



Stakeholder Input Report

For the

Mental Health Services Act

Annual Update

Fiscal Years 2018/2019

and

Three Year PEI Evaluation and Annual Innovation
Project Reports

Stakeholder Input Process

The stakeholder input process for the 2018-2019 MHSA Annual Update, which includes the Three Year Prevention and Early Intervention (PEI) Evaluation and Annual Innovation Project Reports, began in November 2018. The MHSA Program Manager contacted community groups and organizations to ask for agenda time on their regularly scheduled meetings, or to request their assistance in setting up a special meeting to gather stakeholder input. During the months of November 2018 through January 2019 a total of nine stakeholder meetings were held with a total of 149 individuals attending. **Attachment 1** is a list of the meetings, groups, dates and number attending.

Attendees at the meetings received a packet of information about MHSA. This information included the Draft Annual Update, including budget and PEI Three Year Evaluation Report and Annual Innovation Project Report; summary of current programs funded; MHSA fundamental concepts; MHSA information sheet; Mental Health Services provided by the County; MHSA Comment Form; and MHSA demographic form. The summary of current programs, fundamental concepts, information sheet, comment form and demographic form were also available in Spanish. There were no Spanish-speaking-only individuals at the stakeholder meetings. The Eureka community meetings had Spanish interpretation available, though no one attending requested this assistance. Copies of the information provided at stakeholder meetings is available by sending an email to MHSAComments@co.humboldt.ca.us

At each stakeholder meeting, the MHSA Program Manager presented the materials and participants were invited to ask questions and provide input. At two of the stakeholder meetings there was a note-taker. At the other meetings the Program Manager took notes.

In addition to the input received at the stakeholder meetings, input was received from two stakeholders who sent an email to the MHSA Comment Email address or called the MHSA Phone Line. Between the 149 individuals attending meetings and the two providing input in this way a total of 151 provided input into the Draft Annual Update.

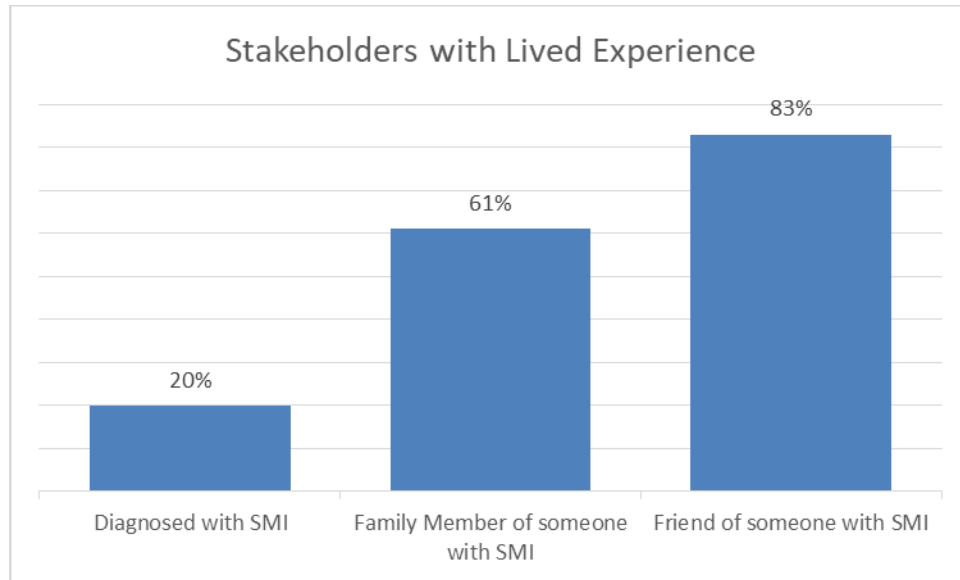
MHSA Draft Annual Updates and the other informational documents were also distributed by email to groups throughout Humboldt County, including DHHS staff, the medical community, education and others. A total of 228 Annual Updates and other information was distributed in this way. The availability of the Annual Update and the community meetings was announced to DHHS staff, the NorCan distribution list, and through DHHS Facebook and Instagram accounts for a total of over 1900 messages. Between these distributions and announcements, the 149 participants attending stakeholder meetings, and two people providing input through the MHSA email, a total of 2,279 individuals were reached. **Attachment 2** shows the breakdown of Plans distributed and announcement of Plan availability made.

Stakeholder Demographics

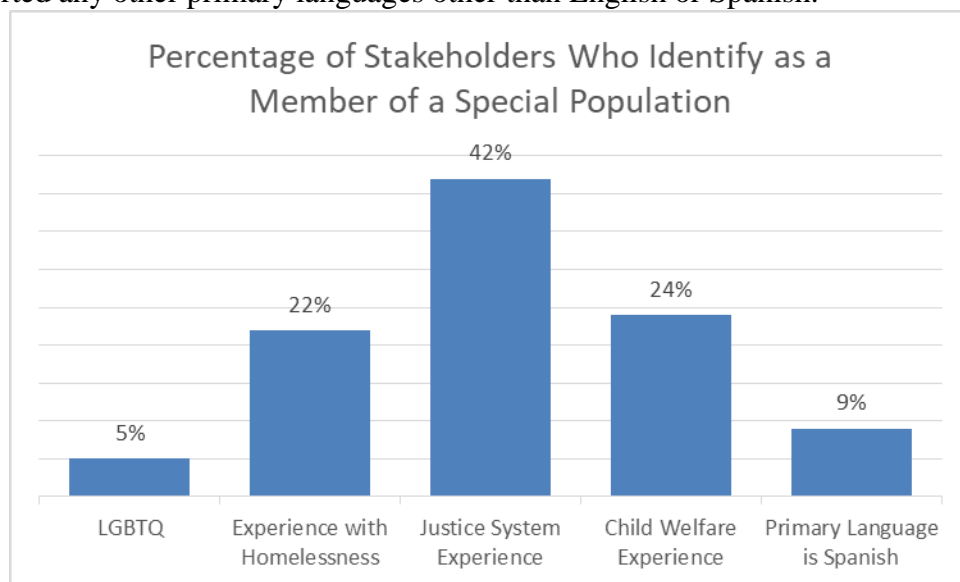
Stakeholders attending meetings were asked to complete a MHSA demographic form. Completion of the form was voluntary. A total of 74 of individuals, 50% of those attending, completed a demographic form.

