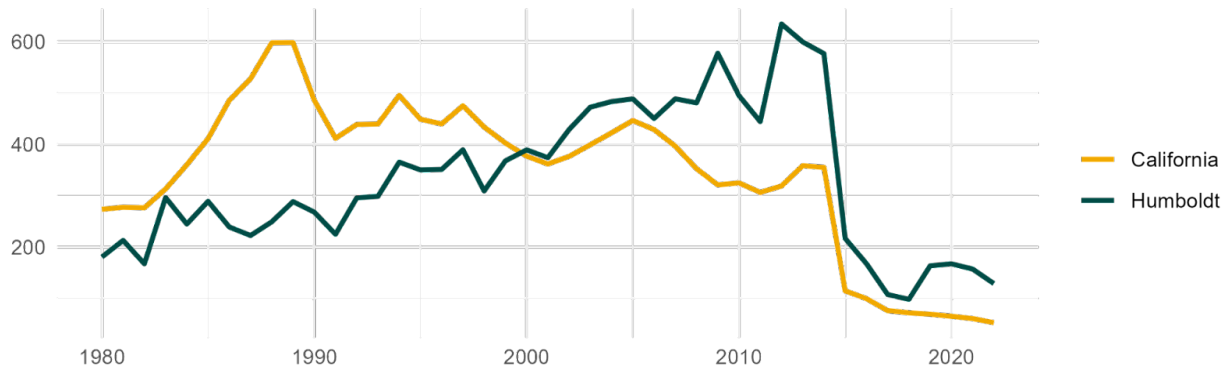


Note. Data sourced from CHIS, CalSCHLS, and CDPH (SkyLab and County Health Status Profiles). Risk ratios calculations shown above. The numerator and denominator in the above calculations refer to Humboldt and California values, respectively. The vertical dotted line indicates a risk ratio of one.

Impacts of the War on Drugs

Along with strong evidence of higher rates of illicit drug use, Humboldt County has been greatly impacted by the war on drugs, particularly in recent decades. As shown below, since 2000, felony drug arrest rates per 100,000 have consistently hovered above the state rate. In particular, starting around the year 2005, arrest rates sharply diverged from the state rate, reaching levels twice that of the state.

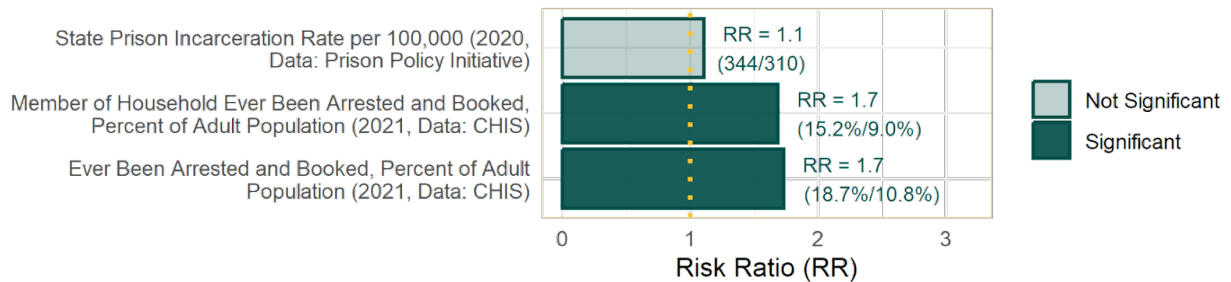
Figure 2
Felony Drug Arrests per 100,000



Note. Arrest data sourced from the California Department of Justice. Population figures sourced from the St. Louis Federal Reserve Economic Data (FRED).

Recent survey data indicates that significantly more people in the county have experienced a household member's arrest (15.2% compared to 9.0% statewide), and the county also exhibits a significantly higher incidence of personal arrests compared to state averages. Additionally, although not statistically significant, the 2020 state prison incarceration rate in Humboldt County is higher than the equivalent statewide figure.

Figure 3
Arrest and Incarceration Indicators



Note. Data sourced from California Health Information Survey (CHIS) and the Prison Policy Initiative. The numerator and denominator in the above calculations refer to Humboldt and California values, respectively.

The impacts of these arrests have broad and lasting effects. In particular, as discussed below, children who experience a member of their household being incarcerated are at a greater risk of developing substance use disorders (SUD) and other adverse health outcomes later in life, potentially contributing to generational SUD.

Population Vulnerabilities

Humboldt County faces adverse disparities in various factors known to contribute to substance use. Isolation has significant implications for both mental health outcomes and substance use disorders (SUD). While marriage is shown to be protective against alcohol use disorder (Kendler et al., 2016), the county has a significantly higher number of individuals living alone compared to state averages, thus missing out on this protective effect. Moreover, as noted in the 2018 Humboldt County Community Health Assessment (CHA), isolation is a particular challenge for those living in the more remote regions of the county

Mental disorders and SUD often co-occur, with the former contributing to the latter (U.S. Department of Health and Human Services, National Institute on Mental Health), and there are concerning indicators of adverse mental health outcomes in the county, including increased psychological distress and suicide ideation.

