



Community Program Planning Process Report

For the

Mental Health Services Act

Three Year Plan 2023-2026

Introduction

This document reports the results of the Community Program Planning Process (CPPP) for the Humboldt County Mental Health Services Act (MHSA) Three Year Plan for 2023-2026. The document is organized as follows.

1. Summary of Findings
2. CPPP Summary
3. Stakeholder Demographics
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 - b. Community Survey
4. Stakeholder Meeting Themes
5. Community Survey Themes
6. MHSA Funding Availability
7. Next Steps

This report provides information to Behavioral Health leadership in determining whether the draft Three Year Plan for 2023-2026 should be revised, which includes determining what MHSA programs and services will be supported for the next three years. In its deliberations, leadership should consider the requirements for implementing Welfare and Institutions Code Section 5840.7 enacted by Senate Bill 1004. This Section establishes priorities for County use of Prevention and Early Intervention (PEI) funding. Counties can choose to focus on other priorities, and if so will need to describe why these programs are included and the metrics by which their effectiveness will be measured. The priorities for Section 5840.7 are:

- Childhood trauma prevention and early intervention
- Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
- Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs
- Culturally competent and linguistically appropriate prevention and intervention
- Strategies targeting the mental health needs of older adults
- Early identification programming of mental health symptoms and disorders

This report will be posted to the County's website. Those who provided input into the CPPP, and others, can be assured that their input was recorded.

Summary of Findings

A total of 425 responses were provided by community members as input into the Draft Three Year Plan for 2023-2026. Stakeholders providing input resided in communities throughout Humboldt County. The top priorities identified by respondents were:

- Increase and expand mental health services: To more communities in Humboldt County

(e.g., Eastern, Southern, and Eel River Valley areas; have more doctors, counselors, and other mental health professionals; have more programs; provide services and supports to all who need it.

- Workforce support: Recruit, retain and train the workforce---the mental health workforce as well as those who may encounter people needing mental health services. Law enforcement, childcare providers, and teachers are included as part of the workforce.
- Services and supports for early childhood: Therapeutic environments (e.g., FSP services for children), trauma informed environments, parent education, home visiting, playgroups, support for the 0-8 Mental Health Collaborative, and attention for extreme behaviors in young children.
- Have culturally responsive services that are more inclusive to Hmong, Hispanic/Latino, and LGBTQ+ populations.
- Continuity of care for clients released from Sempervirens (SV), Crisis Stabilization Unit (CSU), Jail, funding Crisis Alternative Response of Eureka, and other transition services such as providing discharge plans, warm handoffs, transitional housing/placements.
- Increase support for school age youth: Both transition age youth (TAY) and those not yet TAY. Support for first break psychosis, crisis support, and strengthening the continuity of care for families.
- Housing and support for those experiencing homelessness: Supportive housing and other services.
- At schools, provide more mental health counselors and other mental health supports; collaborate with Cal Poly Humboldt's psychology department and their interns.
- Increase support for the seriously mentally ill: Those with anosognosia (lack of insight into illness); more assertive care treatments; integration of therapists/counselors in programs that work directly with clients; more case managers and other paraprofessionals; occupational support, supported employment and sheltered work.
- Improve program outreach by collaborating/partnering with local organizations and spread more information to educate the public on what services are available and what they do.

The top five populations that respondents felt were unserved/underserved by current MHSA programs are:

- Those with a substance use disorder.
- Those who might be at risk of a mental illness
- Homeless or at risk of homelessness.
- LGBTQ+
- Other minority groups (i.e., Asians, African Americans)

The top challenges to receiving mental health services were: 1) insurance eligibility, 2) unsure where to go for help, and 3) lack of transportation. These identified challenges reinforce the theme of expanding and increasing access to services.

Community Program Planning Process (CPPP) Summary

The CPPP for the 2023-2026 Three Year Plan began in November 2022. Input was gathered in three ways: 1) stakeholder meetings, 2) comments to the MHSA Comment Email and to the MHSA Comment Phone Line, and 3) results from the Community Participation and Feedback Survey (Community Survey).

Stakeholder Meetings. The MHSA Program Manager contacted community groups and organizations to ask for agenda time at their regularly scheduled meetings, or to request their assistance in setting up a special meeting to gather stakeholder input. During the months of November 2022 through February 2023 a total of twenty-three stakeholder meetings were held with a total of 191 individuals attending. For the regularly scheduled meetings of groups, at which MHSA was an agenda item, publicity about the meeting was provided by the group hosting the meeting. Out of the twenty-three meetings held, ten were regional meetings (5 meetings were held via Zoom and the other 5 serving as in-person sessions for those that could not attend virtually). Due to bad weather, an earthquake, and power outages, some people were unable to attend the Zoom meetings. Attachment 1 is a list of all twenty-three meetings, groups, dates, and number attending. Attachment 2 contains fliers used to advertise the Zoom meetings along with fliers for the supplemental community meetings that took place in person. DHHS Media advertised MHSA community meetings through the county website, Media's distribution lists that consists of fourteen media outlets, and social media, and through email correspondence.

Attendees at the meetings received a packet of information about MHSA. This information included the Draft 2023-2026 Three Year Plan; summary of 2022-2023 MHSA programs currently funded; MHSA fundamental concepts; MHSA information sheet; Mental Health services provided by the County; definitions of Serious Mental Illness and Serious Emotional Disturbance; MHSA comment form; MHSA demographic form; fliers for upcoming events; and a direct link to the community survey. The summary of current programs, fundamental concepts, information sheet, comment form, and demographic form were also available in Spanish. Attachment 2 contains the English and Spanish versions of the information that was provided. The draft Three Year Plan with its budget is found in Attachment 3. There were Spanish-speaking-only individuals at the Promotores stakeholder meeting.

At each stakeholder meeting, the MHSA Program Manager presented the information and participants were invited to ask questions and provide input. The input was recorded in notes or on flip charts. Attachment 4 contains all of the notes taken during stakeholder meetings. Participants in these meetings could also provide written comments on the MHSA comment form, provide verbal input during the meeting and/or by calling the MHSA phone line, and by submitting their comments/recommendations via email. Twenty written comment forms were collected from meeting participants during the stakeholder process.

MHSA Comment Email. Five stakeholders provided input via email to the MHSA comments

email address. It should be mentioned that no one left a message on the MHSA comments phone line.

Community Survey. Google Forms was used to create a community survey, available online and in paper format. A total of 229 responses were received. Of the responses, 194 people, 85.1%, stated it was their first-time providing input and information for the CPPP. For 34 people, 14.9%, it was not the first time they had provided input. The documents in Attachment 2 include a copy of the survey.

Information about the community survey's availability was provided through several means.

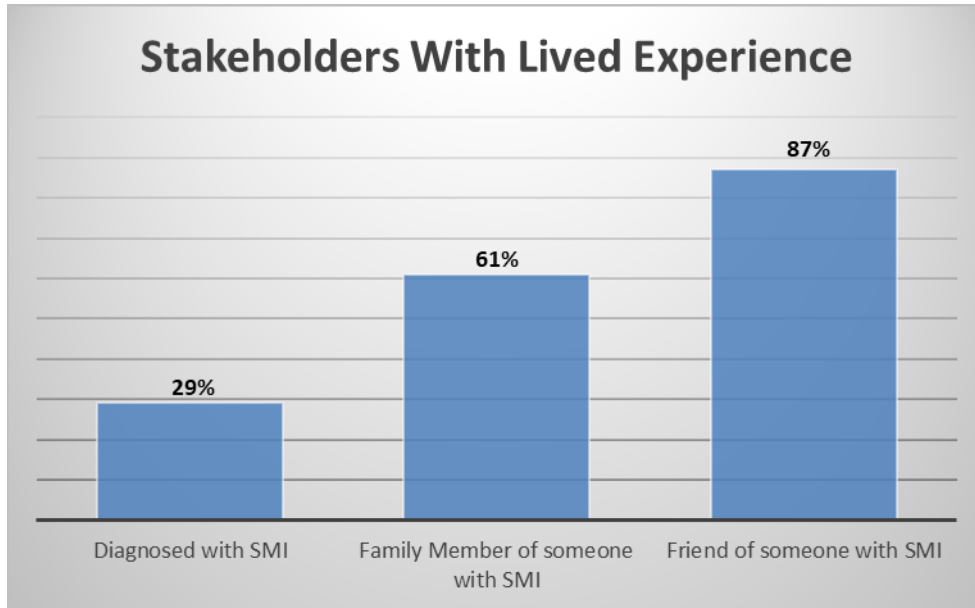
- A news release was prepared by DHHS Media and submitted on November 18 to fourteen local media outlets.
- The information was posted to the DHHS Facebook page.
- The County of Humboldt published the information on its website on November 18 and again on January 6.
- Links to the survey were provided via email to over 200 members of the 0-8 Mental Health Collaborative; to the 100+ Promotores distribution list; to the Northern California Association of Nonprofits (NorCAN) distribution list of over 1,000. Many other groups with smaller distribution lists were also provided with the link and shared with their distribution lists.
- All groups with which a stakeholder meeting was held received paper copies of the community survey and were asked to make the survey available to their constituents.
- A meeting with Cal Poly Humboldt's psychology professors was held. The staff distributed the survey to their students.
- With the help of County's media team, two radio stations were contacted to aid in the distribution of MHSA news. KMUD interviewed the MHSA Program Manager and released a news blast for Southern Humboldt to inform people of the community survey and ways they can reach out to share input or ask questions. The other radio station that was contacted was 99.1, which helped advertise the community survey and also shared to its listeners how they can reach out with questions/input.

Between the 191 individuals attending meetings, five (5) providing input through MHSA email comments and MHSA phone comments, and 229 responses to the community survey, a total of 425 responses were provided as input into the Draft Three Year Plan.

Stakeholder Demographics

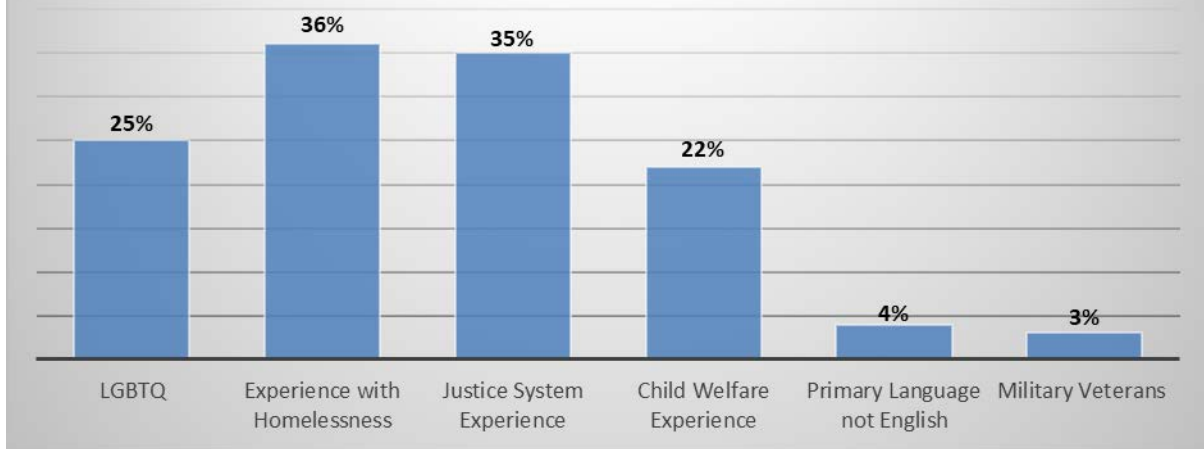
Stakeholder Demographics From Meetings. Stakeholders attending meetings were asked to complete a MHSA demographic form. Completion of the form was voluntary, and responses were anonymous. A total of 69 individuals, 44% of those attending, completed a demographic form at the stakeholder meetings.

Individuals with lived experience of a serious mental illness (SMI) and their family members are recognized as a vital voice in the MHSA CPPP. As seen in the chart below, 29% identified as having a serious mental illness, and 61% identified as a family member of someone with a serious mental illness. In addition, 87% of those attending the stakeholder meetings said they were a friend of someone with a serious mental illness.



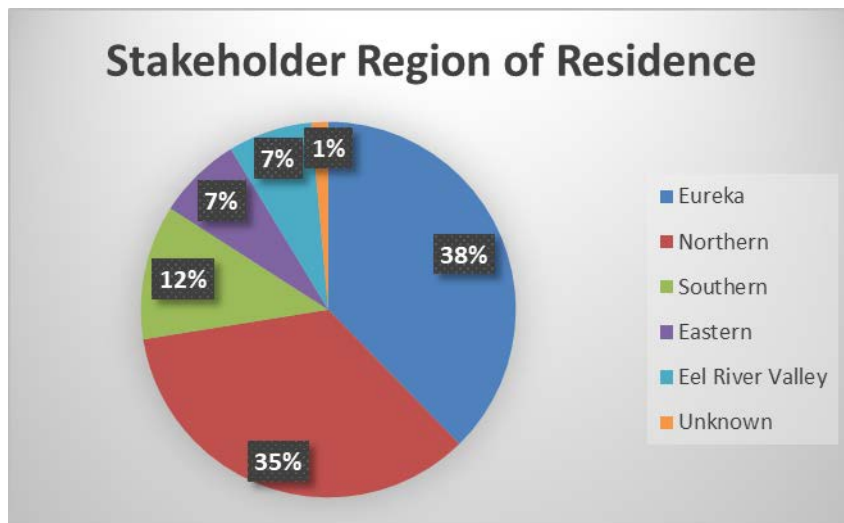
Additional life experiences have been identified as important voices for the CPPP. Sexual orientation and gender identity, homelessness, experience with the justice system, experience with Child Welfare, and those whose primary language is not English have life experiences or conditions that can result in challenges to successful mental health access and treatment. The chart below illustrates the inclusion of people with these life experiences in the CPPP. Twenty-five percent identified as LGBTQ; 36% identified as having experience with homelessness; 35% had justice system experience; 22% had Child Welfare experience, and 3% had served in the military. Four percent of stakeholders stated their primary language was a language other than English.

Percentage of Stakeholders Who Identify as a Member of a Special Population

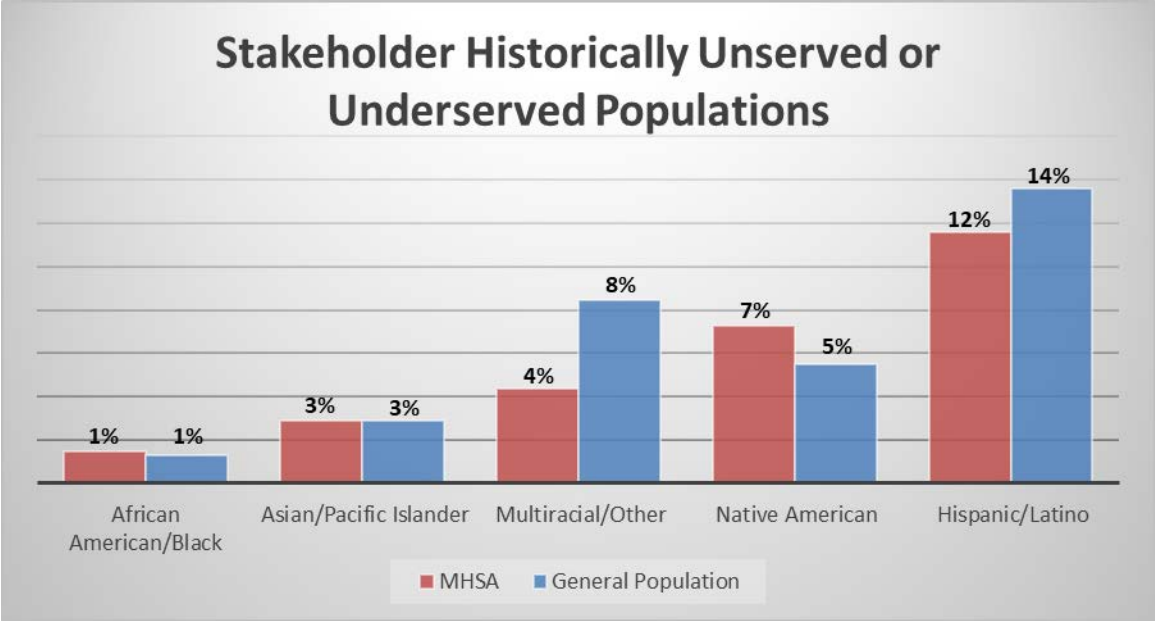


In this CPPP, 35% of participants resided in the Northern Humboldt region, which includes Arcata, Blue Lake, McKinleyville, and areas north, and 38% of participants resided in Eureka. Seven percent of participants resided in Eastern Humboldt, which includes Hoopa and Willow Creek; 7% in the Eel River Valley, which includes Fortuna, Ferndale, Scotia and Rio Dell; and 12% resided in Southern Humboldt, which includes Redway, Petrolia and Garberville.