Individuals with lived experience of a serious mental illness (SMI) and their family members are

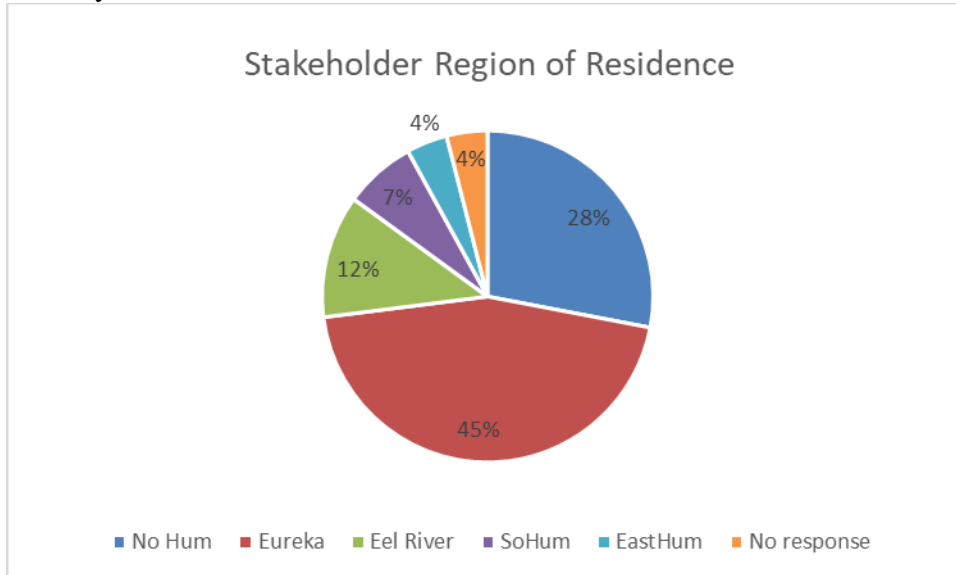
recognized as a vital voice in the MHSA Community Planning Process (CPP). As seen in the chart below, 20% identified as being diagnosed with a serious mental illness, and 61% identified as a family member of someone with a mental illness. In addition, 83% of those attending the stakeholder meetings said they were a friend of someone with a SMI.



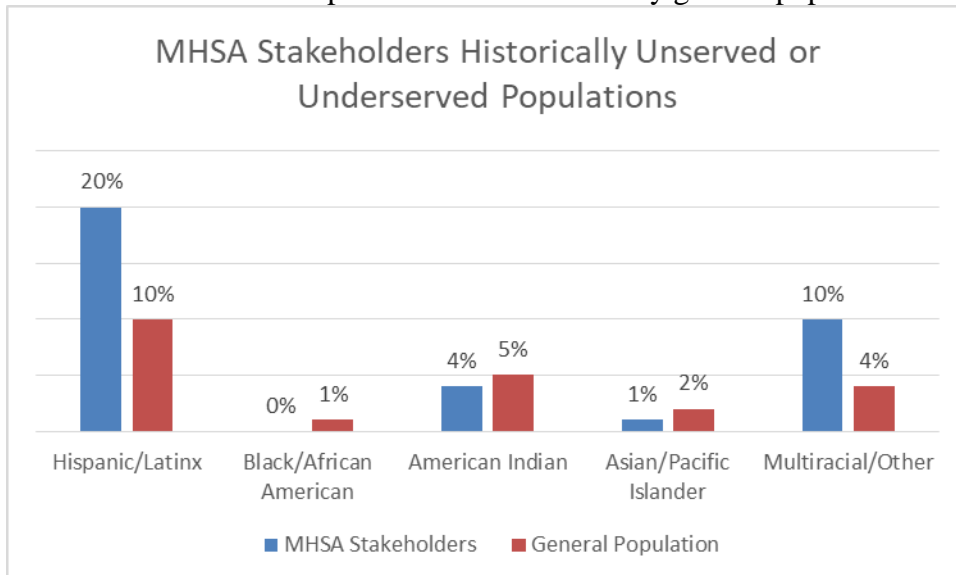
Additional life experiences have been identified as important voices for the CPP. Sexual orientation and gender identity, homelessness, experience with the justice system, experience with Child Welfare, and those whose primary language is not English have life experiences or conditions that can result in challenges to successful mental health treatment. The chart below illustrates the inclusion of people with these life experiences in the CPP. 5% identified as LGBTQ; 22% identified as having experience with homelessness; 42% had justice system experience; 24% had Child Welfare experience; and 9% stated their primary language is Spanish. None reported any other primary languages other than English or Spanish.