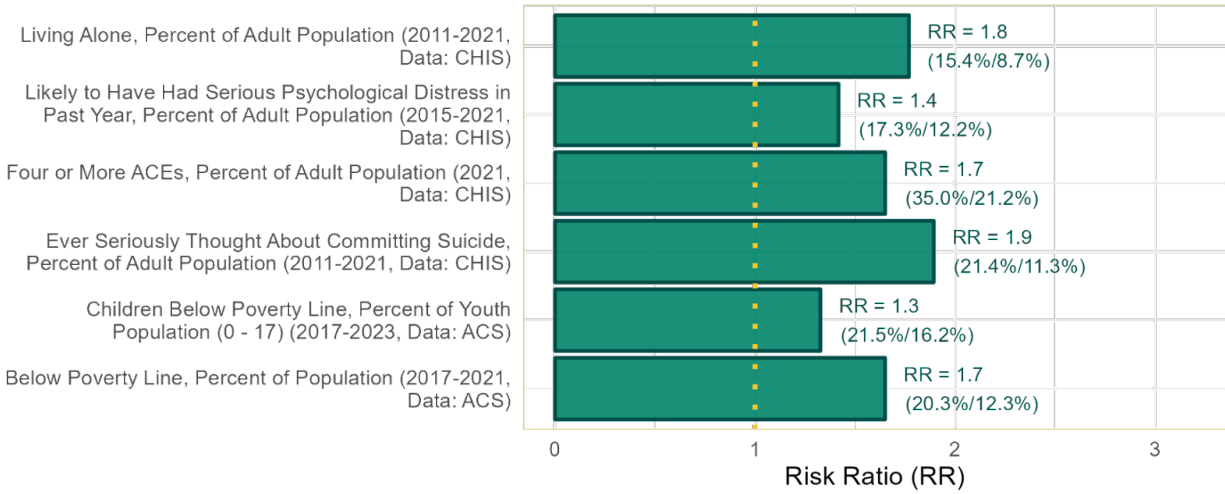
Poverty is also associated with substance use and chronic stress (Healthy People 2030), with child poverty specifically having a detrimental impact on well-being (Damron, n.d; Aber et al., 2012). In the county, both poverty rates among the general population and children are significantly higher, as shown below.

Lastly, and, perhaps most consequentially, adults in the county are far more likely to have had multiple adverse childhood experiences (ACEs) compared to state averages.² People who have had multiple adverse childhood experiences (ACEs) are at far greater risk of poor health outcomes or behaviors including depression and substance use (Center on the Developing Child at Harvard University). ACEs impact health outcomes in a dose-dependent fashion. In particular, people with four or more ACEs are 7.4 times more likely to consider themselves to be an alcoholic, 4.7 times more likely to have used illicit drugs, and 10.3 times more likely to have injected drugs (Anda et al., 1998). Rates of ACEs are significantly higher in Humboldt compared to state averages, with 35% of the population having had four or more ACEs compared to just 21.2% statewide.

Therefore, the region experiences significantly higher rates of conditions known to be risk factors for SUD, indicating a need for protective interventions to help break cycles of addiction.

² ACEs include abuse and neglect as well as dysfunction in the household including mental illness, problematic substance use, violence against mothers, or imprisonment of a household member (Anda et al., 1998).

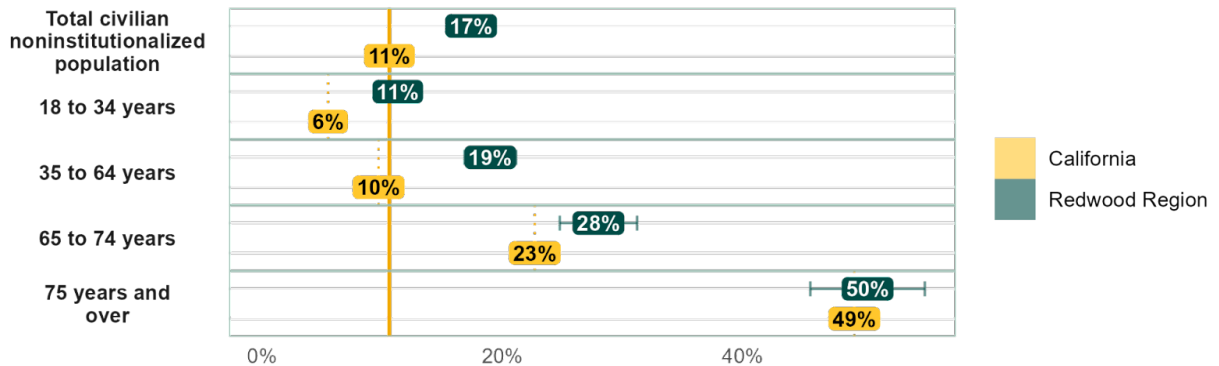
Figure 4
Factors Potentially Contributing to Substance Use



Workforce Barriers

As discussed previously, mental health and substance use are often related conditions and together these conditions are a leading cause of disability and *the* dominant causes of disability among adults younger than 35, accounting for over 35% of years lived with disability nationwide (U.S. Department of Health and Human Services, National Center for Complementary and Integrative Health, 2016). As illustrated below, disability rates in the county are elevated across age ranges, and it is likely that the region’s elevated rates of SUD and mental health challenges contribute to these disparities.