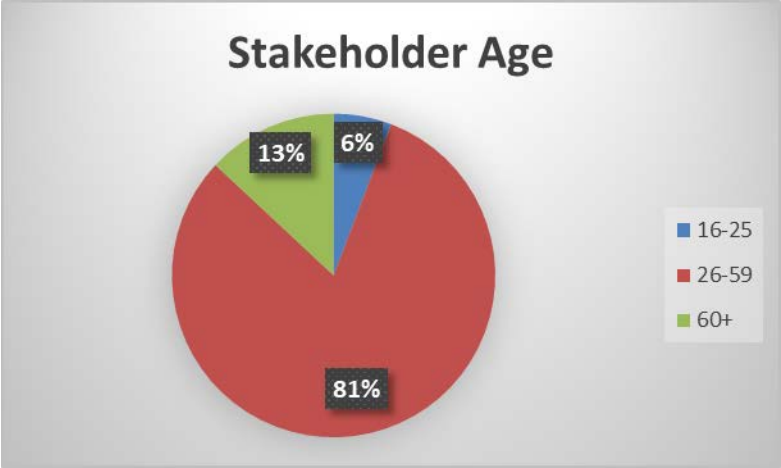
Stakeholder Region of Residence



Efforts are made to reach participants that reflect the racial and ethnic diversity of Humboldt County. Of those attending stakeholder meetings, 12% were Hispanic/Latino as compared to 14% of the Humboldt County general population. One percent were Black/African American, which is the same as the general population. Seven percent were American Indian, as compared to 5% of the general population. 1% were Asian/Pacific Islander as compared to 3% of the general population. Four percent were Multiracial/Other as compared to 8% of the general population.

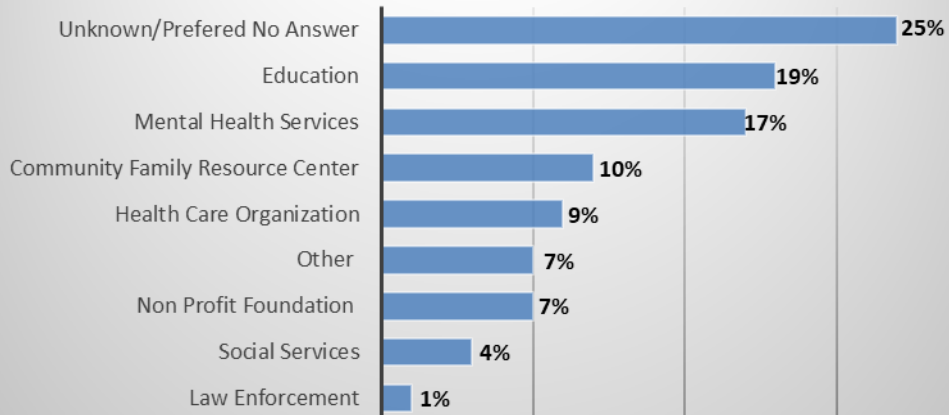


Six percent of those completing the demographic form were ages 16-25; 81% were ages 26-59, and 13% were age 60+.



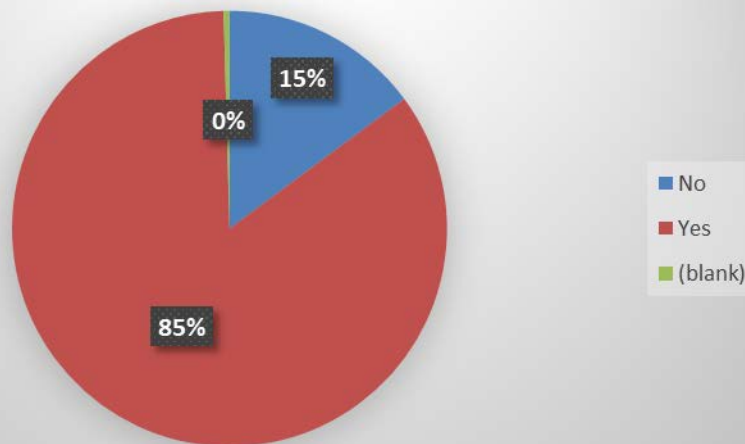
The chart below illustrates the representation from community agencies participating in the stakeholder meetings. It shows that the process included individuals from mental health services, 17%; education, 19%; health care organizations, 9%; social services, 4%; Community and Family Resource Centers (CRC/FRC), 10%; Other 7%; law enforcement 1%; and 25% provided no response.

Agency/Group Identifying With

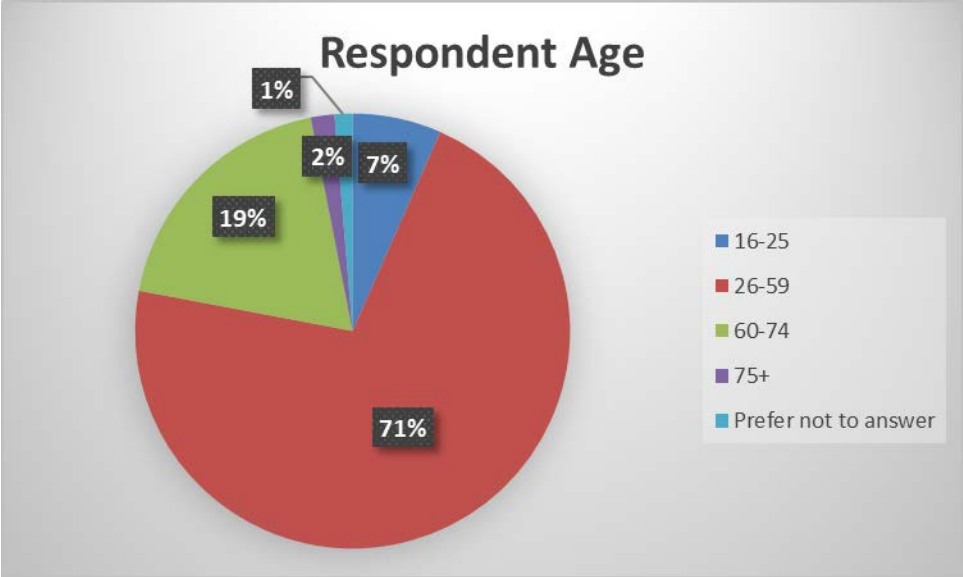


Stakeholder demographics from Community Survey. Community members completing the survey were asked to provide demographic information. Out of the 229 individuals that completed the survey, 194 (85%) said it was their first time filling out the survey. Thirty-four (15%) had taken the survey in previous CPPP. One respondent did not answer the question.

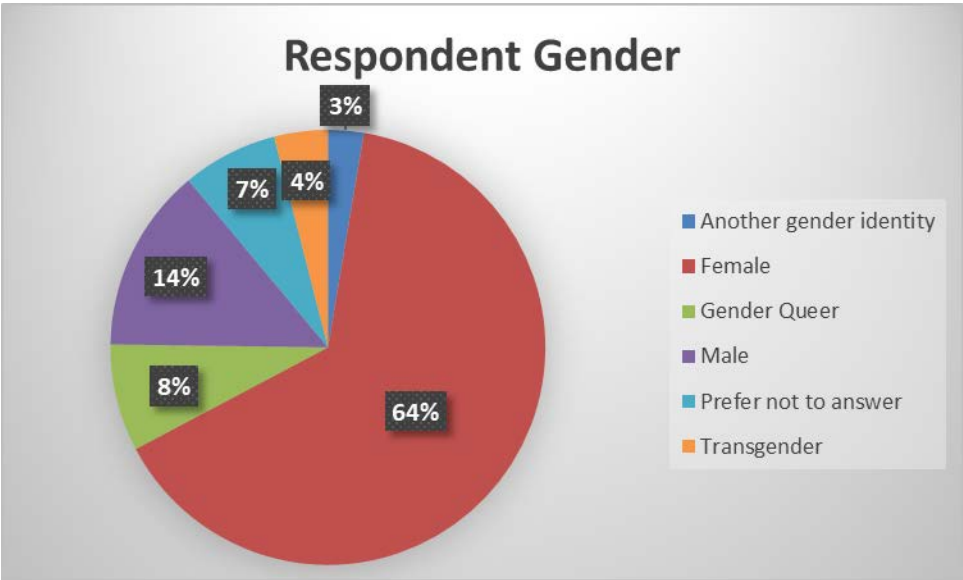
First Time CPPP Participation



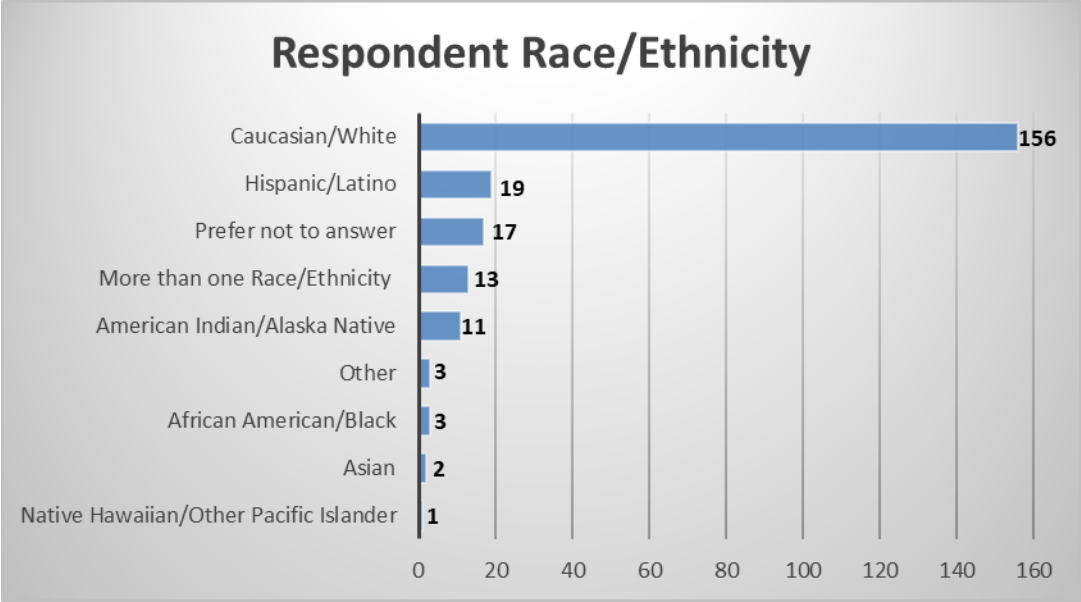
Six and a half percent of respondents were ages 16-25, 71.4% were ages 26-59, 18.9% were ages 60-74, 1.8% were age 75+, and 1.3% did not answer.



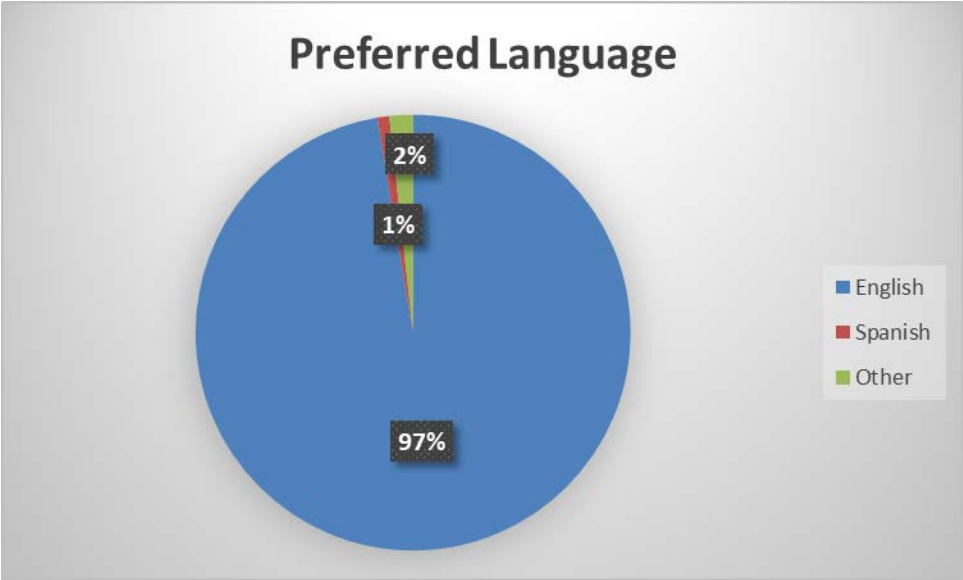
Eight percent of respondents were gender queer, 64.6% female, 13.7% male, 4% transgender, 2.7% were another gender identity, and 7.1% did not answer.



Out of the 229 respondents, 156, 69.3%, were Caucasian/White; 13 respondents, 5.8%, were Multiracial; 19 respondents, 8.4%, were Hispanic/Latino; 11 respondents, 4.9%, were American Indian/Alaska Native; 3 respondents, 1.3%, were Other; 3 respondents, 1.3%, were African American/Black; 1 respondent, .4%, were Pacific Islander; and 2 respondents, .9%, were Asian. 17 respondents, 7.6%, did not answer.

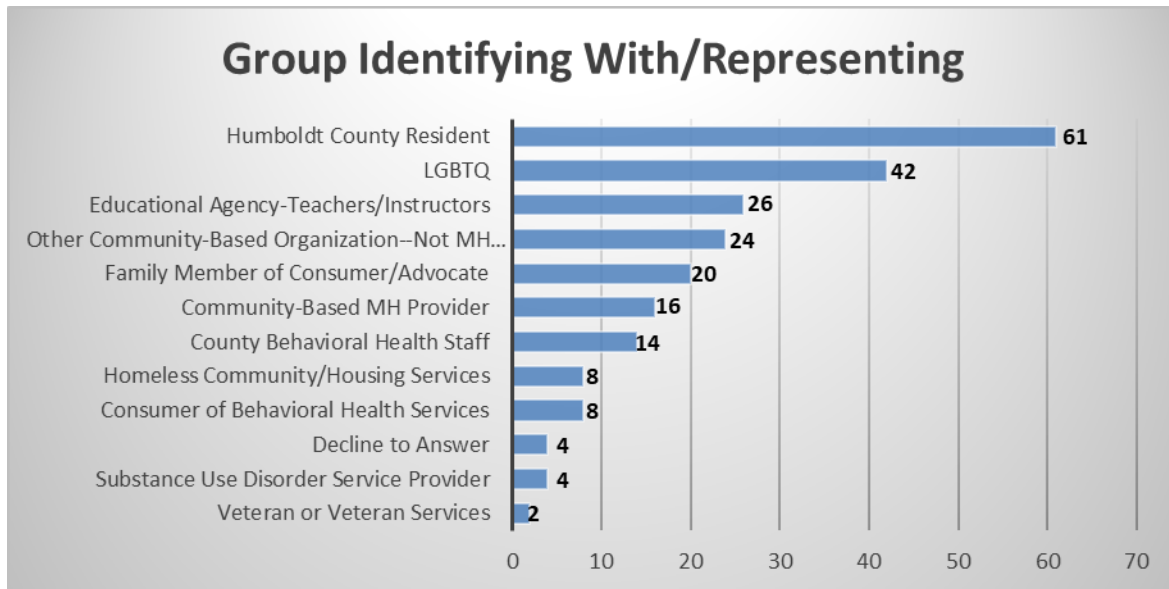


Survey respondents were asked about their preferred language. As noted by the chart below, nearly all participants utilize English as their primary language. Only two people responded with Spanish being their preferred language and 4 people said “other.”

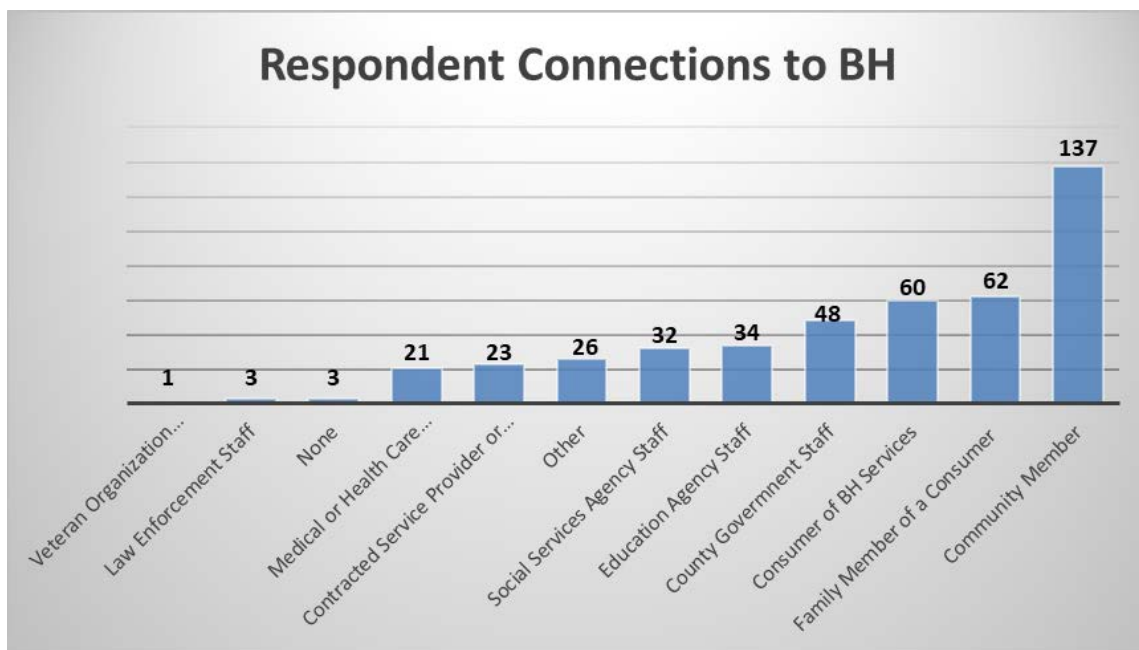


Survey respondents were asked to identify the group that they primarily identify with or represent. 11.6% indicated educational agency; 27.1% indicated an interested member of the community; 10.7% indicated other; 3.6% indicated mental health client/consumer; 8.9% indicated family member of a client/consumer; 10.7% indicated another community based organization, not mental health; 7.1% indicated a community mental health provider; ;6.2% indicated county behavioral health staff, 1% were affiliated with veteran services; 18.7%

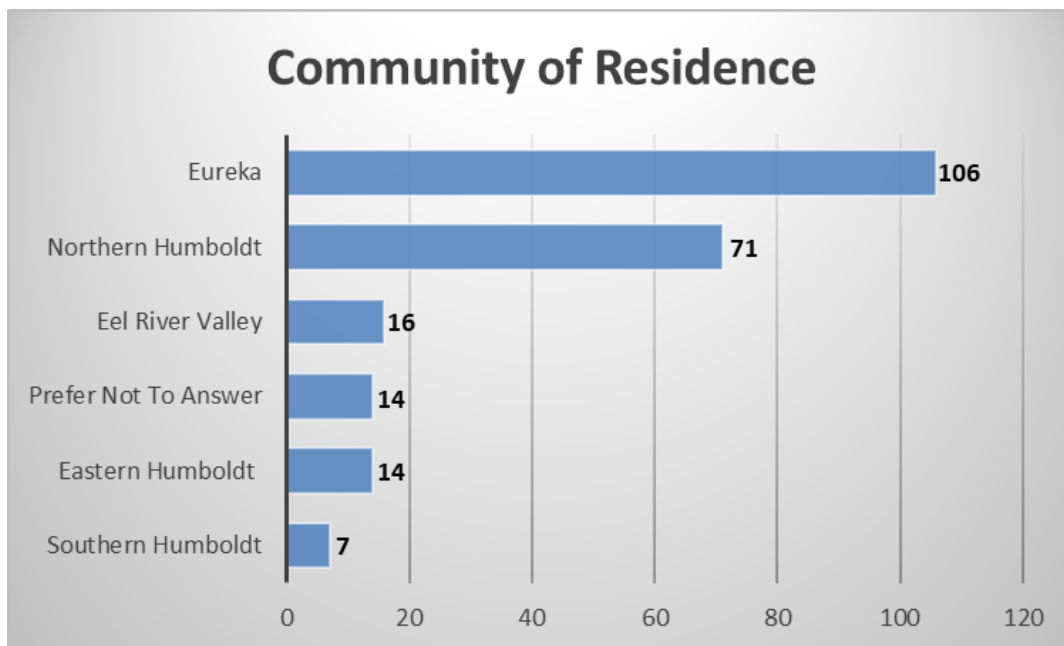
LGBTQ; 2% substance use disorder service provider; and 3.8% identified with homeless community/housing services.