In this stakeholder process, 28% of participants resided in the Northern Humboldt region, which includes Arcata, Blue Lake, McKinleyville, and areas north. 45% of participants resided in Eureka. 4% of participants resided in Eastern Humboldt, 12% in the Eel River Valley, which includes Fortuna, Ferndale and Rio Dell, and 7% resided in Southern Humboldt, which includes Redway and Garberville.

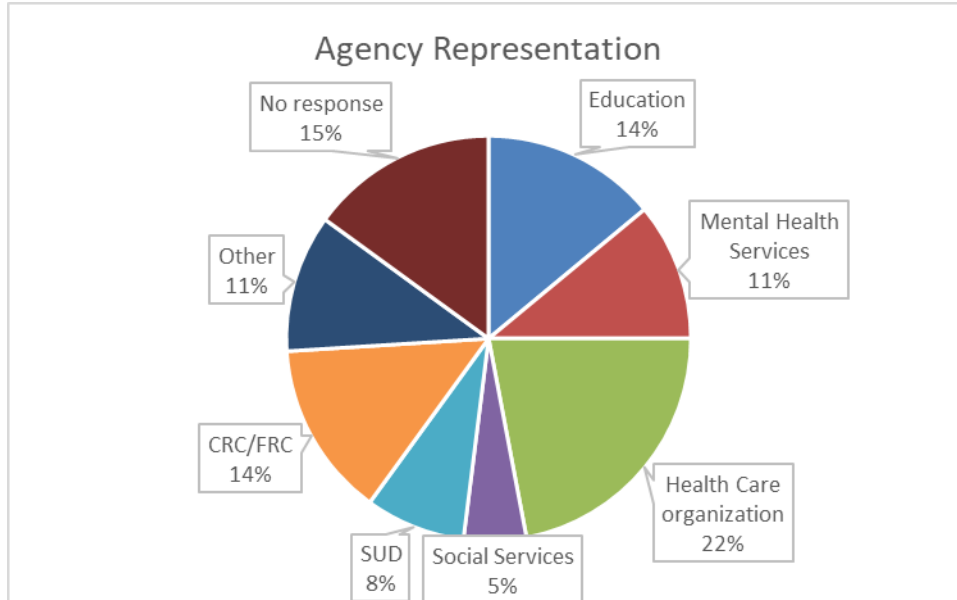


Efforts are made to reach participants that reflect the racial and ethnic diversity of Humboldt County. In the current stakeholder process, 20% are Hispanic/Latinx as compared to 10% of the Humboldt County general population. None were Black/African American, as compared to 1% of the general population. 4% are American Indian as compared to 5% of the County general population. 1% are Asian/Pacific Islander as compared to 2% of the general population. 10% are Multiracial/Other as compared to 4% of the County general population.



The chart below illustrates the representation from community agencies participating in the stakeholder meetings. It shows that the process included individuals from education, 14%; mental health services, 11%; health care organizations, 22%; social services, 5%; Substance Use

Disorder Services, 8%, Community and Family Resource Centers (CRC/FRC), 14%; and Other 11%.



Themes from Stakeholder Input

After the stakeholder meetings were completed, the MHSA Program Manager reviewed the notes from each meeting, the Comment Forms received at each meeting, and the comments received from the MHSA Email and Phone Line. This review resulted in a grouping of comments and input by the overall themes of the services and supports that community stakeholders would like to see more of, or changes within. In addition, input that was either positive about or critical of/negative about current MHSA or mental health programs was also noted by theme.

Stakeholders themes for additional/increased support. The table below shows the ranking of themes by stakeholder meetings and the two other comments received from the MHSA Comment Email and MHSA Phone Line.

Themes	# meetings at which mentioned	Email and phone	Totals
Expand mental health services to other regions	5	1	6
More housing	5		5
Mental Health workforce support	3		3
Transportation for clients	3		3
Provide clarity about what mental health services are provided by County Mental Health	3		3
Bilingual and Culturally Competent Services	2		2
Mental Health counselors at schools	2		2
Substance Use Disorder Services	1		1

0-8 Mental Health Collaborative Support and services for early childhood	1		1
Hope Center facility improvements	1		1
TAY program improvements	1		1
Stronger partnerships with hospitals	1		1
More Patients' Rights Advocates	1	1	2

For a breakdown of the community meetings at which the input was received, and the number of comments from the MHSA Comment Email or Phone Line, see **Attachment 3**. For the notes from each community stakeholder meeting, see **Attachment 4**. Below is a brief summary of each theme.

Expand services to areas outside of Eureka. Five stakeholder groups talked about the need to expand services and supports outside of Eureka. These groups were Northern Humboldt, Eel River, Eastern Humboldt, Southern Humboldt and the St. Joseph Community Benefits Department. Programs mentioned specifically were MIST; Mobile Outreach; Full Service Partnerships; CHOWS; PEI programs, especially Local Implementation Agreements, if applications are received from other regions; youth activities; and Older Adults services.

Housing. Five groups--Southern Humboldt, Eastern Humboldt, Hope Center participants, Behavioral Health Board attendees and HCTAYC members--cited housing as a need. HCTAYC specifically spoke about housing for youth.