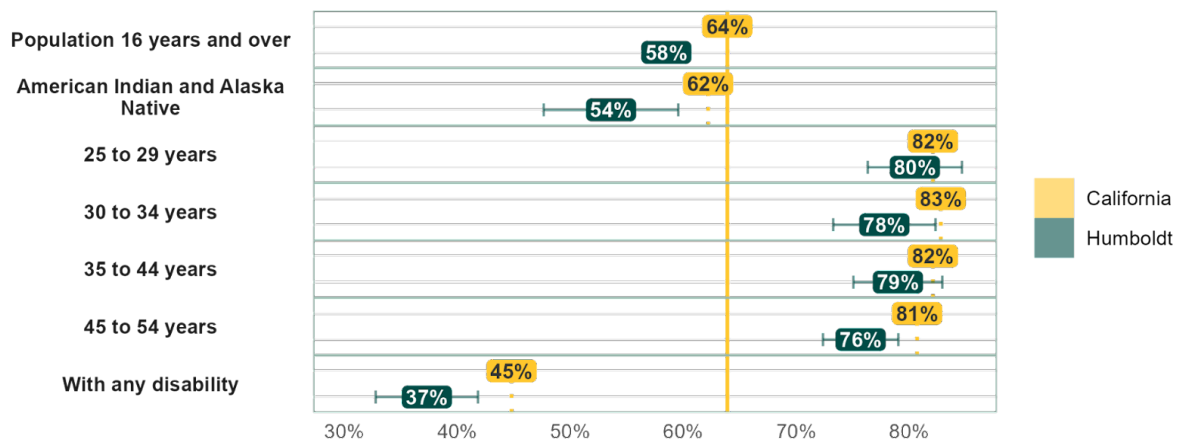
Figure 5
Disability Rates by Age



Note. Data sourced from the American Community Survey, 2017-2021 estimates.

These challenges can create barriers to employment. As shown below, labor force participation rates are significantly lower than the state average in Humboldt and are particularly low among American Indians (AIAN³ below), prime age workers (ages 25 to 54), and people with disabilities. Among people with disabilities and American Indians in the county, labor force participation rates are significantly lower than the corresponding statewide figures, highlighting the need for resources to help these populations in particular access employment opportunities.

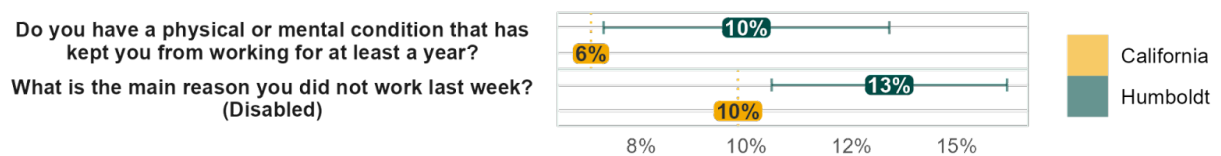
Figure 6
Labor Force Participation Rates



Note. Data sourced from the American Community Survey, 2017-2021 estimates.

Furthermore, as shown below, Humboldt residents are significantly more likely to report physical or mental conditions or disability as key barriers to employment compared to state figures.

Figure 7
Disability and Health Challenges are Key Barriers to Employment in Humboldt



Note. Data sourced from the California Health Information Survey, 2011-2021 estimates.

Resource Constraints and Barriers to Care

Along with these challenges— childhood trauma, poverty, addiction, barriers to employment—the county experiences a number of barriers and constraints that prevent people from getting the care and services needed to overcome these challenges. In particular, the county

³ American Indian Alaskan Native

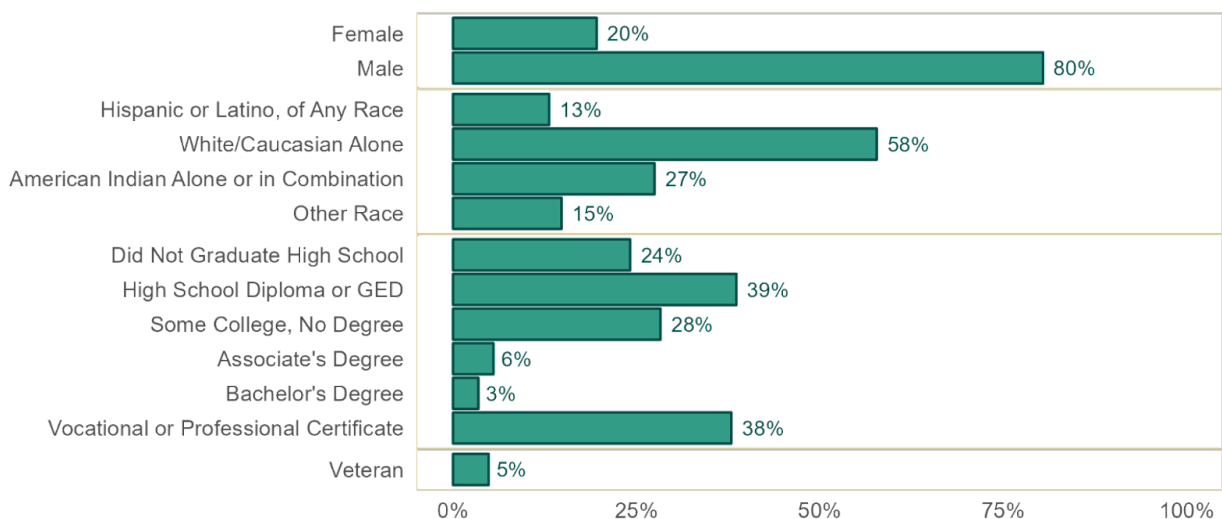
is classified as a Primary Care Health Provider Shortage Area (HPSA) as well as a Mental HPSA, indicating a lack of sufficient healthcare resources to meet the needs of the region (Health Resources and Service Administration). Humboldt County also experiences specific barriers including a shortage of behavioral health providers, a lack of providers who accept Medi-Cal, specific limitations around in-patient treatment for parents with SUD, and concerns around stigma and confidentiality in a small community context (Humboldt County Department of Health and Human Services, 2018). This information suggests a need for resources that can assist individuals in navigating the complexities of an imperfect healthcare landscape, enabling them to better access appropriate and timely care.