Survey respondents were asked to state their connection to behavioral health (BH) services. The top three were community member, family member of a consumer, and consumer of BH services. Participants chose all that applied to them and the graph below shows all responses included.



Survey respondents were asked to identify the city, zip code, or community in which they reside. The majority of respondents resided in the Humboldt Bay area—Eureka, Arcata and McKinleyville—177 respondents. The Eel River Valley, including Fortuna, Rio Dell, and Ferndale, had 16 respondents, followed by Southern Humboldt, including Redway, Weeot, Garberville, and Petrolia, at 7 respondents. There were 14 respondents from Hoopa, Weitchpec and Willow Creek in Eastern Humboldt. Fourteen people declined to answer the question.



CPPP Themes

Themes from stakeholder meetings. After the stakeholder meetings were completed, the notes from each meeting, the comment forms received at each meeting, and the comments received from the MHSAs email and phone line were reviewed. 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.

The table below shows the ranking of themes from the twenty-three stakeholder meetings, the five comments received from the MHSAs comment email and MHSAs phone line, and the seventeen comment forms received at the stakeholder meetings. Comments in the “Other” category on comment forms were services for older adults, programs for obesity, and appreciation for the information.

Ranking by totals for meetings and comments

Themes	# Meetings where Mentioned	Email and Phone	Comment Forms	Totals
Expand/increase access to services	14	5	2	21
Workforce support	7		1	8
Continuity of care for clients released from SV, CSU, Jail; Other transition services	6	2	1	9
Increase support for youth	7	1	5	14
Services for early childhood (0-5)	4	1	5	10
Housing & Services for those experiencing homelessness	4	1	2	7
Support groups and peer support	3		1	4
Law enforcement partnerships	5			5
Transportation for clients	5			5
Increase support for seriously mentally ill	9	1	3	13
Clarity about MH services provided	9		3	12
Hope Center improvements	3		1	4
Bilingual & Culturally Competent Services	15	3	6	24
Mental Health Counselors at schools	4		1	5
Substance Use Disorder Services	5		1	6
Other	2			2

For a breakdown of the community meetings at which the input was received, please see Attachment 1. For the number of comments from the MHSA comment email or phone line, and notes from each community meeting see Attachment 4. Attachment 5 contains all narrative responses to both the community survey and demographic survey. Below is a brief summary of each theme.

Expand/increase access to services. Fourteen stakeholder groups, 5 email comments, and 2 comment forms talked about the need to expand services and supports, and email/comment forms also focused on this theme. Comments included to increase outreach, employ more psychiatrists and counselors, provide more programs for juveniles, expand Sempervirens and the Crisis Stabilization Unit, expand services to Southern and Eastern Humboldt, and accept private insurance for services. .

Workforce Support. This need was mentioned at seven stakeholder meetings and in one comment form. Comments mentioned included training and support for those working with the 0-8 population; providing clinical experience and education for Cal Poly Humboldt graduates;

more funds for professional development; improving county's ability to host trainings without relying on outside help.

Continuity of care for clients released from Sempervirens, Crisis Stabilization Unit, and the jail, plus other transition services. This need was mentioned at six stakeholder meetings, in two emailed recommendations, and in one comment form. Ideas include the need for a day treatment center, step-down unit, giving a warm hand-off, increasing residential housing options, expanding services to support and ensure clients released from SV and CSU do not struggle, and more board and care facilities.

Increased support for school aged children and youth. Seven stakeholder meetings, one email, and five comments forms indicated the need for increased support for youth, both TAY and those not yet TAY. Support for first break psychosis, crisis support, and strengthening the continuity of care for families was included.

Services for early childhood. Four stakeholder groups, one email, and two comment forms focused on this theme, which included the need for expanding FSP services to serve children, parent education, improving child care options for when parents need to be involved in service delivery, expanding times in which services are conducted, offering more services that are in-person, and adding trainings.

Housing and services for those experiencing homelessness. Attendees at four meetings, one email, and two comment forms, indicated the need for more supportive housing, more supportive services for those who are not housed, increased funding for emergency housing in areas that could use additional support, and working with rental companies to overcome barriers for achieving housing.

Support groups and peer support. Attendees at three meetings and one comment form mentioned the need for more peer support and DHHS sponsored trainings with paid facilitators that anyone with mental illness could attend; and paying peers to tell their stories.

Law enforcement partnerships. Attendees at five meetings spoke about the need for a strengthened partnership between law enforcement and mental health, including providing clarification about policies; providing a pocket-sized resource list; increased community collaborations; and providing more training for law enforcement on working with the mentally ill.

Transportation for clients. Five groups spoke about the need for transportation for clients and community members to get to services and supports. People in Southern Humboldt, Eel River Valley, Eastern Humboldt, and Northern Humboldt expressed a great need for transportation expansion to access services offered only in Eureka..

Increased support for the seriously mentally ill. Attendees at nine groups, one email, and three comment forms spoke about providing increased services and support for those with anosognosia (lack of insight into illness); more assertive care treatments; expansion of Comprehensive Client Treatment (CCT); having more case managers and other paraprofessionals; and providing occupational support, supported employment and sheltered work.

Clarity about Mental Health Services. Nine groups and three comment forms stated there needs to be more clarity about navigation of and access to mental health systems. They expressed uncertainty on what services are available and how to access them.

Hope Center improvements. Three groups and one comment form indicated the need to improve/expand the facility and programs of the Hope Center. Ideas included relocating the facility to a more accessible part of town, such as downtown, far from Sempervirens and the Crisis Stabilization Unit; providing more classes and activities; getting a larger facility; and providing a full-service kitchen with work programs.

Bilingual and Culturally Competent Services. This need was mentioned at fifteen stakeholder meetings, in three emails, and six comment forms. Staff at KTJUSD in Hoopa felt MHSA funds should be provided to the organization to hire staff and provide services in order to be truly culturally competent. A couple of individuals and Promotores requested content in Spanish along with the creation of presentations in Spanish. One person wanted to see Tribal representation on the Behavioral Health Board with the intent of bridging communication gaps. A meeting attendee pointed out that technical content within the presentation and stakeholder packet is a lot to process and may be intimidating for some. There was one person that pointed out that it might be more culturally appropriate to join other events where people are rather than creating new ones.

More mental health counselors at schools and additional school supports. This need was mentioned at four stakeholder meetings and on one comment form.

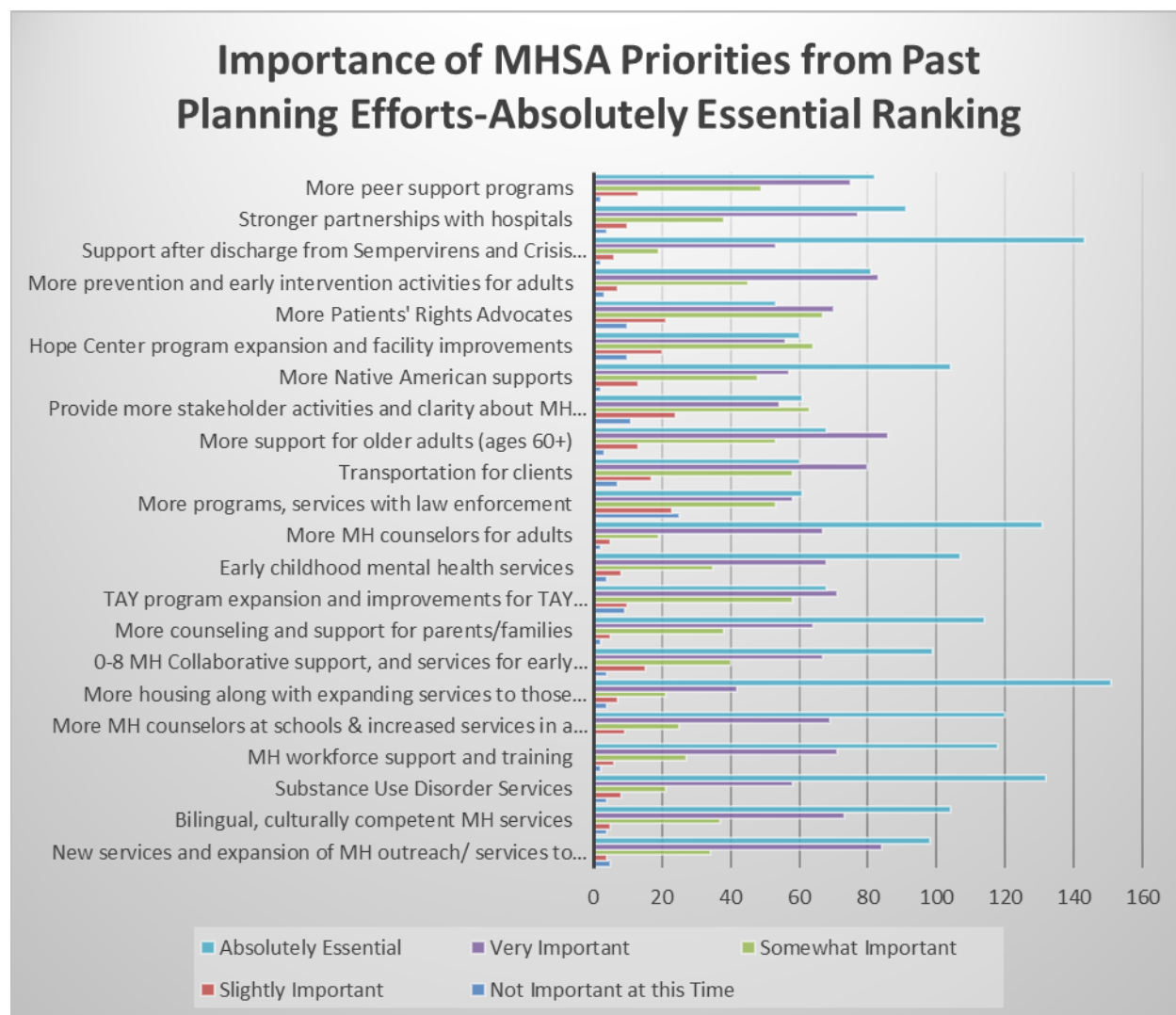
Substance Use Disorder Services. Five groups spoke about the need for additional substance use disorder services, to include youth under age 18 who have co-occurring substance use and mental health issues, creating services and infrastructure that are more inclusive, and to process referrals that are dual diagnosis.

Other. Two stakeholder groups mentioned the need for financial assistance for those that must pay out of pocket for some medications.

Community Survey Themes.

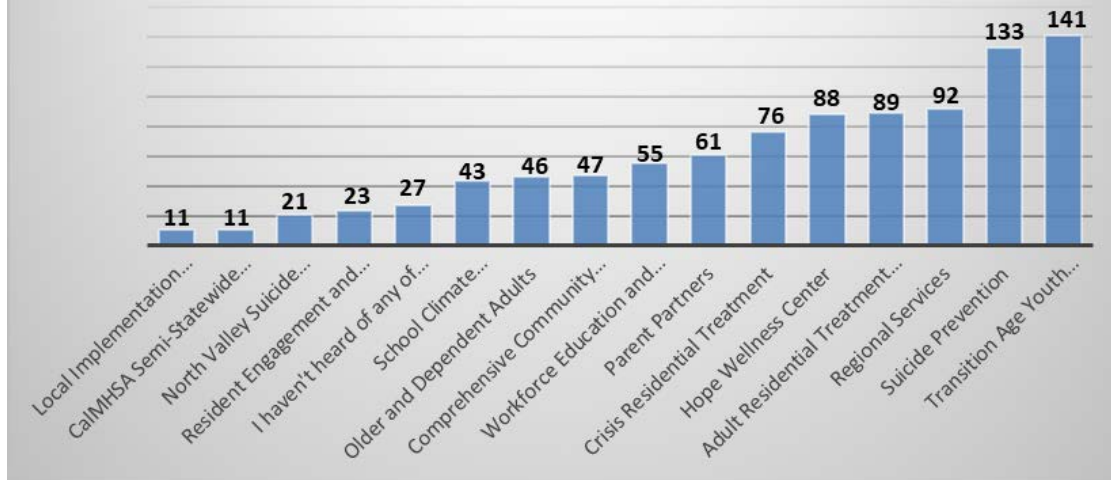
The online community survey had nineteen questions, with five questions (questions 8, 9, 10, 13, and 19) allowing respondents to write in a narrative response. There were a very large number of narrative comments that were analyzed—60 pages--and for purposes of continuity, the responses were organized into similar themes identified in the stakeholder meetings, but themes were expanded in order to take into account the greater variety of responses received from the community. Many of the comments contained more than one theme, and it was challenging to organize this much information. All of the comments are found in Attachment 5. It should be pointed out that since many comments mentioned more than one theme, the number of tallies will appear greater than the number of comments received. The remainder of this section reports results by each question.

Rate the level of importance of MHSAs priorities from past planning efforts. Ratings were “Absolutely essential,” “Very important,” “Somewhat important,” “Slightly important,” and “Not important at this time.” As the chart below shows, the top five priorities for “Absolutely essential” are more housing along with expanding services to those experiencing homelessness; more MH counselors for adults; substance use disorder services; more MH counselors at schools & increased services in a school setting; and MH workforce support and training.



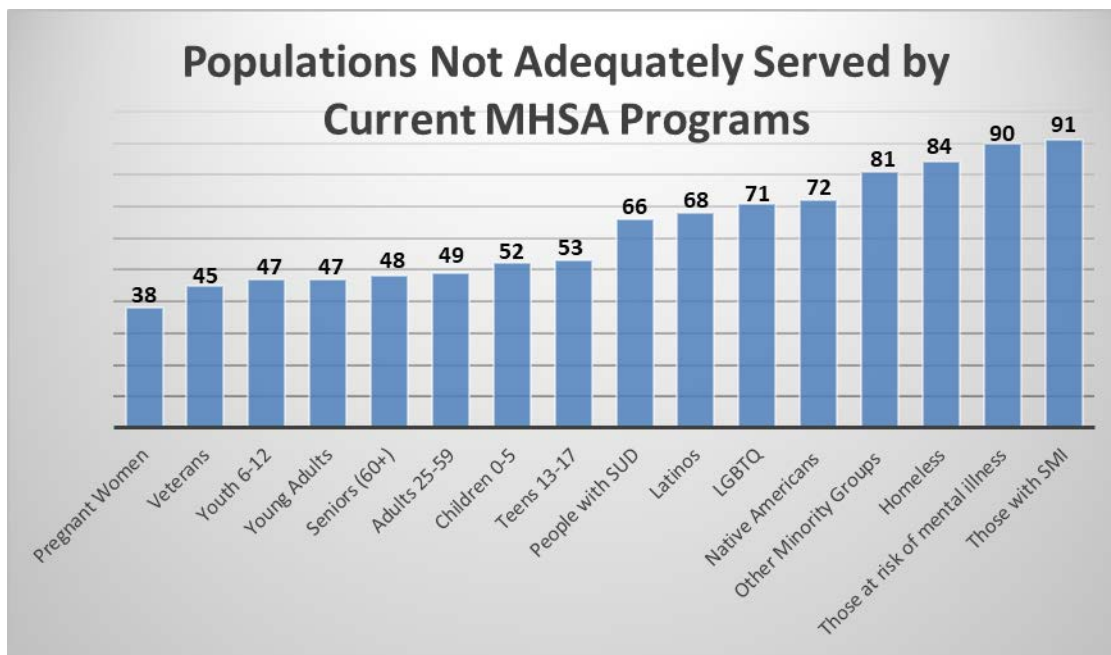
What MHSAs-funded programs are you familiar with? People checked all the programs they were familiar with. The top five services people were aware of were: Transition Age Youth, Suicide Prevention, Regional Services, Adult Residential Treatment, and the Hope Center.