Workforce Support. This need was mentioned at three of the stakeholder meetings--the Eureka community meeting, Eastern Humboldt, and the Hope Center. In the Eastern Humboldt region, the majority of the discussion was about the need for school staff experiencing secondary trauma to have support. The Hope Center participants would like to see training and funding for peer coach certification. Some of the Hope Center Peer Coaches have been certified by RI International, and others would like that opportunity. One person would like to see the reinstatement of the Mental Health stipend program, which was previously funded by State MHSA funds. At the Eureka community meeting the comment was for reflective practice support for staff, along with the request for support of the 0-8 Mental Health Collaborative, since the Collaborative's primary work focuses on increasing the skills of the workforce in working with infant/early childhood/family mental health.

Transportation. Three groups--St. Joseph Community Benefits Department, HCTAYC and the Behavioral Health Board meeting attendees--spoke about the need for transportation for clients and community members to get to services and supports. Transportation to the Hope Center was specifically mentioned.

Clarity about Mental Health Services. Three groups--St. Joseph Community Benefits Department, the Behavioral Health Board meeting attendees, and participants at the Eureka community meeting--stated there needs to be more clarity about what services County Mental Health provides—who is served and what diagnoses/disorders are being addressed. For some, there seems to be a difference between what's on paper or on the website to what is actually available.

Bilingual and Culturally Competent Services. This need was mentioned at two of the stakeholder meetings, Eel River FRC Coordinators and St. Joseph Community Benefits Department.

Discussion focused on providing Spanish speaking counselors, free counseling for Spanish speakers, addressing the “public charge” issue, working to reduce stigma in the Latinx community, and creating better working relationships with the local tribes. To clarify the “public charge” issue, currently immigration officers decide public charge by evaluating whether an applicant for a green card or an individual seeking to enter the United States on certain visas is likely to become primarily dependent on the government for support. To decide this, officers rely on multiple factors. The change to the public charge rule was proposed by the Department of Homeland Security in October 2018 and has not yet become law. If it were to take effect, public charge would apply to someone who merely uses certain government programs, and the list of government programs included is expanded to include use of health care, nutrition, housing—programs that were exempted before.

More mental health counselors at schools. This need was mentioned at two stakeholder meetings, Eastern Humboldt and Eel River FRC Coordinators meeting.

Substance Use Disorder Services. This need was highlighted at the Eureka community stakeholder meeting, where one individual spoke, and two comment forms emphasized, the need to use MHSA funds for these services, specifically for stigma and discrimination reduction, rehousing, mobile outreach, older adults, full service partnership, and other aspects of the continuum of care.

More prevention and early intervention for children ages 0-8. The Eureka community stakeholder meeting had several advocates for the 0-8 Mental Health Collaborative. They would like to see MHSA funds used to support the infrastructure of the Collaborative, as its funding from First 5 Humboldt is declining, and to support programs and supports for infant/early childhood/family mental health.

Hope Center facility improvements. Participants at the Hope Center meeting focused on the need for a larger and ADA compliant facility to accommodate the growing numbers of people attending Hope Center programs and activities.

TAY program improvements. Humboldt County Transition Age Youth Collaboration (HCTAYC) meeting participants would like to see a variety of improvements to the TAY program, including more staffing, doctors, nurses, showers, laundromat, storage spaces, etc.

Stronger partnerships with hospitals. Participants at the St. Joseph Community Benefits Department meeting expressed the need for better coordination between Sempervirens and the hospital. This is currently being worked on. Some participants stated there is some discussion about having a psychiatric emergency room at St. Joseph Hospital.

More Patients’ Rights Advocates. One participant at the Eureka Community meeting, and one MHSA email, would like to see Patients’ Rights Advocates in all locations and programs.

Positive comments about current MHSA and mental health programs. Community Health Outreach Workers (CHOWS) are greatly appreciated in the community. One CHOW received high praise from the FRC Coordinator in Willow Creek. Some participants in the St. Joseph Community Benefits Department meeting praised the work of Multidisciplinary Teams that include County staff. A Spanish-speaking Mental Health Clinician in Children’s Mental Health was also praised at that meeting, and a couple of participants said they have seen improvements in County Mental Health over the past couple of years. At the Eureka Community meeting, one

participant revealed how helpful Healthy Moms and Children, Youth and Family (CYFS) have been in her recovery.

Critical/negative comments about current MHSA and mental health programs. Two stakeholder groups—Behavioral Health Board meeting participants and attendees at the Eureka community meeting-- want the results of the stakeholder process, and the decisions made by County Mental Health about changes to the MHSA Annual Update, to be shared back with them, as they feel there has been no such feedback in the past. Two stakeholder groups—Northern Humboldt and St. Joseph Community Benefits Department—stated that they would like transparency about what Mobile Outreach actually provides. Some people have felt led to believe that services are available through the van/vehicles, but have been told that it is outreach and information only. Finally, the Eureka Community Resource Center Coordinator noted that SOS staff used to be at the Eureka dining facility daily, and no longer are.

MHSA Funding Availability

Current budget projections indicate that there will be an estimated \$2,203,202.00 unspent fund balance by the end of FY 2018/2019. This draft budget, which was included as one of the documents for the stakeholder process, is found in Attachment 2. This is broken down by category:

- Community Services and Supports, \$897,997
- Prevention and Early Intervention, \$787,185
- Innovation, \$430,410
- Workforce Education and Training, \$87, 610

FY 2018-19 projected unspent balances will be updated with actual at close of fiscal year.

Recommendations

Below is a summary of recommendations based on stakeholder input and the current work being done by Humboldt County Mental Health and others in the system of care. The stakeholder input report, and the decisions made by Mental Health Administration to modify the Annual Update, if any, will be shared with stakeholders.