PROGRAM PARTICIPANTS AND OUTCOMES

Overview of Participants

The following data provides a snapshot of program intake data from November 2019 to April 2023. During this time 146 participants completed intakes. These data provide a view of some of the challenges and barriers that participants bring with them into the program. As shown below, the overwhelming majority of participants were male (80%), and a majority were white (58%), reflecting the predominately white, non-Hispanic population of the county. Approximately 27% of participants identified as American Indian, either alone or in combination with another race, representing a much higher proportion compared to the overall population of American Indians in Humboldt County (approximately 8%).⁴ The median age of participants was 39, and the median monthly household income reported was \$400. Participants typically had lower levels of education attainment compared to state averages, with about 3% having a bachelor's degree and about a quarter having less than a high school diploma.

Figure 8
Participant Demographics



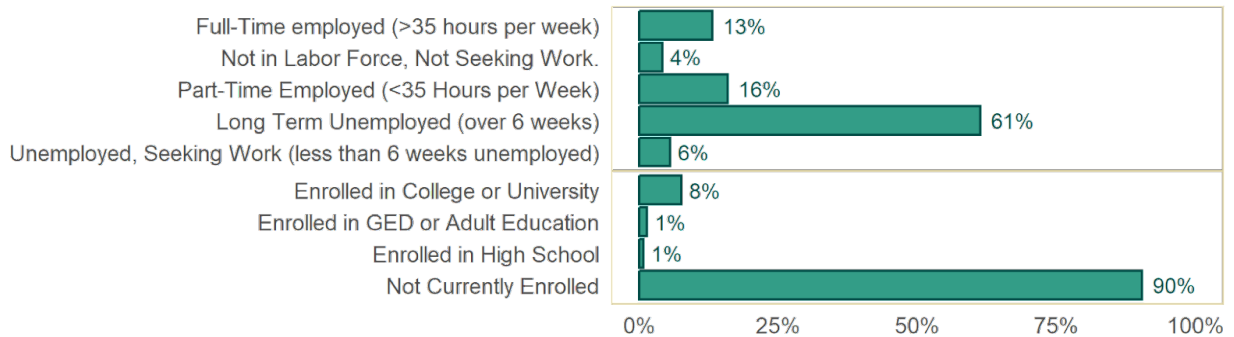
Note. Primary data supplied by WCIA. Totals may not sum to 100% due to rounding or multiple category selection.

The vast majority of participants were neither full-time employed nor pursuing postsecondary education. Only 13% of participants reported working more than 35 hours per week. However, the survey data suggests that participants are interested in working. Just 4% of participants were

⁴ Data sourced from the 2020 Decennial Census, Table P8. This is calculated by taking the proportion of the population that is either American Indian and Alaska Native alone, or in combination with one or more other races.

not seeking work while a majority (67%) of participants were looking for work, 61% of whom had been looking for work for more than six weeks. Furthermore, one of the challenges that many participants face is a lack of work ready documentation such as driver’s licenses and Social Security cards.

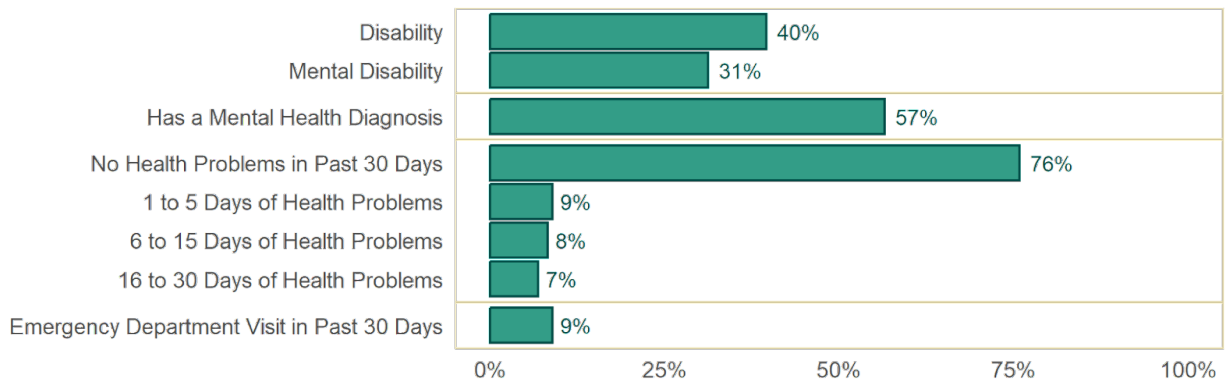
Figure 9
Participant Economic and Educational Opportunity



Note. Primary data supplied by WCIA. Totals may not sum to 100% due to rounding or multiple category selection.