MHSA Programs Respondents Are Familiar With



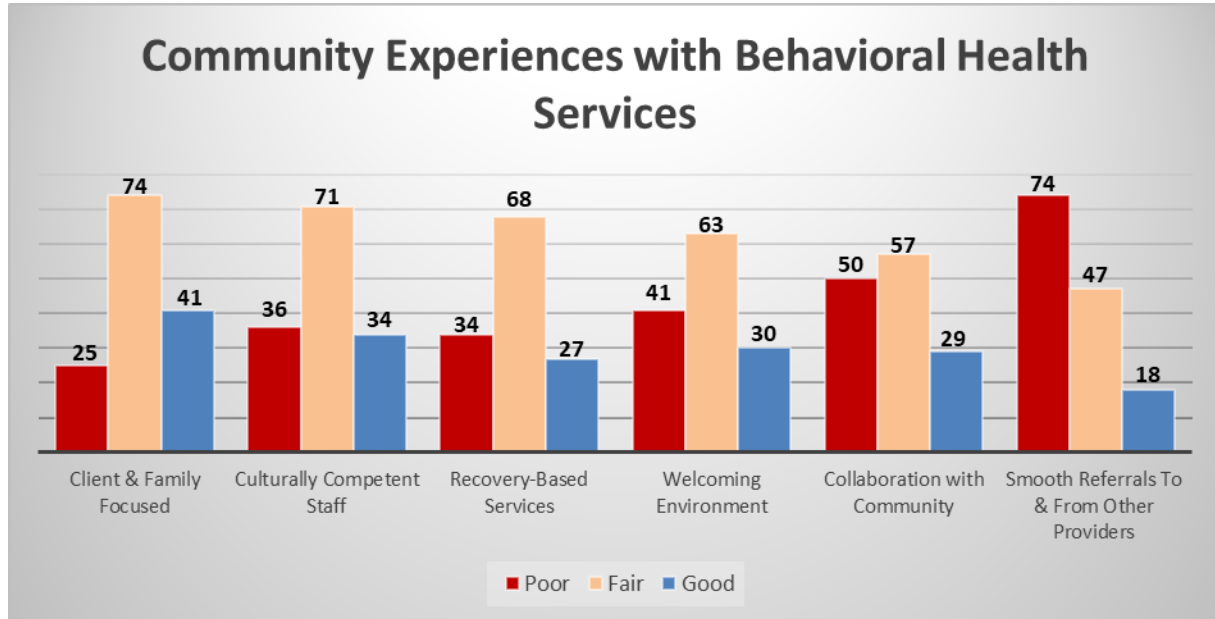
What populations/groups are not being served adequately by current MHSA programs? The top five groups, as indicated in the chart below, are persons with serious mental illness; those at risk of having a mental illness, homeless, other minority groups not mentioned in the survey (i.e. Asian and African American), and Native Americans.

Populations Not Adequately Served by Current MHSA Programs

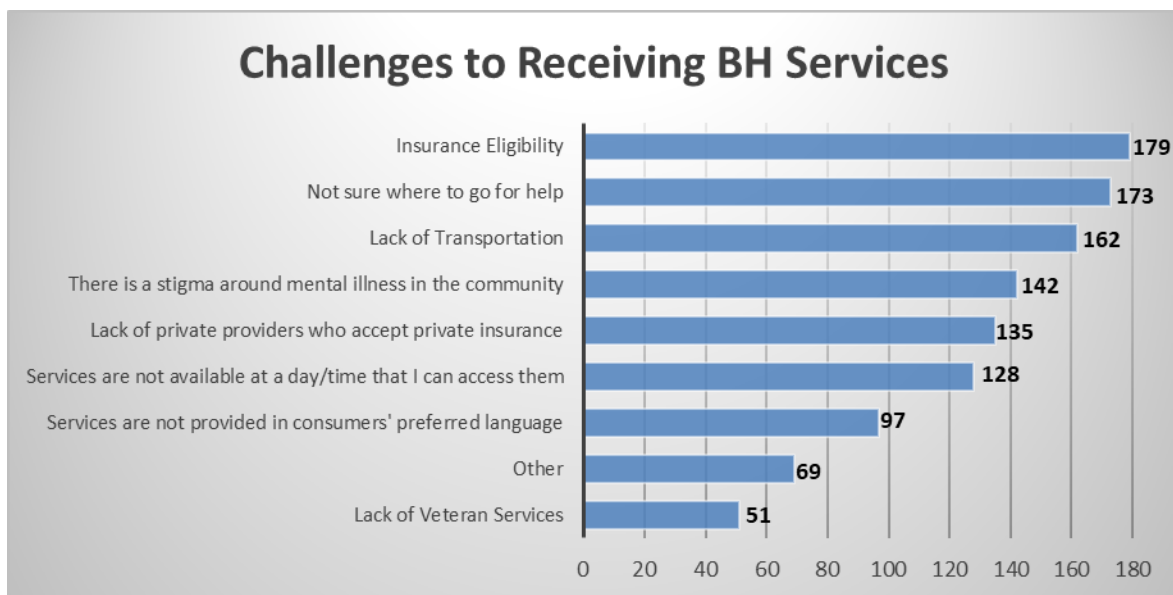


If you have experience with mental health services at Humboldt County Behavioral Health, how do you feel we are doing? The chart below depicts the responses to this question. The top three areas where community members graded “poor” is in smooth referrals to & from other

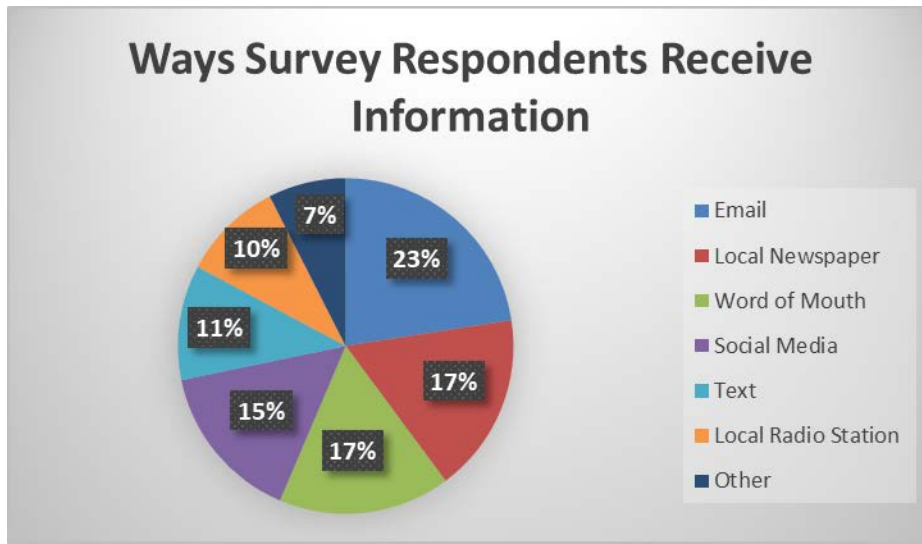
providers, collaboration with the community, and in welcoming environment. As for “fair,” the areas identified were client & family focused, culturally competent staff, and recovery-based services. Lastly, the top three rated in the “good” category were client & family focused, culturally competent staff, and welcoming environment.



What issues make it most challenging for consumers and their families to receive mental health services? The results are depicted in the chart below, with the top three challenges being insurance eligibility, people being unsure of where to get help, and lack of transportation.

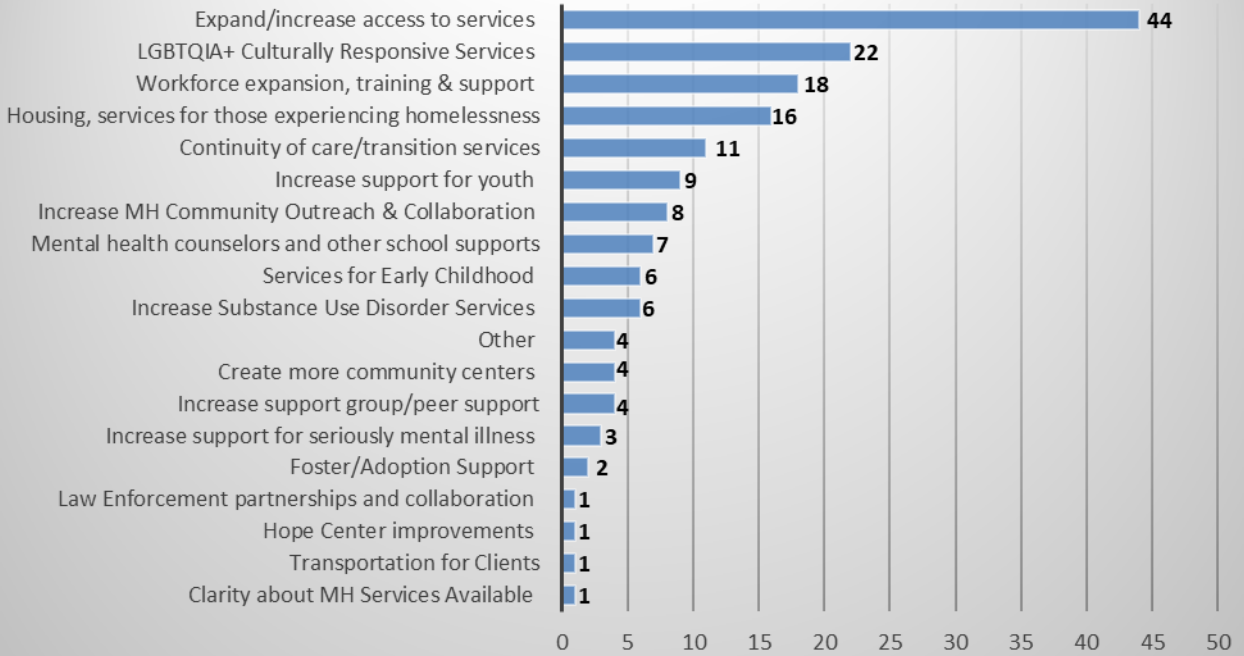


How do you get your information? People were asked to select all of the various mediums they use to receive information within our county. From the responses received, the top three ways people receive information are through email, local newspaper, and word of mouth.



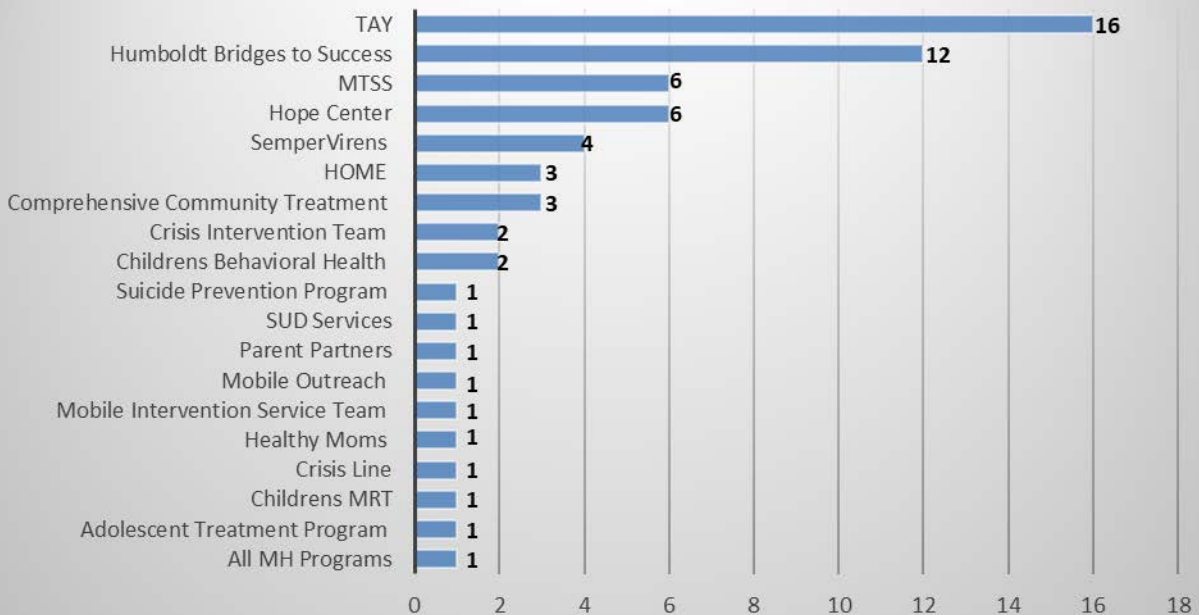
What are your suggestions for programs/services that would enhance wellness and recovery and better meet the needs of your community? Expanding/increasing access to services was the top suggestion, surpassing the next four priorities of LGBTQIA+/culturally responsive services, workforce expansion with training and support, housing and services for those experiencing homelessness, and continuity of care/transitional services. The "Other" category included programs that did not fit the themes. Examples of "other" include the suggestion of creating antipoverty programs, integrated mindfulness and yoga practices, safe parking facilities, and nutrition and movement services.

Question 13. Suggestions for Programs/Services

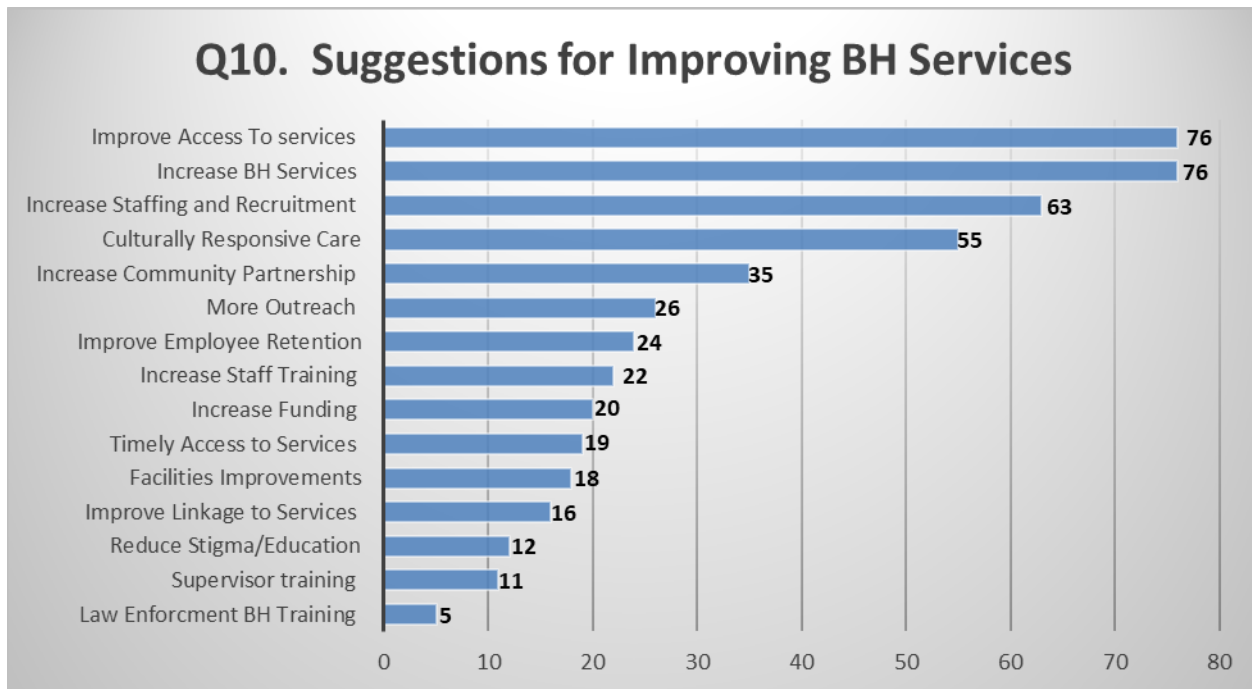


In your experience, what has been the most beneficial mental health program and/or service implemented in your community? The top 5 services respondents mentioned were TAY, MTSS, Sempervirens, HOME, and Comprehensive Community Treatment.

Question 8. Beneficial BH Services

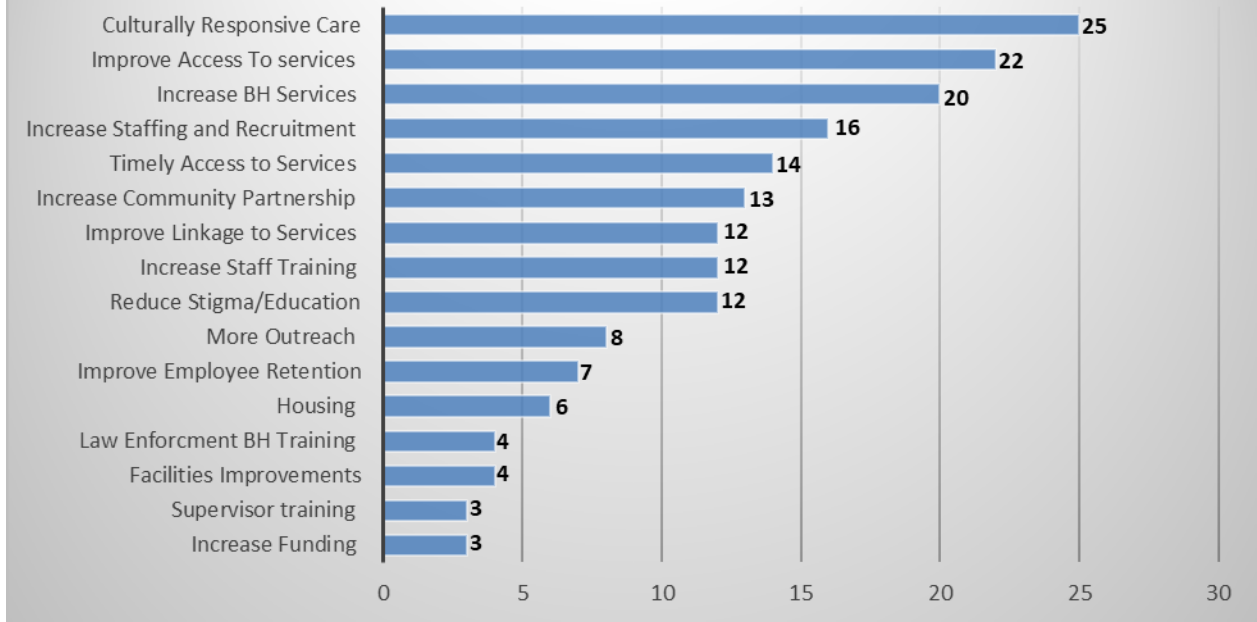


What innovative ideas could improve or transform the County MH system? The top six priorities were: 1) Improve access to services, 2) increase BH services, 3) increase staffing and recruitment, 4) provide more culturally responsive care, 5) increase community partnership, and 6) increase outreach.