1. Expansion of mental health services to regions outside of Eureka. This work is ongoing through several initiatives. Additional points to consider:
 - a. Clarify on all informing materials if mental health services are provided by Mobile Outreach.
 - b. Local Implementation Agreements focus on funding outlying regions.
 - c. Fund additional CHOWS and case managers for regional services.
2. Housing. There is significant effort at this time to secure housing funds through the No Place Like Home and other housing initiatives. There is currently a Rapid Rehousing MHSA Innovation Project.
3. Workforce Support. The Mental Health Services Act allows counties to use up to 20% of the average amount of funds allocated to the county for the previous five fiscal years for workforce education and training. Some of that funding could support the 0-8 Mental Health Collaborative infrastructure so they can continue their current level of training

after this fiscal year. The only MHSA funding going to the early childhood population is through Local Implementation Agreements.

4. Transportation.
 - a. The Humboldt Transit Authority considers grants to provide transportation. Programs needing transportation for clients could submit requests this way.
 - b. Transportation is already provided for Full Service Partners through MHSA funds.
 - c. A stakeholder suggestion was that the Hope Center have access to a van to provide transportation for people who wanted to attend their activities.
5. Clarify what County mental health services are provided. Changes to the website and informing materials could address this.
6. Bilingual and culturally competent services. DHHS continuously strives to hire culturally and ethnically diverse staff. Work could be done on the reduction of stigma around mental health services in the Latinx community. The Public Health Stigma and Reduction Program could be engaged to support this.
7. Mental health counselors at schools. This is already happening through grant funding.
8. Substance Use Disorder Services.
 - a. The Mental Health Services Act states that services shall be available to adults and seniors with severe illnesses who meet the eligibility criteria of California Welfare and Institutions Code Section 5600.3. This code section defines a serious mental illness as “A mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living....And the person has a mental disorder as identified in the Diagnostic and Statistical Manual of Mental Disorders, *other than a substance use disorder or acquired traumatic brain injury...*” (emphasis added). A person with a substance use disorder and no diagnosis of a mental disorder does not meet the requirements for MHSA funding.
 - b. People who are dually diagnosed with a mental disorder and substance abuse disorder can be served, and are being served, by programs with MHSA funding.
 - c. The Act states: “State funds shall be available to provide services that are not already covered by federally sponsored programs or by individuals’ or families’ insurance programs.” MHSA funds would be of last resort.
9. 0-8 Mental Health Collaborative support and services for early childhood. See #3 above, Workforce Support.
10. Hope Center facility improvements. The Hope Center main room was full on the day the stakeholder group was held, with 42 people. There would be use for a bigger facility that is ADA compliant.
11. TAY program improvements. If funding allowed, some of the improvements suggested would be beneficial.
12. Stronger partnerships with hospitals. DHHS is working with hospitals to strengthen relationships and collaborate for better quality care.
13. Patients’ Rights Advocates. The PRA is not funded by MHSA. This important position is filled to meet Patients’ Rights needs and requirements.

Attachment 1

MHSA Annual Update 2018-19 Stakeholder Meetings

Date	Group	Location	Time	# attending
11/30/2018	Northern Humboldt FRC Coordinators	Mad River Grange	8:30-9:30	5
12/5/2018	Southern Humboldt Working Together	CR Building	12-1:45	8
12/10/2018	Hupa Family Resource Center Network	Hupa FRC	12-1:00	5
1/7/2019	St. Joseph Community Benefit Department	St. Joseph Hospital	9:30-10:45	22
1/8/2019	Hope Center participants	Hope Center	1:00-1:40	42
1/17/2019	Behavioral Health Board Meeting	Large Mezzanine, Professional Building	12:00-1:30	28
1/17/2019	HCYAYC	TAY Building	3:30-4:30	4
1/23/2019	Eureka Community	Jefferson Center	12-1:30	29
1/25/2019	Eel River Valley FRC Coordinators	Pine Hill FRC	9:30-10:30	6

Attachment 2

What	Group	Plans distributed
Stakeholder Meetings, includes Plan distribution	Northern Humboldt Annual Update stakeholder meeting	5
	Southern Humboldt Working Together Annual Update stakeholder meeting	8
	Hupa Family Resource Center Network Annual Update Meeting	5
	St. Joseph Community Benefit Department	22
	Hope Center	42
	Behavioral Health Board	28
	HCYAYC	4
	Eureka Community Meeting	29
	Eel River Valley FRC Coordinators	6
	Subtotal	149
MHSA Comment Email and Phone Line	So. Humboldt	1
	Community member	1
	Subtotal	2
Plan distribution	DHHS staff	14
	Promotores	156
	Mobile Outreach Partners	24
	Education	10
	0-8 MH Collaborative	2
	First 5 Humboldt	4
	Tribal	3
	Medical	4
	Other	11
	Subtotal	228
Plan Availability and Community Meeting Announcements	DHHS staff	1000
	NorCan distribution list	900
	Facebook & Instagram (placed by DHHS Media)--# unavailable	
	Subtotal	1900
	Total	2279

Attachment 3

Stakeholder Themes

More funding, support and improvements needed for:

1. **Expand mental health services to other regions.**
 - a. Especially for these programs:
 - i. MIST
 - ii. Mobile Outreach
 - iii. Full Service Partners
 - iv. CHOWS
 - v. PEI Program, especially Local Implementation Agreements
 - vi. Youth Activities
 - vii. Older Adult Services
 - b. Expressed at these community meetings:
 - i. Northern Humboldt
 - ii. Southern Humboldt
 - iii. Eel River
 - iv. Eastern Humboldt
 - v. St. Joseph Community Benefits Dept.
2. **Housing.** Expressed at these community meetings:
 - a. Southern Humboldt
 - b. Eastern Humboldt
 - c. Hope Center
 - d. Behavioral Health Board
 - e. HCTAYC
3. **Workforce Support.**
 - a. Training, funding, support:
 - i. Secondary trauma
 - ii. Training and funding for peer coach certification
 - iii. 0-8 Mental Health Collaborative infrastructure
 - iv. Reinstate mental health stipend program that was funded by State MHSA dollars
 - v. Reflective practice support
 - b. Expressed at these community meetings:
 - i. Eastern Humboldt
 - ii. Hope Center
 - iii. Eureka community meeting
4. **Transportation.** Expressed at these community meetings:
 - a. St. Joseph Community Benefits Dept.
 - b. HCTAYC
 - c. Behavioral Health Board
5. **Provide clarity about what County MH services are provided.** Expressed at these community meetings:

- a. St. Joseph Community Benefits Dept.
 - b. Behavioral Health Board
 - c. Eureka Community meeting
6. **Bilingual and Culturally Competent Services**
- a. Provide:
 - i. Spanish speaking counselors
 - ii. Free counseling for Spanish speakers who can't afford it
 - iii. Address "public charge" issue
 - iv. Work to reduce stigma in Latinx community
 - v. Better working relationships with tribes
 - b. Expressed at these community meetings:
 - i. Eel River
 - ii. St. Joseph Community Benefits Dept.
7. **More Mental Health Counselors at schools.** Expressed at these community meetings:
- a. Eastern Humboldt
 - b. Eel River
8. **More Substance Use Disorder Services.** Expressed at the Eureka Community meeting.
9. **0-8 Mental Health Collaborative support and services for early childhood.** Expressed at the Eureka Community meeting.
10. **Hope Center facility improvements.** Expressed at the Hope Center meeting.
11. **TAY Program improvements.** Expressed at the HCTAYC meeting.
- a. Staffing
 - b. Doctors
 - c. Nurses
 - d. Showers
 - e. Laundromat
12. **Stronger partnerships with hospitals.** Expressed at the St. Joseph Community Benefits Dept. meeting
13. **More Patients' Rights Advocates needed.** Expressed at the Eureka Community meeting

Positive Program Comments

St. Joseph Community Benefits Dept.: CHOWS are greatly appreciated. Lana Spence was complimented. MDTs are great. Carlos in Children's Mental Health was complimented. There have been improvements to mental health services in the last couple of years.

Eureka Community meeting: Healthy Moms and CYFS are great programs.

Negative Program Comments

St. Joseph Community Benefits Dept: People want clarity about what Mobile Outreach really provides. SOS has reduced their time at the Eureka Dining Facility, they need to be there daily.

Northern Humboldt: Also want clarity about what Mobile Outreach really provides.

Behavioral Health Board and Eureka Community: Want feedback to the community and stakeholders about the decisions made for funding support.

Attachment 4

Stakeholder Input Notes

Northern Humboldt FRC Coordinators

- Mobile Outreach needs to come to Blue Lake. There are so many people living by the river here, including families. Really need services
- Other communities in No. Hum needs services as well

Southern Humboldt Working Together, Comment Form:

1. Comment Form 1:

- Lack of telepsych at county and long wait times for assessments and appointments
- There are no Full Service Partnership services in Southern Humboldt County
- No Prevention and Early Intervention Programs funded in Southern Humboldt. Can we know which programs/agencies funded?
- Current Humboldt County counselors overbooked and can't help get clients into Full Service Partnership
- We need housing or at least lockers and showers in Southern Humboldt

Southern Humboldt, MHSa Comment Email:

- I am disappointed that once again our community of southern humboldt is not taken care of or included with this new grant. From my understanding we aren't receiving any services down here and we are in desperate need!!!! Once again we are left out! I am sad disappointed, and frustrated that we get nothing down here! This seems to be the case, as we are left to fend for yourselves.....we need a clinician, we need support for mental health, we need so much and yet are receiving nothing from a 4 million dollar grant.....so unfortunate for our tiny community!

Hupa Family Resource Center Networking Meeting, Comment Forms:

1. Comment Form 1:

- If we can have people from DHHS come up during the summertime. Offer trainings to youth between the ages of 14-24. We have summer employment for our youth every summer between July-August for 6 weeks. Would love to have someone come up and do a presentation or training age appropriate for our youth during this time.

HVTTPyouthprogram@hoopatanf.com

2. Comment Form 2: Christy Colegrove Hoopa Elementary School ccolegrove@ktjUSD.ca.us

3. Comment Form 3: Starlene.doolittle@hoopatanf.com

Hupa Family Resource Center Networking Meeting, Meeting Comments:

- In the spring, get a table on one of the 4th Wednesdays of the month, when Food for People comes, and there will be a lot of people who can give input into MHSa
- Need some funding for tiny homes here
- How can referrals to the Older Adults program be made?
- If you aren't a tribal member you don't get housing services here. Even for tribal members there are only two days of emergency funding. There is a very long waiting list for permanent housing.
- There is a new counselor at K'ima:W
- Lots of needs for youth. There are cutting issues, panic disorders, anxiety. Schools need prevention and education, provided in small groups. Education is needed to break the cycle.