The majority of participants (57%) reported having some form of mental health diagnosis while 40% of participants indicated having a disability, the majority of whom experience a mental health disability.

Figure 10
Participant Mental and Physical Health Outcomes

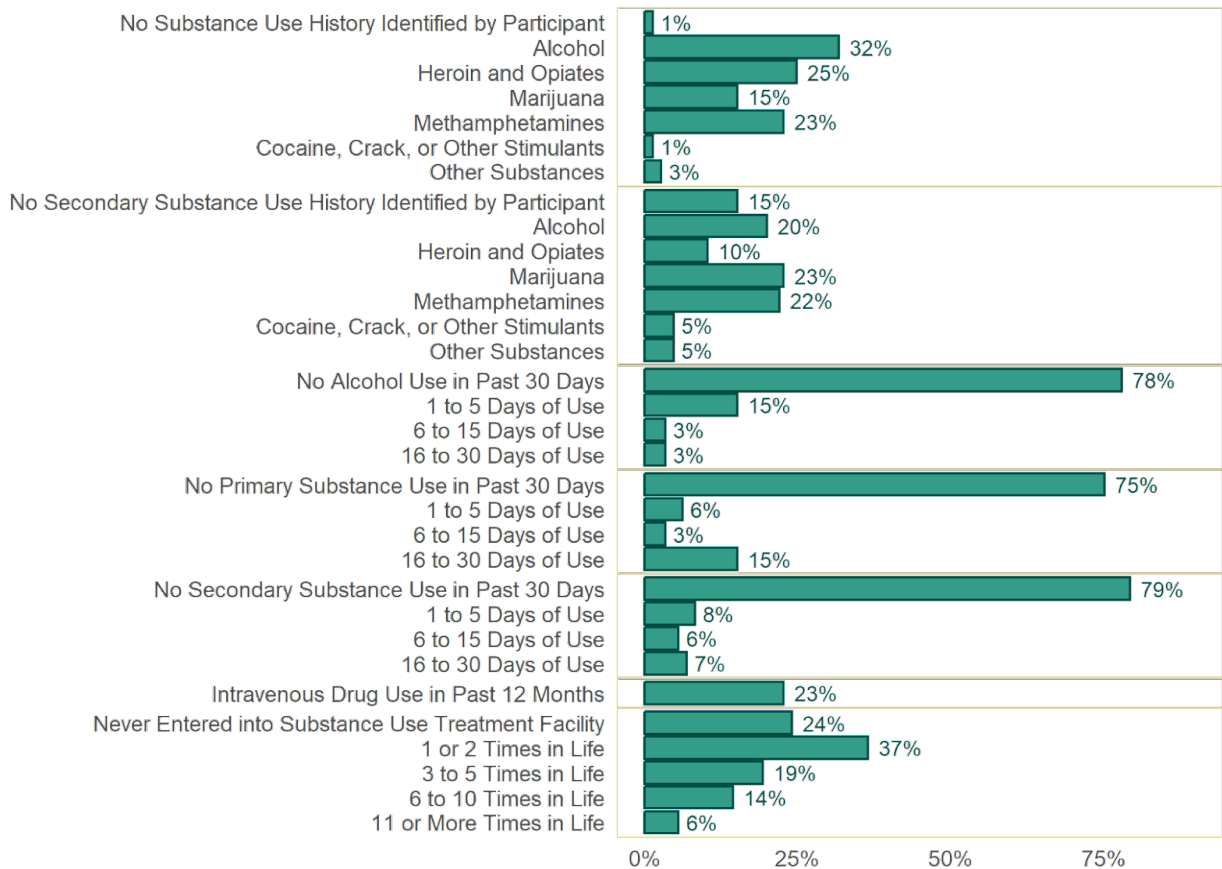


Note. Primary data supplied by WCIA. Totals may not sum to 100% due to rounding or multiple category selection.

Participants identified alcohol as the most commonly used primary substance, followed by heroin and opiates, and then methamphetamines. For secondary substance use, marijuana was the

most frequently reported. The overwhelming majority of participants indicate that they have had no recent alcohol, primary, or secondary substance use. It is noteworthy, however, that a considerable number of participants are referred to WCIA immediately upon release from incarceration, graduation from substance use treatment facilities, or from probation. Consequently, the reported low incidence of recent substance use might not provide a fully accurate portrayal of the participants' actual substance consumption patterns.