Additional Comments. Additional comments were made by survey respondents and categorized by the same themes as depicted below.

Question 19. Additional Comments



MHSA Funding Availability

The draft budget prepared by Behavioral Health Fiscal on 11/8/2022 indicates that there will be an estimated \$3,814,161 unspent fund balance by the end of FY 2025/2026. This draft budget is a part of the draft Three Year Plan for 2023-2026, which is found in Attachment 3. The projected unspent fund balance is broken down by category:

- Community Services and Supports, \$187,083
- Prevention and Early Intervention, \$2,058,943
- Innovation, \$1,568,135
- Workforce Education and Training, \$0

Per Behavioral Health Fiscal, there are no revised budget numbers as of the date of this report. As the 2023-2026 Three Year Plan budget is prepared, FY 2022-2023 projected unspent balances will be updated. As of the writing of this report, no final budget has been developed for FY 2023-2024 or subsequent years.

Next Steps

This report will be reviewed by DHHS and Behavioral Health Administration. This review may result in making changes to the draft 2023-2026 Three Year Plan. Administration decisions will dictate the content of the 2023-2026 Three Year Plan, and the Plan will be written based upon those decisions. The Three Year Plan will be posted on the County's website and available through other methods for review and comment for a 30-day public comment period. Comments made during this period may be incorporated into the documents. Immediately after the comment period there will be a public hearing, facilitated by the Humboldt County Behavioral Health Board. The documents will then go to the County Board of Supervisors for

approval, and after Board approval they will be submitted to the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission.

Attachment 1

Stakeholder Meetings

Attachment 1
MHSA Three Year Plan 2023-2026
Stakeholder Meetings

Date	Group	Location	Time	# Attending
11/17/2022	Behavioral Health Board Meeting	Presented via ZOOM	12:15-2:15 p.m.	29
11/30/2022	KEET-TV Seeing the Signs of Suicide	Presented via ZOOM	5:30 p.m.	20
12/5/2022	Mental Health Collaborative of Hoopa	Presented via ZOOM/Hybrid	10:00-11:30 p.m.	20
12/6/2022	Youth Advisory Board	Presented via ZOOM	4:00-6:00 p.m.	7
12/7/2022	Crisis Intervention Team Meeting	Presented via ZOOM	12:00-1:00 p.m.	6
12/8/2022	Promotores	Presented via ZOOM	4:00-5:00 p.m.	28
1/4/2023	NAMI	Presented via ZOOM	6:30-8:00 p.m.	13
1/6/2023	Southern Humboldt Regional Meeting	Presented via ZOOM	12:00-1:30 p.m.	2
1/9/2023	Eel River Valley Regional Meeting 1	Presented via ZOOM	12:00-1:30 p.m.	0
1/11/2023	Eureka Regional Meeting	Presented via ZOOM	12:00-1:30 p.m.	0
1/17/2023	Klamath Trinity Joint Unified School District	In Person	9:30-11:00 a.m.	6

Attachment 1
MHSA Three Year Plan 2023-2026
Stakeholder Meetings

Date	Group	Location	Time	# Attending
1/18/2023	Eastern Humboldt Regional Meeting	Presented via ZOOM	12:00-1:30 p.m.	1
01/20/2023	Northern Humboldt Regional Meeting	Presented via ZOOM	12:00-1:00 p.m.	1
1/23/2023	DHHS/Education Leadership Board	Presented via ZOOM	1:30-3:00 p.m.	13
1/23/2023	Cal Poly Humboldt	Presented via ZOOM	10:00-11:00 a.m.	2
12/21/2022	Hope Center	In Person	11:00-12:00 p.m.	13
2/1/2023	Southern Humboldt FRC	Presented via ZOOM	12:00-1:30 p.m.	11
2/3/2023	Blue Lake FRC	In Person	12:00-1:30 p.m.	6
2/8/2023	Meeting with Eureka City Manager	Presented via ZOOM	1:30-2pm	3
2/9/2023	Southern Humboldt Regional Meeting 2	In Person	2:00-3:30 p.m.	0
2/9/2023	First 5 Humboldt	Hybrid	8:30-10:30 a.m.	7
2/15/2023	Eel River Valley Regional Meeting 2	In Person	12:00-1:30 p.m.	2

Attachment 1
MHSA Three Year Plan 2023-2026
Stakeholder Meetings

Date	Group	Location	Time	# Attending
2/22/2023	Eureka Regional Meeting	In Person	12:00-1:30 p.m.	1
	Total: 23 meetings			Total: 191

Attachment 2

**Stakeholder Packet in English
and Spanish**

+

**Demographic Survey and
Community Survey**



Mental Health Services Act

This stakeholder questionnaire is voluntary and confidential! The purpose is to gather the demographic information of the people who are participating in our stakeholder process to ensure we are reaching people from different backgrounds and all regions in Humboldt County.



WELLNESS • RECOVERY • RESILIENCE

What is your age?

- 0-15 26-59
- 16-25 60+

What is your Ethnicity/Race?

(Please check one or more)

- Black/ African American
- American Indian/ Native American
 - Tribe(s) _____
- Alaskan Native _____
- Asian
- Pacific Islander
- Hispanic/Latina(o)
- Middle Eastern/Arab
- White/ Euro American (non-Hispanic)
- Other _____

What is your Primary Language?

- English
- Spanish
- Hmong
- Other _____

What is your gender identity?

- Female
- Male
- Transgender
- Other _____

What is your sexual orientation?

- Straight Bisexual
- Lesbian Queer
- Gay Other _____

What is your zip code? _____

Have you ever served in the military?

- Yes No

Are you an employee of Humboldt County Health and Human Services?

- Yes No

Do you represent a community based service provider?

- Education
- Mental health services
- Health care organization
- Social services
- Alcohol and other drugs services
- Veteran's organization
- Law enforcement
- Community family resource center
- Employment
- Media
- Other (explain) _____

Have you been diagnosed with a serious mental illness?

- Yes No

Has someone in your family been diagnosed with a serious mental illness or serious emotional disturbance?

- Yes No

Are you a friend of someone who has been diagnosed with a mental health condition?

- Yes No

Have you ever experienced homelessness?

- Yes No

Have you or your family ever been involved in the juvenile or adult justice system?

- Yes No

Have you or your family ever been involved in the child welfare system?

- Yes No

If you have any feedback, please use the MHSA Comment Form or send an email to mhsacomments@co.humboldt.ca.us

We appreciate your feedback.

Thank You

Submit Form



Mental Health Services Act Comment Form

You do not need to include your name to provide a comment!

Please complete the MHSA Comment Form. You can:

- 1) Mail it to Oliver at DHHS Behavioral Health, 720 Wood Street, Eureka, CA 95501
- 2) Call 707-441-3770, or toll free 866-320-8911 to leave a comment
- 3) Send an email to mhsacomment@co.humboldt.ca.us

Thank You!

Clear Form

Submit



Mental Health Services Act



The Mental Health Services Act (MHSA) was approved by voters in 2004 and enacted into law on January 1, 2005. It places a 1% tax on Californians with a personal income above 1 million dollars.

The MHSA is intended to:

- Expand best-practices and recovery-focused mental health programs that demonstrate their effectiveness for people with serious mental illness
- Reduce the long-term negative impacts on individuals, families, and state and local budgets resulting from untreated mental illness
- Prevent mental illness from becoming severe and disabling.

DHHS Behavioral Health provides recovery focused, integrated services to the community through programs and service settings. These services are funded through many different funding sources. Services and supports that are funded by the MHSA are those presented in the Three Year Plan and Annual Update, and include:

- Older and Dependent Adults
- Full Service Partnership
- Adult Residential Treatment Services
- Regional Services
- Hope Wellness Center
- Suicide Prevention
- Workforce Education and Training
- Crisis Residential Treatment
- Resident Engagement and Support Team
- Transition Age Youth Advocacy and Peer Support
- Local Implementation Agreements
- North Valley Suicide Prevention Hotline
- Parent Partners
- School Climate Transformation/ Multi Tiered System of Support

MHSA Comment Email: mhsacomments@co.humboldt.ca.us, MHSA Comment Phone Numbers: (707) 441-3770, or toll free (866) 320-8911 to leave a message.

Demographic Survey: <https://forms.gle/7WnG733rVEueynwB8> (to be done after stakeholder meeting)



Mental Health Services Act

Fundamental Concepts



Community collaboration: the process by which various stakeholders, including groups of individuals or families, citizens, agencies, organizations, and businesses work together to share information and resources in order to accomplish a shared vision. Collaboration allows for shared leadership, decisions, ownership, vision, and responsibility. The goal of community collaboration is to bring members of the community together in an atmosphere of support to systematically solve existing and emerging problems that could not easily be solved by one group alone.

Cultural competence: a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers, family member providers, and professionals that enables that system, agency or those professionals, consumer providers, and family member providers to work effectively in cross-cultural situations. Cultural competence includes language competence and views cultural and language competent programs and services as methods for elimination of racial and ethnic mental health disparities.

Client and family driven: Adult clients and families of children and youth identify their needs and preferences which lead to the services and supports that will be most effective for them. Their needs and preferences drive the policy and financing decisions that affect them. Adult services are client-centered and child and youth services are family driven; with providers working in full partnership with the clients and families they serve to develop individualized, comprehensive service plans.

Wellness focus, which includes the concepts of recovery and resilience: Recovery refers to the process in which people who are diagnosed with a mental illness are able to live, work, learn, and participate fully in their communities. For some individuals, recovery means recovering certain aspects of their lives and the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or elimination of symptoms. Focusing on recovery in service planning encourages and supports hope. Resilience refers to the personal qualities of optimism and hope, and the personal traits of good problem solving skills that lead individuals to live, work and learn with a sense of mastery and competence.

Integrated service experiences for clients and their families throughout their interactions with the mental health system: This means that services are “seamless” to clients and that clients do not have to negotiate multiple agencies and funding sources to get critical needs met and to move towards recovery and develop resiliency. Services are delivered, or at a minimum, coordinated through a single agency or a system of care. The integrated service experience centers on the individual/family, uses a strength-based approach, and includes multi-agency programs and joint planning to best address the individual/family’s needs using the full range of community-based treatment, case management, and interagency system components required by children/transition age youth/adults/older adults. Integrated service experiences include attention to people of all ages who have a mental illness and who also have co-occurring disorders, including substance use problems and other chronic health conditions or disabilities. With a full range of integrated services to treat the whole person, the goals of self-sufficiency for older adults and adults and safe family living for children and youth can be reached for those who may have otherwise faced homelessness, frequent and avoidable emergency medical care or hospitalization, incarceration, out-of-home placement, or dependence on the state for years to come.

What is a “serious” mental illness?

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 which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.

- 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 developmental disorder or acquired traumatic brain injury.
- And as a result of the mental disorder, the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.
- And as a result of a mental functional impairment and circumstances, the person is likely to become so disabled as to require public assistance, services, or entitlements.

California Welfare and Intuitions Code Section 5600.3

What is a “serious” emotional disturbance?

Minors under the age of 18 years who have a mental disorder as identified in the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms.

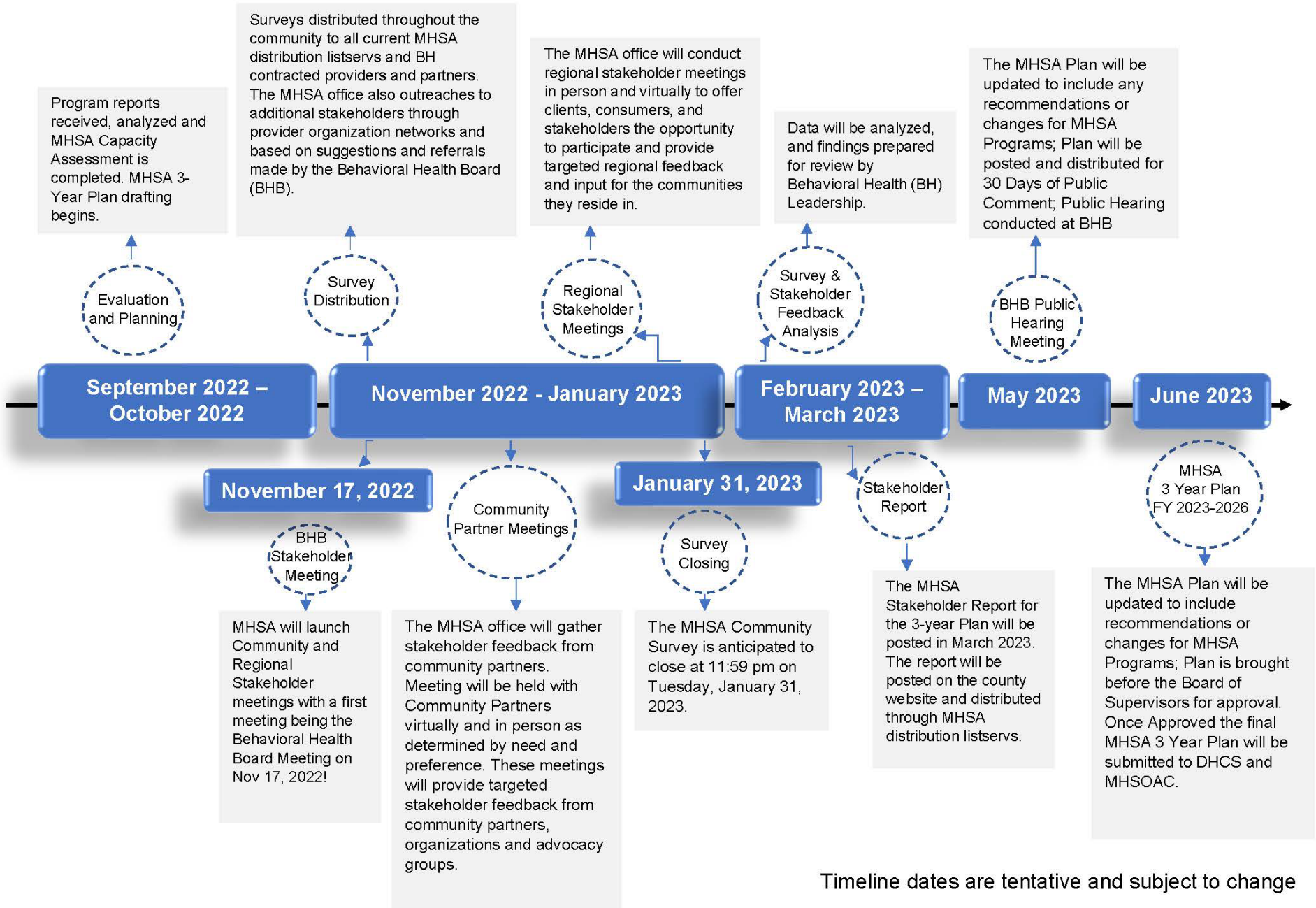
And as a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:

- The child is at risk of removal from home or has already been removed from the home.
- The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

And/or the child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

California Welfare and Intuitions Code Section 5600.3

Humboldt County Behavioral Health Mental Health Services Act (MHSA) Community Program Planning Process for the Three Year Plan 2023-2026



Behavioral Health Services*

1. 24-hour Crisis Services

If you are experiencing a psychiatric emergency, help is available 24 hours a day.

2. Adult Behavioral Health Services

Programs and services that promote behavioral health and wellness for adults and **older adults** including therapy, case management, **Comprehensive Community Treatment/Full Service Partnership, Regional Services, housing support** and medication support.

3. Assisted Outpatient Treatment (AOT)

Assisted Outpatient Treatment (AOT), also known as Laura's Law (AB1421 and WIC 5345), is a program designed to provide treatment for individuals with severe and persistent mental illness who require support to prevent substantial deterioration of their condition, and who may pose a risk to themselves and/or others.

4. Behavioral Health Board

The Humboldt County Behavioral Health Board meets monthly to discuss and evaluate the community's behavioral health needs and priorities.

5. Behavioral Health Quality Improvement

Mental Health Quality Improvement monitors services that are provided throughout Humboldt County's Mental Health Plan—including contracted providers—to ensure that state contracts and state and federal regulations are met.

6. Children's Behavioral Health Services

Children's Behavioral Health provides assessment, therapy, case management, psychological services, and medication services. **Parent Partners** are available to support families as they encounter behavioral health and other County systems. The **Multi-tiered System of Support** through the County Office of Education assists school personnel in adopting and organizing behavioral interventions that enhance academic and social behavior outcomes for students.

7. Community Corrections Resource Center

The Humboldt County Community Corrections Resource Center provides support and services to those leaving the criminal justice system, helping them to successfully rejoin the community.