Attachment 5

- Helpers need self-care. They suffer from secondary traumatic stress. Especially clear at Hoopa Elementary
- Some kids are getting overlooked. They may have a lot of distress, but if they aren't acting out there are overlooked.
- There are problems with social media. Really bad influence.
- Need more counselors, more training.
- On a positive note, Two Feathers is here providing services in a newly remodeled building. Virgil Morehead, a telemedicine psychologist from Stanford, Lewis Scott doing cultural interventions, Teresina Obi working with families, Yvonne Guido providing SUD services

Community Benefits Dept. St. Joseph's Hospital, Comment Forms:

1. Comment Form 1:

- The most valuable element of the plan in action evident to the outlying areas is the work of the "Case Managers"/CHOWS they provide the real human face of DHHS-Mental Health and connect our vulnerable mentally ill folks to services both within DHHS and outside of DHHS.
- Creating a strong partnership with ER rooms at both hospitals is very important. A possible establishment of a special ward in the hospital to augment what is available through SV should be jointly explored by both hospitals and DHHS Mental Health

2. Comment Form 2:

- Transportation to mental health services is nearly impossible for rural youth to access. Funding for these underserved populations is essential.

3. Comment Form 3:

- More community health outreach workers would GREATLY benefit our county
- More transparency around MEV services
- More cultural competency available within services being provided

Community Benefits Dept. St. Joseph's Hospital, Meeting Comments:

- Need more CHOWS. Lana Spence has about 80 people on her case load. She does a great job
- Brian Olson, Eureka CRC, wants to be on a training distribution list
- SOS Team: need them to be at Eureka Dining facility every day
- Mobile Outreach only does CalFresh intake form or referrals to services. Need someone actually there, a clinician or case manager or CHOW, who can do assessment. Mobile Outreach needs to be transparent about what they really do. People have the impression that the MEVs actually provide services, but it's really only outreach.
- MDTs with mental health are great.
- Need to have a psychiatric ward at St. Joes
- There's the impression that Mental Health does not serve people with personality disorders.
- What is the criteria/definition of severely mentally ill? Is it based on diagnosis only? Is it too strict to base services on diagnosis and not behavioral functioning?
- Are there opportunities for reassessment of diagnoses?
- People need transportation to the Hope Center. Homeless folks, or anyone without transportation, find it hard to make it across town to the Center. At one time they think Hope Center provided transportation.

Attachment 5

- Cost is a barrier to services for Spanish speakers. They just can't pay the cost of counseling.
- Positive feelings towards Carlos in Children's MH.
- More Spanish speaking counselors are needed.
- The "public charge" issue is a big one. There won't be any services at all for undocumented people if this goes through. Some families are already not signing up for services, or re-applying for services, because of this.
- Partnership doesn't have anyone to do assessments in Spanish.
- The stigma of mental health needs to be reduced. Would like to see the stigma and discrimination reduction program do work on this issue. It is a cultural issue. People in the Latinx communities don't want to discuss their mental health issues. Does LA, or other big cities with a large Latinx population, have messages that could be tailored, borrowed from?
- Spanish speakers are afraid to make calls for services, appointments because the phones are answered in English. They will just hang up. It would be better to have the phones answered in Spanish right away.
- Need consistency in messages, not just have them in May is Mental Health Month.
- A couple of people said they had seen improvement in mental health services in the last couple of years.
- Need more robust MIST team for outlying areas.

Hope Center, Comment Forms:

1. Comment Form 1:

- Reinstate the HSU social work stipend program, especially for a student with lived experience
- Provide training (including funding) to increase the number of persons with lived experience to be certified as peer coach

2. Comment Form 2:

- Hope Center/Mental Health building ADA compliance

3. Comment Form 3:

- More seating

4. Comment Form 4:

- Hope Center needs a bigger building please help
- More empathy at SV

Hope Center, Meeting Comments:

- Question about clinical issues, medication, substance abuse—I could not answer
- Housing and homelessness issues need to be addressed
- Hope Center needs more space

Behavioral Health Board, Comment Forms:

1. Comment Form 1: In regard to discrimination: Your public information needs to state what diagnoses you treat. The fact that it doesn't made it possible for your intake clinician to deny me services, including an intake with a doctor, by giving me false information about what treatment you offer in a phone intake. This happened in the summer of 2018. I was already a client from 1998-2011, previously. Anina Stoller

Attachment 5

2. Comment Form 2: I'm the director AJ's living and many of my clients are Mental Health clients. The MHSA mentions housing, would there be funding available for their rents? Art Wilson, 707-498-0688. If not, why?

Behavioral Health Board, Meeting Comments

- Issue of providing transportation to services. In 16/17 \$28,000 was spent on bus tickets to central services
- Humboldt Transit Authority needs a proposal for grant money to provide transportation.
- Concern with feedback not going back to the community after the stakeholder process. Need to go back and let people know
- To help reduce stigma, have on the website the disorders that MH treats
- Someone would like a list of funding sources for grants
- Services need to be de-stigmatizing for children and students

Behavioral Health Board, Meeting Minutes:

Cathy Rigby reported she is here today to give the Board an update on the MHSA 2018-19 update. This includes a report on activities for PEI and Innovation. Cathy distributed documents to the Board. MHSA passed in 2004 and is a 1% Tax on millionaires. Each county gets funds and must develop a 3-year plan and give updates each year. Cathy reported she has been meeting with stakeholders and has 3 more meetings scheduled this year through January. She will do a summary report and make changes then the 30-day comment period will begin and then there will be a public meeting to take input. Then the report will go to the BOS and after approval will be sent to the state. Marianne Pennekamp asked if we could get a funding map? Melissa to get this. Cathy reported that Administration would decide funding changes if needed. There are also mini grants that can be used for projects.