Figure 11
Participant Substance Use History

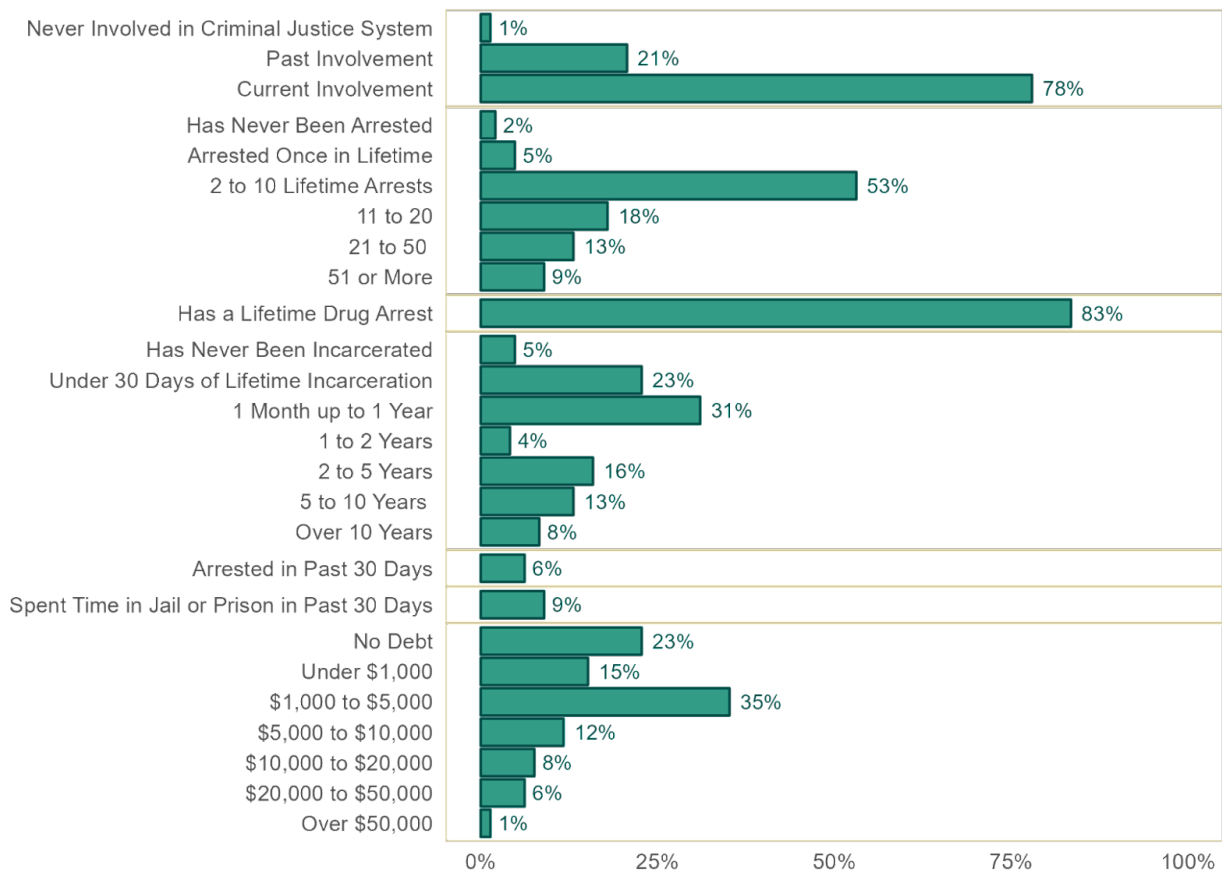


Note. Primary data supplied by WCIA. Totals may not sum to 100% due to rounding or multiple category selection.

Almost all participants (99%) reported having had involvement in the criminal justice system at some point in their lives, with a substantial number (83%) having experienced a drug arrest. Presently, a majority (78%) continue to be involved in the criminal justice system. The consequences of this involvement have been severe, as 95% of them have faced periods of incarceration, with 37% having spent two or more years in prison. Additionally, a considerable

majority (77%) have criminal justice debt, and a substantial portion owe more than \$5,000.⁵ These statistics underline the magnitude of some of the challenges faced by this population and emphasize the need for support.

Figure 12
Participant Justice Involvement



Note. Primary data supplied by WCIA. Totals may not sum to 100% due to rounding or multiple category selection.

Summary of Challenges and Barriers Experienced by Participants:

- Lower levels of educational attainment
- Low levels of labor force participation and lack of work ready documentation
- High rates of disability and mental health challenges
- A history of substance use and entrance into substance use treatment facilities
- An overwhelming majority of participants have a history of drug arrest, multiple arrests, incarceration as well as some form of current involvement in the criminal justice system.
- Debt originating from court-ordered debt

⁵ Debt arising from court fees, court-ordered restitution, and fines.

Program Outcomes

The following figures summarize quarterly report data produced by WCIA. As shown in Figure 13 below, these data indicate that participants who received services from WCIA experienced improvements in housing, employment, and criminal justice status, as well as improved connections to resources such as healthcare.

Figure 13

Quarterly Report Cumulative Outcomes

Full-time job placements	50
Part-time job placements	33
Medical care linkages provided	85
Individuals that received at least one medical linkage	63
Legal barriers removed	118
Individuals with at least one legal barrier removed	87
Individuals that accessed at least one new service	151
Services accessed through system navigation	395

Note. Data sourced from quarterly reports by WCIA.

In addition to quarterly report data, WCIA provided CCRP with impact data for 156 participants.⁶ Of these, 85 received navigational services, 80 received job training,⁷ and 68 received both types of services. These data are analyzed below.