8. County Behavioral Health Triage Services

Mental Health Services Oversight and Accountability Commission SB 82 Triage personnel grants are making it possible for Behavioral Health to expand its services to people across the county. Services include Mobile Response Teams that provide behavioral health services to children and adults in the field. Behavioral health services are also available to children in public schools countywide.

9. Crisis Stabilization Unit

Crisis Stabilization Unit (CSU) is an outpatient program that provides crisis intervention and stabilization services to individuals in need of immediate crisis services.

10. Suicide and Violence Prevention

Suicide and Violence Prevention is a prevention and early intervention program that promotes community collaboration by creating a leadership-driven, safety-oriented community that is committed in reducing suicide and violence.

*Items in red font are funded in part by the Mental Health Services Act

Behavioral Health Services*

11. Local Implementation Agreements (LIA)

Local Implementation Agreements provide grant opportunities for community-based organizations in order to promote prevention and early intervention activities.

12. North Valley Suicide Prevention Hotline (NVSPH)

The North Valley Suicide Prevention Hotline serves as a primary 24/7 suicide prevention hotline, accredited by the American Association of Suicidology for Humboldt County. The NVSPH answers calls through its participation in the National Suicide Prevention Lifeline and maintains a hotline website while also providing outreach/technical assistance.

13. Cultural Responsiveness Committee

The purpose of the Behavioral Health Cultural Responsiveness Committee is to strengthen Behavioral Health's ability to provide client, family and community-driven, culturally and linguistically responsive services to Humboldt County's diverse population.

14. Hope Center

The **Hope Center** is a safe, positive environment where clients learn to live the best life possible - personally, socially, mentally, and emotionally. It is a place to relax, create, socialize, play games, learn new skills, and maximize potential.

15. Mobile Response Team

The mobile Response Team is a field-based crisis response team that engages in proactive case management, peer support and clinical care before, during and after a mental health crisis.

16. Patients' Rights Advocacy Services

These services ensure the rights of behavioral health consumers are known and observed.

17. Sempervirens Psychiatric Health Facility

Sempervirens (SV) offers a locked facility for clients who have serious and persistent mental illness and need acute psychiatric care.

18. Substance Use Disorder Treatment Services

Substance Use Disorder (SUD) Treatment Services assist individuals who are experiencing substance use problems that are impacting their physical health, interpersonal relationships or causing employment or legal issues.

19. Transition Age Youth Programs

These programs serve youth and young adults ages 16-26, creating environments where young people thrive at home, school, work and in their community. Programs include **Transition Age Youth Advocacy and Peer Support**, Independent Living Skills program, counseling services and employment training.

*Items in red font are funded in part by the Mental Health Services Act



Mental Health Services Act Current Programs 2023/2024



Estimated Funding: \$14,485,483

Community Services and Supports (CSS)

CSS are the programs that serve unserved and underserved populations, with an emphasis on eliminating disparity in access and improving mental health outcomes for racial/ethnic populations and other unserved and underserved populations. Estimated funding: \$8,913,574 Program: \$8,764,140; Administration \$323,771

Comprehensive Community Treatment/Full Service Partnership provides intensive community services and supports (e.g. housing, medical, educational, social, vocational, rehabilitative, and other needed community services) as defined by the client/partner to decrease hospitalization and achieve recovery. Estimated: \$7,734,598

Regional Services reaches out and engages adults living in the outlying areas of Humboldt County that have a scarcity of behavioral health services and provides services to them as needed. Estimated: \$161,253

Older Adults and Dependent Adults Program Expansion provides in-home services to disabled adults, at-risk adults and older adults. Services include outreach, education, assessment and treatment for older and dependent adults with mental health challenges who are at risk of abuse or neglect, or who are in need of support services to remain in their home. Estimated: \$75,879

Crisis Residential Treatment will provide crisis residential treatment to DHHS-Behavioral Health referred clients. Estimated: \$792,410

Innovation (INN)

The goal of this component is to develop and implement promising practices designed to increase access to services by underserved groups, increase the quality of services, improve outcomes, and to promote interagency collaboration. Estimated funding: \$419,322 Program: \$419,322; INN Administration: \$41,932

Resident Engagement and Support Team (REST). This project will increase access to mental health services for those experiencing homelessness or those who are at risk of becoming homeless through increased case management and peer support. Estimated: \$419,322

Prevention and Early Intervention (PEI)

This component supports the design of programs to prevent mental illnesses from becoming severe and disabling. Estimated funding: \$2,073,066. Program: \$1,833,275; PEI Administration: \$150,696

The Hope Center provides a safe, welcoming environment based on recovery self-help principles and resources for people with mental health challenges to be self-sufficient. The Hope Center is peer run and includes peer-to-peer education and support, system navigation, and linkage to services. Estimated: \$338,586

Transition Age Youth (TAY) Advocacy and Peer Support provides activities for youth and young adults ages 16-26 that are responsive to their needs, fostering youth development, advocacy, community engagement, and promoting youth wellness. Estimated: \$354,841

Suicide Prevention Program provides community education, outreach and engagement, and capacity building assistance around suicide prevention. Trainings such as Question, Persuade and Refer (QPR) and Applied Suicide Intervention Skills Training (ASIST) are provided along with collaboration with the Humboldt County Suicide Prevention Network and other community coalitions. Estimated: \$220,375

Parent Partners aim to build peer-based alliances by sharing lived experience as a parent of a youth with mental health issues. They offer assistance in navigating the DHHS system, linking parents with community resources, building natural supports and helping parents identify their personal wellness goals. Estimated: \$311,216

Local Implementation Agreements provide an opportunity for community-based organizations to apply for funding for projects that meet the PEI guidelines. These projects are focused on early intervention, outreach for increasing the recognition of early signs of mental illness, prevention, access and linkage to treatment, stigma and discrimination reduction, and suicide prevention. Estimated: \$120,000

School Climate Curriculum Plan/Multi-tiered System of Support (MTSS) provides funding to the Humboldt County Office of Education to support the Prevention and Intervention Specialist to manage, develop and coordinate services for the MTSS, which assists school personnel in adopting and organizing evidence-based behavioral interventions into an integrated continuum that enhances academic and social behavior outcomes for all students. Estimated: \$84,222

North Valley Suicide Prevention Hotline (PEI Assigned Funds) operates a 24/7 suicide prevention hotline to answer calls, maintain a hotline website and provide outreach and technical assistance to participating counties. Estimated: \$17,986

NEW: Latinx Liaison—outreach position meant to aid BH with reaching Humboldt County's Spanish speaking populations. Estimated: \$88,641

NEW: Ealy Childhood Treatment Certification—certification program meant to address the social and emotional needs of our community's young children and their families by providing HIFECMH Certification to local providers. Estimated: \$118,250

NEW: Warm Line—provides non-emergency mental health counseling and support. It is available regardless of insurance type or association with County Behavioral Health. The goal is to assist individuals with any immediate distress they are experiencing and then connect them to community resources that may help them on a longer-term basis, as needed. Estimated: \$99,158

NEW: Suicide Prevention-BH QI Initiative—Consultation support in the implementation of various BH service. It also fosters systemic improvements. Estimated: \$80,000

NEW: PEI Assigned Funds—A collaborative effort with CalMHSA in order to aid with stigma and discrimination reduction (SDR), will improve access and support of mental health services, will develop local and statewide capacity building support along with new outreach materials for counties, and will improve outreach to community stakeholders. Estimated: \$107,081

Workforce Education and Training (WET)

This component provides staff development opportunities that promote wellness, recovery, resilience, culturally competent service delivery, meaningful inclusion of clients and family members, integrated service experience, community collaboration and employment of clients and family members within the mental health system.

Estimated funding: \$71,651



Connie Beck, Director
Social Services | Public Health | Behavioral Health

news release

Dec. 1, 2022

Community meetings planned to gather MHSA input

Interested in learning more about the Mental Health Services Act (MHSA)? The Humboldt County Department of Health & Human Services will host five regional virtual meetings to share information and to gather input for the MHSA Three Year Plan for 2023-2026.

All meetings will be conducted via Zoom from noon-1:30 p.m. on the following dates:

[Southern Humboldt](#) – Friday, Jan. 6, 2023

Meeting ID: 160 148 3870 - Passcode: xY1hhF

[Eel River Valley](#) – Monday, Jan. 9, 2023

Meeting ID: 160 218 3182 - Passcode: WnBjy7

[Eureka](#) – Wednesday, Jan. 11, 2023

Meeting ID: 160 871 8183 - Passcode: 41X8Lv

[Eastern Humboldt](#) – Wednesday, Jan. 18, 2023

Meeting ID: 160 317 3161 - Passcode: 107Gjk

[Northern Humboldt](#) – Friday, Jan. 20, 2023

Meeting ID: 161 364 2085 - Passcode: EW7rbu

Proposition 63, also known as MHSA, was passed by California voters in 2004 and places a 1 percent tax on personal incomes greater than \$1 million to fund the development and expansion of mental health services for children, youth, adults and older adults.

Community input is an important component of developing the Three Year Plan, which will outline Humboldt County's MHSA-funded programs for 2023 through 2026.

For more information about the meetings or to RSVP, contact mhsacomment@co.humboldt.ca.us or 1-707-441-3770.

-# # #-

Follow us on Twitter: [@HumCoDHHS](https://twitter.com/HumCoDHHS) and
Facebook: facebook.com/humcodhhs

Please join us for a
community meeting
to provide input into the
Mental Health Services Act (MHSA)
Three Year Plan for 2023-2026

Friday, Feb. 3rd, 2023

Noon to 1:30 p.m.

Blue Lake Community Resource Center
111 Greenwood Ave., Blue Lake

- Hear a brief presentation about MHSA programs
- Provide your input
- Lunch provided with RSVP.



Please RSVP no later than Friday, Jan. 27 to
mhsacomment@co.humboldt.ca.us
or 707-441-3770.



The Mental Health Services Act provides opportunities to expand and develop innovative and integrated mental health services.

Learn more about the MHSA at humboldt.gov/MHSA.



Please join us for a
community meeting
to provide input into the
Mental Health Services Act (MHSA)
Three Year Plan for 2023-2026

Thursday, Feb. 9, 2023
2 to 3:30 p.m.
Garberville Library Conference Room
715 Cedar St., Garberville, CA 95542

- Hear a brief presentation about MHSA programs
- Provide your input.



Please RSVP by Wednesday, Feb. 8, to
mhsacomments@co.humboldt.ca.us
or 707-441-3770.



The Mental Health Services Act provides opportunities to expand and develop innovative and integrated mental health services.

Learn more about the MHSA at humboldt.gov/MHSA.



Please join us for a
community meeting
to provide input into the
Mental Health Services Act (MHSA)
Three Year Plan for 2023-2026

Wednesday, Feb. 15, 2023
Noon to 1:30 p.m.
Fortuna Adventist Community
Service/Humboldt Alcohol Recovery
Treatment Program
2331 Rohnerville Road, Fortuna CA 95540 (Upstairs)

- Hear a brief presentation about MHSA programs.
- Provide your input.
- Lunch provided with RSVP.



Please RSVP by Monday, Feb. 13, to
mhsacomments@co.humboldt.ca.us
or 707-441-3770.



The Mental Health Services Act provides opportunities to expand and develop innovative and integrated mental health services.

Learn more about the MHSA at humboldt.gov/MHSA.



Please join us for a
community meeting
to provide input into the
Mental Health Services Act (MHSA)
Three Year Plan for 2023-2026

Wednesday, Feb. 22, 2023
Noon to 1:30 p.m.
DHHS Pro Building
Large Mezzanine Conference Room
507 F Street, Eureka CA 95501

- Hear a brief presentation about MHSA programs
- Provide your input
- Food provided with RSVP



Please RSVP by Tuesday, Feb. 21, to secure a spot.
mhsacomments@co.humboldt.ca.us
or 707-441-3770.



The Mental Health Services Act provides opportunities to expand and develop innovative and integrated mental health services.

Learn more about the MHSA at humboldt.gov/MHSA.



Want to weigh in on mental health services? Take this survey.

Community residents are invited to take a survey to provide input on local mental health services and what new and innovative ideas they think should be included in Humboldt County's Mental Health Services Act (MHSA) 2023-2026 three-year plan.

The new plan will lay out MHSA-funded programs and expenditures during that time. The survey is part of a larger community planning process that will include meetings throughout the county.

In 2004, California voters approved Proposition 63, known as the MHSA, which placed a 1 percent tax on personal incomes in excess of \$1 million. That funding is used to develop and support local mental health programs for children, youth, adults and older adults.

For information about upcoming meetings and the planning process, email mhsacomment@co.humboldt.ca.us or call 707-441-3770 with your name and contact information.

Go to <https://forms.gle/bBj3ZmuyjgXMKVk1A> to fill out the survey or email the above address for a copy.



Ley de Servicios de Salud Mental Formulario de Comentarios

Por favor rellene este formulario de comentarios de MHSA y lo coloca en la “caja de comentarios de MHSA”, o o puede llamar al 707-441-3770, o llamada gratis al 866-320-8911 y dejar un comentario. O puede mandar un email mhsacomments@co.humboldt.ca.us

Gracias!

Cancelar Forma

Enviar Forma



Ley de Servicios de Salud Mental



La Ley de Servicios de Salud Mental (MHSA) fue aprobada por los votantes en 2004 y entró en vigor el 1ro de enero de 2005. La misma incluye un impuesto de 1% sobre los residentes de California con un ingreso personal de sobre 1 millón de dólares.

La MHSA tiene el propósito de:

- Expandir los programas de salud mental con enfoque en mejores prácticas y recuperación que demuestren su efectividad para personas con enfermedades mentales severas.
- Reducir los impactos negativos a largo plazo sobre individuos, familias y los presupuestos del estado y locales resultantes de enfermedades mentales no tratadas.
- Evitar que las enfermedades mentales se conviertan en problemas severos e incapacitantes.

Salud del Comportamiento del DHHS provee servicios integrados y enfocados en recuperación a la comunidad mediante un marco de programas y servicios. Dichos servicios se financian a través de muchas fuentes de financiamiento diferentes. Los servicios y apoyos financiados mediante la MHSA son aquellos presentados en el Plan de Tres Años y actualización anual e incluyen:

- Envejecientes y adultos dependientes
- Sociedad de Servicios completos
- Tratamiento de Servicios Residenciales para Adultos
- Servicios Regionales
- Centro de Bienestar Hope
- Prevención de Suicidio
- Educación y Adiestramiento de la fuerza de trabajo
- Salud de Comportamiento Transitoria Subaguda, Salud de Comportamiento de Especialidad y/o Servicios de Rehabilitación
- Equipo de Apoyo y Participación de Residentes
- Apoyo de pares para Jóvenes en edad de Transición
- Acuerdos de Implantación Local
- Padres Asociados
- Programa de Hacer Familiares
- Plan Curricular de Ambiente Escolar

Correo electrónico para comentarios sobre MHSA:

mhsacomments@co.humboldt.ca.us

Números telefónicos para comentarios sobre MHSA: (707) 441-3770, o libre de cargos (866) 320-8911 para dejar un mensaje.



Ley de Servicios de Salud Mental (MHSA) Conceptos Fundamentales



Colaboración Comunitaria: El proceso por el cual varias partes interesadas, que incluyen grupos de individuos o familias, ciudadanos, agencias, organizaciones y negocios trabajan en conjunto para compartir información y recursos para lograr una visión compartida. Dicha colaboración permite liderato, decisiones, posesión, visión y responsabilidad compartidas. El objetivo de la colaboración comunitaria es unir a los miembros de la comunidad en una atmósfera de apoyo para resolver sistemáticamente problemas existentes y emergentes que no pueden ser resueltos fácilmente por un solo grupo.

Competencia Cultural: un conjunto de comportamientos, actitudes y políticas congruentes que se unen en un sistema, agencia o entre proveedores de consumidores, proveedores a miembros de la familia y profesionales que le permite al sistema, agencia o esos profesionales, proveedores de consumidores y de miembros de la familia trabajar eficazmente en situaciones interculturales. La competencia cultural incluye competencia de lenguaje y visualiza programas y servicios culturales y de lenguaje como métodos para la eliminación de disparidades raciales y étnicas en la salud mental.

Impulsados por clientes y sus familias: los clientes adultos y familiares de menores y jóvenes identifican sus necesidades y preferencias lo que lleva a que los servicios y apoyos sean lo más efectivos para ellos. Sus necesidades y preferencias impulsan las decisiones de política pública y financiamiento que los afectan. Los servicios a adultos se centran en el cliente y los servicios a niños y jóvenes se impulsan en la familia; los proveedores trabajan en sociedad con clientes y familiares a los que proveen servicios para desarrollar planes de servicio individualizados y completos.