HCTAYC, Comment Form:

Why don't we have the persons who can prescribe medications and do follow up?

HCTAYC, Meeting Notes:

- Need more staffing, on call support, security person (though some don't like this idea.) Someone to help intervene when situations are escalating. De-escalation facilitator needed
- More therapists/counselors
- More psychiatrists—monitor medication—or psychiatric nurses. Medication support
- Nurse to deal with physical issues
- Full trauma kit, not just usual first aid kit
- Can't get in to see doctors
- There isn't a variety of people to see as counselor, if it's not a good fit for you to see one person there's no other choices
- Psychiatric support when needed
- More training
- Lack of access to services. Need showers and laundromat here at TAY. Supplies for hygiene support
- Need storage space for things. People steal, we lose things.
- Blankets

Attachment 5

- Transportation to mental health appointments, someone to drive people. Someone whose job it is to drive people, like a TAY Uber
- Need things at the center that are fun, recreational activities, like a video console, Minecraft, outdoor activities, basketball hoop, garden
- Need a health care clinic attached to TAY
- Need crisis counselors
- Need to update computers
- Child care and child support for TAY who have kids, so when TAY are getting services the kids can be watched.
- Dedicated nurse for TAY who helps with pregnancy and child issues
- Need health education
- Need a place to store personal food, and a place to cook food
- Supportive housing for all TAY, transitional housing
- Need a place to plug in a CPap machine for sleep apnea

Eureka Community Meeting, Comment Forms:

1. Comment Form 1: Potentially as schools adopt MTSS and PBIS it seems less funding will be needed for trainings etc. And what is the expectation that HCOE and schools pick up those costs? It seems like some funding could be shifted upstream to the 0-8 MH Collaborative that is experiencing reduced funding due to First 5's budget reduction. Laura Olson.
2. Comment Form 2:
 - a. Utilize unspent Innovation \$ and work in conjunction with the 0-8 MH Collaborative and AIMH Humboldt to discuss how the development and implementation of a program(s) to serve the 0-5 population (underserved.) Then use PEI \$ to support program(s) that serve children 0-5 in context of their family.
 - b. Utilize WET funds to train a workforce in Infant Family Early Childhood mental health— support the 0-8 MH Collaborative to be sustainable in Humboldt.
3. Comment Form 3: Humboldt County has second highest opioid OD and there was no mention of substance abuse support especially in the following goals that have been mentioned: 1) stigma and discrimination reduction and 2) continuum of care: rehousing, mobile outreach, older adults, full service partnership, etc. Substance abuse is important in the MHSA
4. Comment Form 4: What is the outreach process for attendees at the stakeholder meetings such as this? It would be nice to see more and more diverse representation at these meetings.
5. Comment Form 5: Services for children birth to five and their families through PEI funds. Include pregnant moms, training \$ for EBP for children 0-5. Support for the infrastructure of the 0-8 MH Collaborative through WET dollars. Support to organizational providers for updating /improving EHS systems through information technology dollars
6. Comment Form 6: Good presentation. Note absence of any fund for children under 5 y.o. Existing training consortium for professionals working with families/children less than 6 years old needs and deserves MHSA funding. Optimally this funding would be ongoing. The 0-8 MH Collaborative is the only local source of training and education for truly early intervention services.
7. Comment Form 7:

Attachment 5

- a. Fund reflective practice support via WET dollars to better respond to those working with folks served by MHSAs funded programs.
 - b. Use unexpended WET funds to support infrastructure funding for the 0-8 MH Collaborative
 - c. Direct a portion of the unexpended PEI funds to expand Infant-Family and Early Childhood Mental Health services, in a multi-tiered system of support designed program
8. Comment Form 8: As a member of this community who has received services from Adult Behavioral Health Services for substance abuse disorder and receive funding for childcare with Changing Tides Early Head Start for my son I know how important these services are to my continued and my child's continued mental health. I also find CYFS a crucial element of our continued mental health.
9. Comment Form 9:
- a. Our community should be putting the opioid crisis and its impact on users and their family members on the forefront to all acts of change at every level. Addressing this issue is one the first essential steps to turning this county around
 - b. Attention should also be given to young children gestation-t years old to address our county's ACES issues. This ideally would include addressing and reducing postpartum depression

Eureka Community Meeting, Meeting Notes:

- Addiction and SUD services are left out of the Update. MHSAs funds should be used for SUD services
- There is a difference between what's on paper about services available and what's really available. Need to be accurate about services
- Funding and support for early childhood needs to be available. Several people stated this
- There need to be more Patients Rights Advocates
- One person wants the Update in a format with Track Changes
- Can community members/participants in the stakeholder process see the stakeholder report?
- Please report back to people what decisions were made about changing the Update
- Would like reporting on MHSOAC oversight activities

Eel River Valley FRC Coordinators, Meeting Notes:

- Interest in Local Implementation funding, how to participate
- Difficult to hire social workers/counselors at schools, as they are often on a different pay scale than teachers. Need more social workers/counselors.