Analysis of Housing Impacts

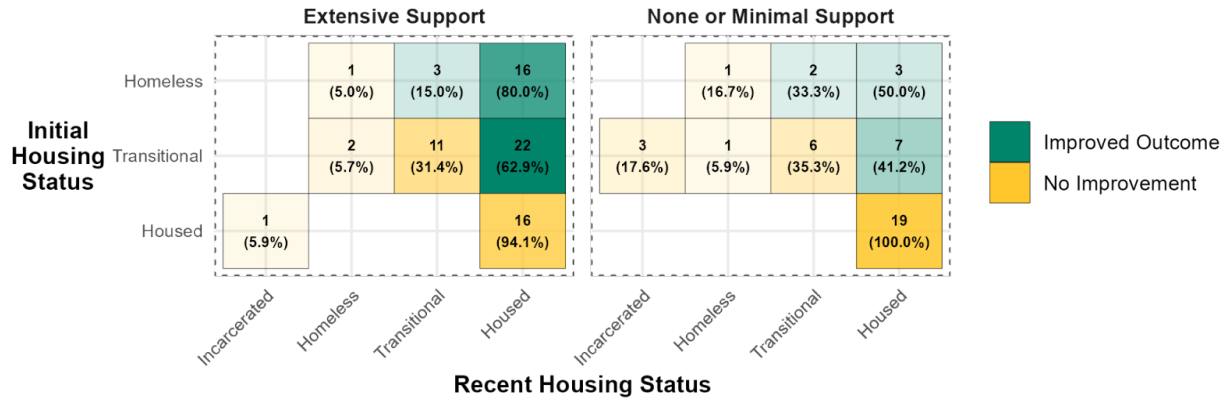
As shown below, a majority of participants who received extensive navigational services (“Extensive Support”) experienced an improvement in housing circumstances. Of those who were initially homeless, two-thirds found housing and a further 12.5% of homeless participants found temporary or transitional housing in 2023. Similarly, of those who were in transitional or temporary housing, a majority (57.9%) of participants were more permanently housed in 2023. Conversely, the data do not indicate such improvements among those who received little or no navigation services; however, missing data (see “Unknown” below) hamper comparison between those who received extensive services and those who did not.⁸

⁶ These data are current as of July 12, 2023.

⁷ Forty-five of whom participated in the extensive historical building restoration training (i.e. “Cohort Members”).

⁸ Many of these participants completed the intake process, but did not follow up with WCIA.

Figure 14
*Program Housing Impacts Analysis*⁹

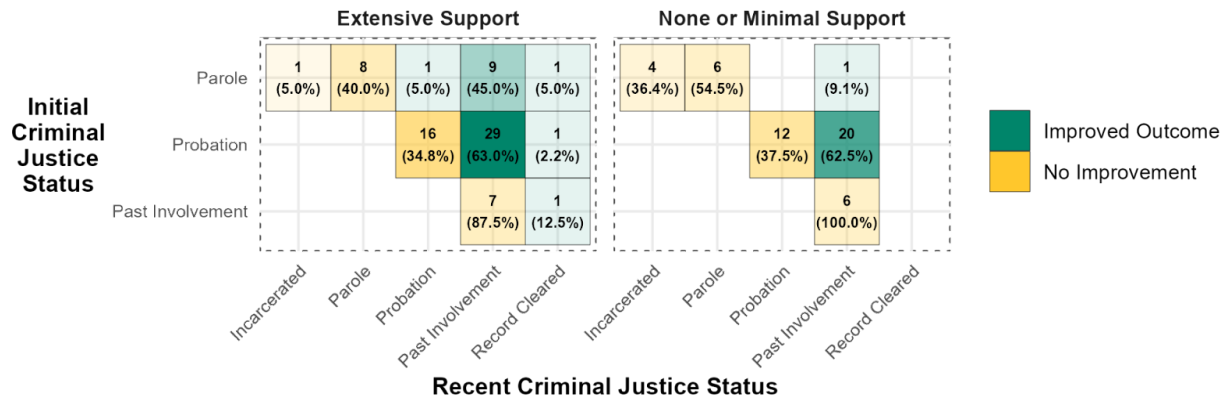


Note. Only participants with recent and initial data are shown. Among participants with a known initial housing status, seven “Extensive Support” participants had an unknown recent housing status while 10 “None or Minimal Support” participants had an unknown recent housing status.

[Analysis of Criminal Justice Impacts](#)

Participants who received extensive support also experienced improvements in criminal justice status. Of those who were on parole at intake, 42.9% were no longer justice involved in 2023. Among those on probation at intake, a majority (59.2%) were no longer justice involved in 2023.

Figure 15
*Program Criminal Justice Impacts Analysis*¹⁰



⁹ To read the chart, start with the initial status (left-vertical axis entitled “Initial Criminal Justice Status”), then look down to the “Recent Criminal Justice Status” to see the corresponding outcome. Each box shows the number of participants who started with a given initial status and ended with a corresponding recent status.