Enfoque en bienestar, que incluye los conceptos de recuperación y resiliencia: Recuperación se refiere al proceso en el cual las personas diagnosticadas con una enfermedad mental pueden vivir, trabajar, aprender y participar completamente en sus comunidades. Para algunos individuos, recuperación significa recuperar ciertos aspectos de sus vidas y la habilidad de vivir una vida productiva y satisfactoria a pesar de experimentar discapacidad. Para otros, recuperación implica la reducción o eliminación de síntomas. El enfoque en recuperación en la planificación de servicios estimula y apoya la esperanza. Resiliencia se refiere a las cualidades personales de optimismo y esperanza, y las características personales de buenas destrezas de resolución de problemas que llevan a los individuos a vivir, trabajar y aprender con un sentido de competencia y dominio

Experiencias de servicios integrados para clientes y sus familias a través de sus interacciones con el sistema de salud mental: Esto significa que los servicios son “constantes” a los clientes y que ellos no tienen que negociar con múltiples agencias y fuentes de financiamiento para que se atiendan sus necesidades fundamentales y moverse hacia la recuperación y desarrollar resiliencia. Los servicios se llevan a cabo, o como mínimo, se coordinan mediante una sola agencia o sistema de cuidado. La experiencia de servicios integrados se centra en el individuo/familia, utiliza un acercamiento basado en fortalezas e incluye programas multi-agencias y planificación conjunta para poder atender mejor las necesidades del individuo/familia usando el alcance completo del

tratamiento con base en la comunidad, manejo de casos, y componentes inter-agenciales requeridos por menores/jóvenes en edad de transición/adultos/envejecientes. Las experiencias de servicios integrados incluyen atención a personas de todas las edades que tienen una enfermedad mental y que también tiene trastornos de ocurrencia paralela, incluyendo problemas de uso de sustancias y otras discapacidades o condiciones de salud crónicas. Con una gama completa de servicios integrados para tratar a la persona totalmente, las metas para autosuficiencia para envejecientes, adultos, y vida familiar segura para niños y jóvenes se puede alcanzar por aquellos que de otra manera enfrentarían falta de hogar, cuidado médico de emergencia o hospitalización frecuente y evitable, encarcelación, colocación fuera del hogar o dependencia en el estado durante años.

¿Qué es una enfermedad mental “seria”?

Un trastorno mental que es severo y persistente en duración, que podría causar funcionamiento conductual que interfiere sustancialmente con las actividades primarias de la vida diaria y que podría resultar en una incapacidad para mantener un ajuste estable y funcionamiento independiente sin tratamiento, apoyo y rehabilitación durante un periodo de tiempo largo o indefinido.

- Y la persona tiene un trastorno mental según identificado en el Manual Diagnóstico y Estadístico de Trastornos Mentales, aparte un trastorno de uso de sustancias o trastorno del desarrollo o una lesión cerebral adquirida.
- Y como resultado del trastorno mental, la persona tiene discapacidades o síntomas funcionales sustanciales o un historial psiquiátrico que demuestra que sin tratamiento existe un riesgo inminente de descompensación a tener discapacidades o síntomas sustanciales.
- Y como resultado de una discapacidad mental funcional y las circunstancias, la persona pueda estar tan discapacitada para que requiera asistencia pública, servicios o derecho a subsidios.

Código de Beneficios Sociales e Instituciones de California Sección 5600.3

¿Qué es una alteración mental “seria”?

Menores de 18 años de edad según identificados en el Manual Diagnóstico y Estadístico de Trastornos Mentales, aparte de un trastorno primario de uso de sustancias o un trastorno del desarrollo, los cuales resulten en comportamientos inapropiados para la edad del menor según normas de desarrollo esperadas.

Y como resultado del trastorno mental, el menor tiene discapacidad sustancial en al menos dos de las siguientes áreas: autocuidado, funcionamiento escolar, relaciones familiares, o habilidad para funcionar en la comunidad; y cualquiera de lo siguiente ocurre:

- El menor está en riesgo de ser retirado del hogar o ya ha sido retirado del hogar.
- El trastorno mental y discapacidad han estado presentes durante más de seis meses o es probable que continúen durante más de un año sin tratamiento.

Y/o el menor demuestra uno de los siguientes; características psicóticas, riesgo de suicidio o riesgo de violencia debido al trastorno mental.

Código de Beneficios Sociales e Instituciones de California Sección 5600.3

Servicios de Salud del Comportamiento del Condado de Humboldt*

1. Servicios de Crisis 24 horas

Si usted experimenta una emergencia psiquiátrica, hay ayuda disponible 24 horas al día.

2. Servicios de Salud del Comportamiento Para Adultos

Programas y servicios que promueven la salud y bienestar del comportamiento para adultos y **adultos mayores** que incluyen terapia, manejo de casos, **Tratamiento Comunitario amplio/Colaboración de Servicios completos**, **Servicios regionales**, **apoyo de vivienda** y apoyo con medicamentos.

3. Tratamiento Ambulatorio Asistido (AOT)

El Tratamiento Ambulatorio Asistido (AOT), también conocido como la Ley de Laura (AB1421 y WIC 5345), es un programa diseñado para brindar tratamiento a personas con enfermedades mentales graves y persistentes que requieren apoyo para evitar un deterioro sustancial de su condición y que pueden representar un riesgo para ellos mismos y/o los demás.

4. Junta de Salud del Comportamiento

La Junta de Salud del Comportamiento del Condado de Humboldt se reúne mensualmente para discutir y evaluar las necesidades y prioridades de comportamiento de la comunidad.

5. Mejoramiento de Calidad de Servicios de Salud del Comportamiento

Mejoramiento de Calidad de Servicios de Salud del Comportamiento evalúa los servicios que se proveen mediante el Plan de Salud Mental del Condado de Humboldt, incluyendo a los proveedores contratados- para asegurar que se cumplan con los contratos del estado y las regulaciones del estado y federales.

6. Servicios de Salud del Comportamiento para niños

Salud del Comportamiento para niños provee evaluación, terapia, manejo de casos, servicios psicológicos y servicios de medicamentos. **Padres Asociados** están disponibles para apoyar familias que lo necesitan con salud del comportamiento y otros sistemas del condado. El **Sistema de Apoyo Multinivel** a través de la Oficina de Educación del Condado asiste al personal escolar en adoptar y organizar intervenciones de comportamiento que amplíen resultados de comportamiento académico y social para los estudiantes.

7. Centro de Recursos Comunitarios Correccionales

El Centro de Recursos Comunitarios Correccionales del Condado de Humboldt provee apoyo y servicios a aquellas personas que salen del sistema de justicia criminal, ayudándoles a reintegrarse exitosamente a la comunidad.

8. Servicios de Triage de Salud del Comportamiento del Condado

Las subvenciones para el personal de triaje de La SB 82 de la Comisión de Supervisión y Responsabilidad de Servicios de Salud Mental hacen posible el que Salud del Comportamiento expanda sus servicios a personas en todo el condado. Los servicios incluyen Equipos de Respuesta Móvil que proveen servicios de salud del comportamiento a niños y adultos. También están disponibles servicios de salud del comportamiento para niños en escuelas públicas a través de todo el condado.

9. Unidad de Estabilización de Crisis

La Unidad de Estabilización de Crisis (CSU) es un programa ambulatorio que provee servicios de intervención y estabilización en crisis a personas que necesitan servicios de

*Los nombres en color rojo son financiados en parte por la Ley de Servicios de Salud Mental (MHSA).

Servicios de Salud del Comportamiento del Condado de Humboldt*

crisis inmediatos.

10. Prevención del Suicidio y la Violencia

La Prevención del Suicidio y la Violencia es un programa de prevención e intervención temprana que promueva la colaboración comunitaria mediante la creación de una comunidad impulsada por el liderazgo y orientada a la seguridad que se compromete a reducir el suicidio y la violencia.

11. Acuerdos de Implementación Local (LIA)

Los Acuerdos de Implementación Local brindan oportunidades de subvenciones para organizaciones comunitarias con el fin de promover actividades de prevención e intervención temprana.

12. Línea Directa de Prevención del Suicidio del Valle del Norte (NVSPH)

La Línea Directa de Prevención de Suicidio del Norte funciona como una línea directa principal para prevenir suicidio 24 horas del día, los 7 días de la semana. Acreditada por la Asociación Estadunidesa de Suicidología para el condado de Humboldt. Esta línea directa responde a las llamadas a través de su participación en la Línea Nacional de Prevención del Suicidio y mantiene una página web, cual también funciona como una línea directa y brinda asistencia técnica/divulgación.

13. Comité de Capacidad de Respuesta Cultural

El propósito del Comité de Capacidad de Respuesta Cultural es fortalecer la capacidad de Salud del Comportamiento de proveer al cliente, su familia y la comunidad servicios de capacidad de respuesta cultural y lingüística a la población culturalmente diversa del Condado de Humboldt.

14. Centro de Bienestar Hope

El **Centro de Bienestar Hope** es un ambiente seguro, positivo donde los clientes aprender a vivir la mejor vida posible – personal, social, mental y emocionalmente. Es un lugar para relajarse, crear, socializar, jugar, aprender nuevas destrezas y maximizar su potencial.

15. Equipo de Respuesta Móvil

El Equipo de Respuesta móvil es un equipo de respuesta a crisis móvil que se envuelve en manejo proactivo de casos, apoyo de pares y cuidado clínico antes, durante y después de una crisis de salud mental.

16. Servicios de Apoyo a los Derechos del Paciente

Estos servicios aseguran que los derechos de los consumidores de salud del comportamiento sean reconocidos y respetados.

17. Institución de Salud Psiquiátrica Sempervirens (SV)

Sempervirens (SV) ofrece una instalación cerrada y segura para clientes que sufren de enfermedades mentales serias y persistentes y necesitan cuidado psiquiátrico especializado.

18. Servicios de Tratamiento de Trastorno de Uso de Sustancias

Los Servicios de Tratamiento de Trastorno de Uso de Sustancias ayudan a personas que están confrontando problemas de uso de sustancias que impactan su salud física, relaciones interpersonales o causan problemas laborales o legales.

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Servicios de Salud del Comportamiento del Condado de Humboldt*

19. Programas de Jóvenes en Edad de Transición

Estos programas sirven a jóvenes entre las edades de 16 a 26 años al crear ambientes donde los jóvenes se desarrollan en el hogar, la escuela, el trabajo y en su comunidad. Los programas incluyen **Apoyo a Jóvenes en Edad de Transición y Ayuda de Pares**, Programa de Destrezas de Vida Independiente, servicios de consejería y adiestramiento para empleos.

*Los nombres en color rojo son financiados en parte por la Ley de Servicios de Salud Mental (MHSA).



Ley de Servicios de Salud Mental (MHSA)



WELLNESS • RECOVERY • RESILIENCE

Programas Actuales 2023/2024

Fondos Aproximados:
\$14,485,483

Servicios y Apoyos a la Comunidad **(CSS por sus siglas en inglés)**

Los CSS son programas que sirven a poblaciones sin servicios y/o con carencias de servicios, con énfasis en la eliminación de la disparidad en cuanto a acceso y en mejorar los resultados de salud mental para poblaciones raciales/étnicas y otras poblaciones con ausencia y/o carencia de servicios. Fondos Aproximados: \$8,913,574 Programa: \$8,764,140; Administración \$323,771

Tratamiento Comunitario Completo/Asociación de Servicio Completo provee servicios y apoyos comunitarios intensivos (p.ej. vivienda, médicos, educativos, sociales, vocacionales, rehabilitación, y otros servicios comunitarios necesarios) según definidos por el cliente/socio para reducir hospitalizaciones y lograr recuperación. Aproximado: \$7,734,598

Servicios Regionales contacta y capta la atención de adultos que viven en áreas periféricas del Condado de Humboldt que tienen escasez de servicios de salud del comportamiento y les provee servicios según sea necesario. Aproximado: \$161,253

Expansión del Programa de Adultos Envejecientes y Dependientes provee servicios en el hogar a adultos discapacitados, en riesgo y envejecientes. Los servicios incluyen contacto, educación, evaluación y tratamiento para adultos envejecientes y dependientes con retos de salud mental quienes están en riesgo de abuso o negligencia o que necesitan servicios de apoyo para permanecer en sus hogares. Aproximado: \$75,879

Salud de Comportamiento Transitoria Subaguda, Salud de Comportamiento de Especialidad y/o Servicios de Rehabilitación proveerá tratamiento de salud mental en ambiente residencial a clientes referidos por DSSH. Aproximado: \$792,410

Innovación (INN por sus siglas en inglés)

El propósito de este componente es desarrollar e implementar prácticas prometedoras diseñadas para aumentar el acceso a servicios de grupos desfavorecidos, aumentar la calidad de los servicios, mejorar los resultados y promover colaboración entre agencias. Fondos Aproximados: \$419,322 Programa: \$419,322; Administración INN: \$41,932

Compromiso de Residentes y Equipo de Apoyo (REST por sus siglas en inglés). Este proyecto aumentará el acceso a servicios de salud mental para aquellas personas sin hogar o personas que están en riesgo de quedar sin hogar mediante aumento en el manejo de casos y apoyo de sus pares. Aproximado: \$419,322

Prevención e Intervención Temprana **(PEI por sus siglas en inglés)**

Este componente apoya el diseño de programas para prevención de que enfermedades mentales se conviertan en condiciones severas e incapacitantes. Fondos Aproximados: \$2,073,066. Programa: \$1,833,275; Administración PEI: \$150,696

Centro de Bienestar Hope provee un ambiente seguro y acogedor basado en los principios de recuperación mediante autoayuda y recursos para personas con retos de salud mental para que alcancen la autosuficiencia. El Centro de Bienestar Hope es administrado por los clientes e incluye educación de par a par y apoyo, navegación de sistemas y enlace a servicios. Aproximado: \$338,586

Jóvenes en Edad de Transición (TAY por sus siglas en inglés) Apoyo de Pares provee actividades para jóvenes y jóvenes adultos entre las edades de 16 a 26 años que responden a sus necesidades, promueven el desarrollo de la juventud, el apoyo, participación comunitaria y el bienestar de la juventud. Aproximado: \$354,841

Programa de Prevención de Suicidio provee educación a la comunidad, compromiso y participación, ayuda para desarrollo de capacidades en cuanto a la prevención de suicidios. Adiestramientos tales como Cuestionar, Persuadir y Referir (QPR) y Adiestramiento en Destrezas Aplicadas de Intervención en Suicidio (ASIST) se ofrecen en colaboración con la Red de Prevención de Suicidio del Condado de Humboldt y otras coaliciones comunitarias. Aproximado: \$220,375

Padres Asociados (Parent Partners) se propone construir alianzas con base en pares compartiendo experiencias vividas como padre de un joven con retos de salud mental. Ellos ofrecen ayuda para navegar el Sistema del DSSH, comunicando a los padres con recursos comunitarios, construyendo apoyos naturales y ayudando a padres a identificar sus metas de bienestar personal. Aproximado: \$311,216

Acuerdos de Implementación Local (Local Implementation Agreements) ofrece becas a agencias de base comunitaria para proyectos que cumplen con las normas del PEI. Estos proyectos se centrarán en intervención temprana, alcance para aumentar el reconocimiento de los primeros síntomas de enfermedad mental, prevención, acceso y ayuda para conexión al tratamiento, la reducción del estigma y la discriminación y la prevención del suicidio. Aproximado: \$120,000

Plan Curricular de Ambiente Escolar/Sistema de Apoyo Multinivel (School Climate Curriculum Plan/Multi-tiered System of Support) (MTSS) provee fondos a la Oficina de Educación del Condado de Humboldt para apoyar al Especialista en Prevención e Intervención para que administre, desarrolle y coordine servicios para MTSS, el cual asiste al personal escolar para adoptar y organizar intervenciones de comportamiento con base en evidencias en un continuo integrado que aumente los resultados del comportamiento académico y social para todos los estudiantes. Aproximado: \$84,222

Línea de Prevención de Suicidio North Valley (Fondos asignados a PEI) opera una línea de prevención de suicidio 24/7 que responde a llamadas, administra una página web de la línea y provee contacto y ayuda técnica a los condados participantes. Aproximado: \$17,986

NUEVO: Latinx Coordinador de Alcance—puesto de extensión destinado a ayudar al Departamento de Salud Mental a comunicar y ayudar las poblaciones hispanohablantes del condado de Humboldt. Aproximado: \$88,641

NUEVO: Certificación de Tratamiento de Primera Infancia—un programa de certificación para el Tratamiento Infantil Temprano destinado a abordar las necesidades sociales y emocionales de los niños pequeños de nuestra comunidad y sus familias al proporcionar la certificación HIFECMH a los proveedores locales. Aproximado: \$118,250

NUEVO: La Línea Cálida—brinda asesoramiento y apoyo de salud mental que no son de emergencia. Está disponible independientemente del tipo de seguridad o asociación con el Departamento de Salud Mental del condado. El objetivo es ayudar a las personas con cualquier angustia inmediata que estén experimentando y luego conectarlas con los recursos de la comunidad que pueden ayudarlas a largo plazo, según sea necesario. Aproximado: \$99,158

NUEVO: Iniciativo de Prevención de Suicidio del Departamento de Salud Mental-Calidad de Servicios—consulta destinada para apoyar la implementación de varios servicios adentro del Departamento de Salud Mental del Condado de Humboldt. Aproximado: \$80,000

NUEVO: Fondos Designados para PEI—un esfuerzo de colaboración con CalMHSA para ayudar con la reducción del estigma y la discriminación (SDR por sus siglas en inglés), mejorará el acceso y el apoyo a los servicios de salud mental, desarrollará apoyo para el desarrollo de capacidades a nivel local y estatal junto con nuevos materiales de divulgación para los condados, y mejorará el alcance a la comunidad. Aproximados: \$107,081

Educación y Adiestramiento Fuerza de Trabajo (WET por sus siglas en inglés)

Este componente ofrece oportunidades de desarrollo para el personal que proveen el bienestar, recuperación, resiliencia, ofrecimiento de servicios de forma culturalmente competente, inclusión significativa de clientes y familiares, experiencia de servicio integrada, colaboración comunitaria y empleo de clientes y sus familias dentro del sistema de salud mental. Fondos Aproximados: \$71,651



WELLNESS • RECOVERY • RESILIENCE

Humboldt County Mental Health Services Act Three Year Program and Expenditure Plan Community Participation and Feedback Survey

Survey Instructions: The Mental Health Services Act (MHSA) of Humboldt County wants your ideas on how to strengthen its mental health programs to better serve you and your community. What would you like to see included as part of the work over the next three years? Also, what are some new or innovative ideas you'd like Humboldt County to consider?