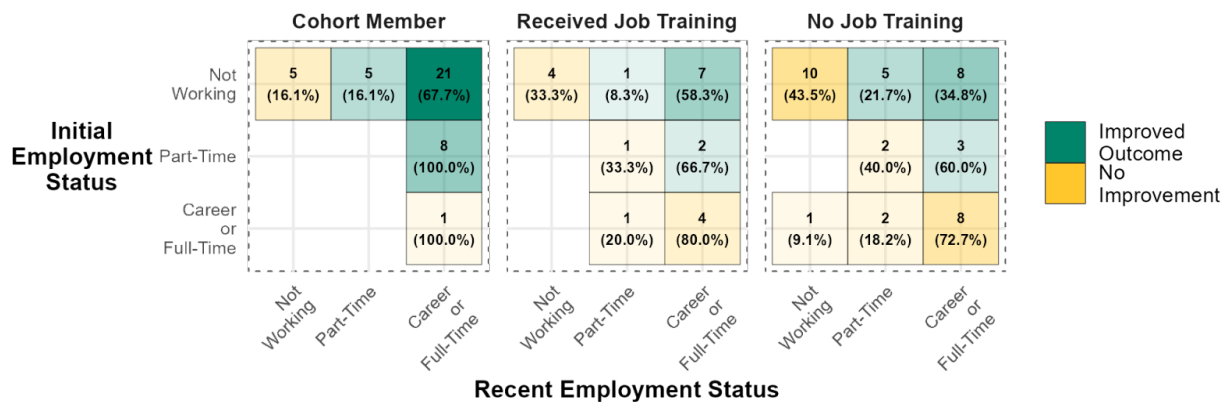
¹⁰ One person among the “None or Minimal Support” category who had no criminal justice involvement is excluded from the chart.

Note. Only participants with recent and initial data are shown. Among participants with a known initial criminal justice status, six “Extensive Support” participants had an unknown recent status while 17 “None or Minimal Support” participants had an unknown recent status.

Analysis of Workforce and Income Impacts

As shown below, participants who received the most extensive job training services (“Cohort Members”), experienced sharp improvements in workforce participation. Among cohort members who were initially not working, 61.8% were working full-time and an additional 14.7% were working part-time in 2023. Similarly, 80.0% of those who were initially working part-time were working full-time by the end of the program.

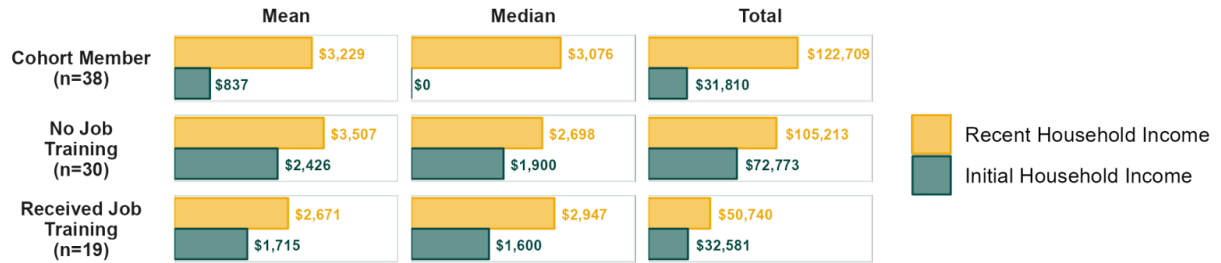
Figure 16
Program Employment Impacts Analysis



Note. Only participants with recent and initial data are shown. Among participants with a known initial employment status, five “Cohort Members” participants had an unknown recent status, 10 “Received Job Training” participants had an unknown recent status, and 33 “No Job Training” participants had an unknown recent status.

Among the available data, improvements in household income are evident across job training categories, with those in the cohort group experiencing the largest improvements in household income. Despite starting with the lowest median household income, cohort participants ended with the highest median household income. Conversely, while those who received no job training started with the highest median household income, they ended with the lowest.

Figure 17
Household Monthly Income Analysis



Note. Many participants did not have current data. Only participants with recent and initial data are shown.

SUMMARY OF FINDINGS

Substance Use and Drug Policy Impacts in Humboldt County, California

- Multiple data sources indicate elevated rates of substance use and related health outcomes in Humboldt County, including among youth.
- The war on drugs severely impacts Humboldt County. The data indicate higher arrest rates, including felony drug arrest rates, and incarceration rates compared to state averages.
- The population also exhibits significantly higher rates of known risk factors for substance use, including poverty and adverse childhood experiences.
- Health challenges and disabilities appear to be a major barrier to employment in the county. Significantly more working age adults do not work, and this pattern appears to be due in large part to health and disability barriers. Mental health and substance use disorders are the leading cause of years lived with a disability among young adults.
- The county is a designated Health Provider Shortage Area (HPSA) and exhibits multiple systemic barriers to healthcare access.

Program Participants and Outcomes

- Participants in the program experience a broad range of barriers including high disability rates, substance use challenges, criminal justice involvement and debt, lower levels of educational attainment, and low labor force participation.
- Participants who received extensive navigational services experienced improvements in housing and criminal justice status.
- Cohort members– those who received the most extensive job training– experienced dramatic improvements in employment outcomes and income.

Humboldt County continues to experience pronounced disparities in the impacts of substance use and related-issues as well as the ongoing consequences of the war on drugs. The community

faces higher levels of substance use, poverty, and criminal justice involvement, and participants in the program reflect these challenges and barriers. Addressing these issues requires collaborative efforts from policymakers and community organizations to enhance the county's well-being. The WCIA shows promise as being a part of an effective solution, with data indicating improved housing outcomes, criminal justice status, and economic outcomes for those who participated in the program.

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