This survey is part of a larger community planning process that also includes community meetings throughout Humboldt County from November 2022 to January 31, 2023. If you would like information about these meetings, or if you want to receive further information about the planning process, please send an email to MHSAComments@co.humboldt.ca.us or call (707) 441-3770 with your name and contact information.

You can complete this survey online by going to this link:

<https://forms.gle/A8nZZq46otS3CGgZA> Your answers when completing the survey online are automatically recorded. If you are completing the survey on paper, you can:

- Mail it to Oliver Gonzalez, Program Manager, DHHS, 720 Wood Street Eureka CA 95501.
- Return it to Oliver in person if you are in a meeting with him
- Scan the completed survey and email it to MHSAComments@co.humboldt.ca.us

The survey takes about 10 minutes to complete. All questions are optional, and you can leave questions blank if you do not want to respond. This survey is anonymous.

Thank you for your help with this effort!

1. Is this your first time providing input and information for our MHSA Community Planning Process?

- Yes
- No

2. What is your connection to behavioral health services? Select all that apply.

- Consumer of Behavioral Health Services
- Family Member of a consumer of Behavioral Health Services
- County Government Agency Staff
- Contracted Service Provider or Community-Based Organization Staff or Volunteer

- Law Enforcement Staff
- Education Agency Staff
- Veteran Organization Staff or Volunteer
- Medical or Health Care Organization Staff
- Community Member
- Other
- None

3. Do any of the following descriptions apply to you? If so, please mark only the one that applies best to you.

- Consumer of Behavioral Health Services
- Family Member of Consumer/Advocate
- Humboldt County Resident
- Educational Agency-Teacher/Instructor
- Community-based MH provider
- Homeless community/housing services
- County Behavioral Health staff
- Faith-based organization
- Substance use disorder service provider
- Veteran or Veteran Services
- LGBTQ
- Other community-based organization—not MH provider

4. The priorities listed on the next page come from prior MHSa community planning activities. Please mark the level of importance on each of these previously identified priorities, and then add priorities you think should be explored. The priorities were those that community members felt were important at the time. Priorities are expected to change over time.

(Note: MH = Mental Health; TAY = Transition Age Youth, ages 16-25)

Key: 1=Not important at this time; 2=Slightly Important; 3=Somewhat Important; 4=Very Important; 5=Absolutely Essential

Priority	1	2	3	4	5
New services and expansion of MH outreach/ services to regions outside of Eureka					
Bilingual, culturally competent MH services					
Substance Use Disorder Services					
MH workforce support and training					
More MH counselors at schools & increased services in a school setting					
More housing along with expanding services to those experiencing homelessness					
0-8 MH Collaborative support, and services for early childhood					
More counseling and support for parents/families					

Priority	1	2	3	4	5
TAY program expansion and improvements for TAY facilities					
Early childhood mental health services					
More MH counselors for adults					
More programs, services with law enforcement					
Transportation for clients					
More support for older adults (ages 60+)					
Provide more stakeholder activities and clarity about MH services provided by County MH					
More Native American supports					
Hope Center program expansion and facility improvements					
More Patients' Rights Advocates					
More prevention and early intervention activities for adults					
Support after discharge from Sempervirens and Crisis Support Unit					
Stronger partnerships with hospitals					
More peer support programs					

5. MHSA funds in part the programs and services listed below. What MHSA-funded programs are you familiar with? (Check all that apply)

- Comprehensive Community Treatment/Full Service Partnership
- Transition Age Youth Advocacy and Peer Support
- Adult Residential Treatment Services
- Older and Dependent Adults
- Regional Services
- Hope Wellness Center
- Suicide Prevention
- Crisis Residential Treatment
- Resident Engagement and Support Team
- Local Implementation Agreements
- Parent Partners
- School Climate Transformation/Multi Tiered System of Support
- North Valley Suicide Prevention Hotline
- Workforce Education and Training
- I haven't heard of any of these before

6. As a whole, how do you feel MHSA-funded programs are doing in serving the following?

Key: 1=Poor; 2=Fair; 3=Good; 4=Excellent; 5=I don't know

Priority	1	2	3	4	5
Children 0-5					
Youth 6-12					

Priority	1	2	3	4	5
Teens 13-17					
Young Adults 18-24					
Adults 25-59					
Seniors (60+)					
Latinos					
Native Americans					
Other Minority Groups (i.e. Asians, African Americans)					
Veterans					
LGBTQ					
Homeless					
People with substance use disorders					
Those with serious mental illness					
Those who might be at risk of a mental illness					
Pregnant Women					

7. What are some issues or barriers that may prevent people from seeking Mental Health services in Humboldt County? Please check all that apply.

- Not sure where to go for help
- There is a stigma around mental illness in the community
- Insurance eligibility
- Lack of transportation
- Services are not provided in consumers' preferred language
- Lack of Veteran services
- Lack of private providers who accept private insurance
- Services are not available at a day/time that I can access them
- Other

8. In your experience (either directly or indirectly) what has been the most beneficial mental health program and/or services implemented in your community? Please describe below:

9. In your opinion, what behavioral health services are working well in Humboldt County? Why?

10. What suggestions do you have to improve Behavioral Health services in Humboldt County?

11. How do you get your information? (Select all that apply)

- Email
- Text/SMS
- Local Newspaper
- Local Radio Station
- Word of Mouth
- Social Media (Facebook, Instagram)
- Other

12. If you have experience with mental health services at Humboldt County Behavioral Health, how do you feel we are doing with the following?

Key: 1=Poor; 2=Fair; 3=Good; 4=Excellent

Priority	1	2	3	4
Client & family focused				
Culturally competent staff				
Recovery-based services				
Welcoming environment				
Collaboration with community				
Smooth referrals to and from other providers				

13. What are your suggestions for additional programs or services that would enhance wellness and recovery and better meet the needs of your community?

Please tell us about yourself.

14. What is your **preferred** language?

- English
- Spanish
- Other

15. My **age group** is:

- 0-15
- 16-25
- 26-59
- 60-74
- 75+
- Prefer not to answer

16. My **Gender** is:

- Male
- Female
- Transgender
- Gender queer
- Another gender identity
- Prefer not to answer

17. I primarily reside in this **City or Zip Code**: _____

18. My **Race/Ethnicity** is:

- African American or Black
- American Indian or Alaska Native
- Asian
- Caucasian or White
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- More than one Race/Ethnicity
- Prefer not to answer
- Other

19. Use the space below, or the back of this page, for any additional comments/suggestions you would like to give us. Thank you for your time!

Attachment 3

Draft of Three Year Plan with Budget

**Link: [Draft MHSA Three-Year
Plan 2023-2026](#)**

Attachment 4

**Stakeholder Meeting Notes,
Recommendations, Questions,
and Emails**

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email

Behavioral Health Board Meeting

November 17, 2022

Q&A:

- How does MHSA want to receive feedback? Can community members provide feedback related to what programs they would like to see funded. Response: Feedback can be provided through verbal comments at community meetings; through emails to mhsacomment@co.humboldt.ca.us; phone calls to the MHSA line at 707-441-3770. Community members can provide feedback about programs they would like to see funded.
- Will slides be distributed after the meeting? Response: Yes.
- Does the stakeholder packet only go over one year of funding? Can we see cost and people served for each program referenced on the Stakeholder Packet Program overview? Response: Yes, the estimated funding numbers within the stakeholder packet is only for the first fiscal year of the plan. This is because the draft budget is subject to change, however the actual Three Year Plan contains a draft budget for all three years along with a breakdown of each program. As for numbers of people served, the Three Year Plan contains reports for each program that have a breakdown of the amount of people served.
- How do people access REST? Response: It is accessed by referrals by BH clients. REST is funded through the Innovation component of MHSA and is intended to provide services that will help clients attain and retain housing.
- MHSA should consider stakeholders in the Criminal Justice System, including the DA and Defense. Is this being planned? Response: They are a stakeholder group we plan to connect with in the near future. Currently, we have a CIT stakeholder meeting scheduled for December 2022.
- How is BH diagnosing and treating anosognosia in its client population. Is BH using an approach called LEAP as there has been no mention in BHs plans or updates. Javier Amador discusses the technique in His book titled I'm Not Sick and I Don't Need Help. Response: We do not know how anosognosia is diagnosed and treated nor if the LEAP approach is used. The comment about the need to diagnose and treat anosognosia appropriately will be included in the report on stakeholder meetings.
- How can people access Adult and Older Adult Programs? What is the referral agency that accesses these services? Response: Linkage to these services come from internal assessments and referrals. These referrals often come from APS.
- How are new programs selected and funded? Response: New program ideas will come directly from stakeholder feedback gathered during the stakeholder process. This feedback is then provided to BH Leadership for selection, final review, and approval. The goal of this meeting is to provide BHB and those in attendance the ability to provide services they think need to be included in the MHSA Three Year Plan. For example, REST was developed form the feedback received from previous stakeholder input.
- There seems to be a redundancy in the Suicide Prevention programs. Is there a difference in the services? Response: Yes, the two programs are quite different. The Suicide Prevention

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email program is a collaborative effort with Public Health with the intent of preventing suicide. The new suicide prevention initiative under the Three Year Plan is a Quality Improvement focused initiative and is more focused on improving BH capacity to identify, assess, and respond to suicide in our system of care.

- What is the preferred way of asking questions and providing feedback? Response: This meeting is to gather services we need in the community and provides an opportunity for us to record/track recommendations shared verbally. People can also email the MHSA comments email address to share any ideas/recommendations they may have.
- Has there been any consideration of AOT being MHSA PEI funded? Can we get a pie chart showing what funds go where? Can we see what has changed from the last plan? Response: Current new initiatives are listed in the Three Year Plan. Pie charts and graphics are also in the plan and can be made available upon request. Reports throughout the plan include outcomes measured. MHSA funds voluntary services and AOT is not a voluntary service; MHSA cannot fund AOT.
- Do new programs have to be under DHHS BH? Response: No. It depends on the program but it can be done with partners.
- How do we deal with burnout? How do we keep staff in positions and hold on to people in the field? Response: Recruitment and retention is always a struggle. MHSA aids the BH branch with staff retention and training through WET by providing opportunities in the form of scholarships and stipends.
- Is the LatinX position a clinician? Response: The position is a case manager position.
- Has BHB reports been considered as feedback and recommendations for new program funding? Response: Yes, they have. Leadership reviews all comments received to see if suggestions and recommendations can be explored further.

Comments/Recommendations:

- As it relates to the complexity of budgets, it is beneficial for BHB to see program funding that is provided from MHSA so that members can get a clearer picture on what the funds support.
- Thinking about culture and cultural competency is critical. There is still a lot of us and them communication. Not enough emphasis that individuals that live and work in DHHS experience mental health challenges. Really excited about Latinx Liaison. However, continue to use the value that exist within our Peer communities.
- It was recommended that BH seeks more therapeutic counseling. Dealing with SMI providing support is important, but we need to provide trained therapeutic counselors.
- It was recommended that staff should get a minimum of 80 hours of interactive training. It could raise morale and help retention.
- It was recommended for BH to develop a first psychosis program. BH does some work in the area but not a faithful evidence-based approach.

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email

KEET-TV Seeing the Signs of Suicide November 30, 2022

- Participants for this group did not make any specific recommendations after the MHSA presentation was made. However, someone in the meeting asked for a copy of the materials in Spanish. A Spanish version of the stakeholder packet was created in January and distributed in February to the people that requested it.

Mental Health Collaborative of Hoopa December 5, 2022

- Due to a full agenda and thorough community discussion on important regional issues, the MHSA Coordinator did not have sufficient time to make a full presentation. An abbreviated overview was provided. No direct feedback was provided for the Three Year Plan, however a summary of the discussion items was collected since they can still apply as recommendations.
- Community members expressed a great need for behavioral health services to expand in their area.
- Kelly, the local Postmaster, shared her experiences with a local community member that threatened both her and her staff. Hoopa Council members discussed how the county has continually failed to provide services in the past. People have attacked, killed, threatened, and harassed people in the community and the coordination with county to have these individuals helped has been poor.
- It was recommended to look at the San Diego County model for Psychiatric Emergency Response Team (PERT). Collaborative members discussed the need for a solution to serve the serious mentally ill in the community.
- Councilmember Sherman reflected on how it took approximately 28 interactions with mental health services before they were able to get a conservatorship for another SMI community member. It was pointed out that there needs to be a way to move conservatorship to get people off the streets that are a threat to self and others.
- Overall, it was noted that there is a strong need for a culturally responsive approach to service delivery for this community. This includes, but is not limited to: tribal members, law enforcement, mental health services, and community providers.

Youth Advisory Board (YAB) December 6, 2022

Q&A:

- What would it take to provide LGBTQIA+ focused services? Response: People were reminded about options they have to providing feedback and recommendations. This can be done through emails to mhsacomments@co.humboldt.ca.us and/or phone calls to the MHSA line at 707-441-3770.
- Is TAY funded by MHSA? Response: Yes, components of TAY programs are funded under the PEI component of MHSA.

Comments/Recommendations:

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email

- YAB members recommended BH to look at the seventh round of policy recommendations for the creation of LGBTQIA+ services

Crisis Intervention Team (CIT)

December 7, 2022

Q&A:

- What is the best process for getting a program supported with MHSA or Behavioral Health in general? Response: For small grants, there are Local Implementation Agreements that are selected in the spring for the following fiscal year. These LIAs are a one-time grant with a maximum funding of \$25,000. They must meet PEI requirements and reporting guidelines. To have a program or service added and funded through MHSA, the best way to submit proposals during stakeholder meetings and for detail requests it is best to submit through email at MHSAcomments@co.humboldt.ca.us. All feedback and suggestions are collected from all sources and provided to leadership as a stakeholder report. General Requests can be directed to Quality Improvement or BH Leadership for review and approval.
- How is data tracked for CCT FSP? Some of the numbers reported in the MHSA Three Year Plan seem low. Response: FSP data is pulled from the DCR, which is provided by DHCS Behavioral Health Information Systems.

Comments/Recommendations:

- There weren't any recommendations made within this meeting. However, one attendee shared a recommendation via email regarding Crisis Alternate Response. This email is included at the end of this attachment along with the other email recommendations.

Promotores

December 8, 2022

Q&A:

- Are the new initiatives mentioned in the plan already budgets? Response: Yes, the new initiatives have estimated budgets included in the MHSA Three Year Plan draft budget.
- It was requested in this meeting for MHSA information to become available in Spanish. Content in Spanish was sent via email to participants in early February 2023.

NAMI

January 4, 2023

Q&A:

- MHSA was initially set up to fund what states/counties are normally not able to fund. How do counties determine to spend these funds and where to allocate them? Response: A big way BH Leadership knows how to spend funds is by gathering community input. This is what helps make informed decisions when creating programs/services our community needs. Aside from this, state regulations mandate counties to spend MHSA funds in very specific ways. One example would be that the CSS component of MHSA must use 70% of the overall MHSA budget, PEI is around 22%, INN is around 8%, and WET is less than 1%.

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email

- The Hope Center is staffed only at half capacity. REST is not even making deadlines and they are not even in the county organizational chart. Is there accountability for these programs? Do we know how many people are being served? If programs are not working, how is BH leadership keeping them accountable? How can we recommend funds if we do not know what is working? Response: Unfortunately, MHSA does not handle accountability of BH programs. However, I will make note of this concern for leadership to read. As for numbers of people served, the reports within the MHSA Three Year Plan go over numbers of people served along with future projections for the upcoming fiscal year.
- There are three different programs for suicide prevention. Why do we have so many? This seems redundant. Also, with the Warm Line in mind, why aren't we using 211? Response: There are three suicide prevention programs because each serves a different purpose. The Suicide Prevention Program that is in direct partnership with Public Health is designed to help prevent suicide at the local level. The North Valley Suicide Prevention Hotline is a collaborative effort with Yolo County, and it provides a phone line and website for people who are thinking of committing suicide. The proposed Suicide Prevention BH QI Initiative is designed to better optimize how BH handles data, trains staff, and is meant to provide consultation to improve systemic functions. As for the Warm Line, a note has been made for leadership to review so that they can see that 211 Humboldt may be a potential partner for it.

Comments and Recommendations:

- We feel like in general, County is careful to not be clear or upfront about what they are doing.
- This money is meant for the serious mentally ill. It was not meant for those with anxiety and mild depression. This has changed over time. The original goal is to help people in the streets, and don't think county is responding as they should to these groups. It is okay to take programs and reduce them to fund other services.
- There is a lot of Prevention and Early Intervention Programs. There is concern that we are not using the services appropriately.
- We cannot change funding sources easily because we are guided by state regulations. Otherwise all money will go to one category. BHB's annual report has a ton of recommendations and would like to refer to them. We've been hearing about data, but there is nothing impactful.
- A recommendation was made to allocate MHSA funding for AOT services/Laura's Law. NAMI believes it is possible for MHSA funding to be used to fund it. There was mentioning that new laws were passed that allow for counties to utilize funding to support it. NAMI thinks this should be a high priority for MHSA.
- Mental Health counselors for serious mental illness are lacking. Mental Health Counselors; use MHSA money to work at the Hope Center and have the counselors provide pre and post treatment. Having post treatment counselors working with peers could improve SV treatment and outcomes.
- There was concern over the Older Adult Program. The program doesn't seem to be helping many people. There must be a greater number of people being served. Older and Dependent

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email
Adults should be two separate programs. People with disabilities and with mental illness should be separate. Services are lacking and need more support. Other programs like TAY have grown, but Older Adults needs more attention.

- A recommendation was made for County to start a family center where resources are shared, support groups, CWS meetings. NAMI is willing and wanting to aid in the development and support of this program/resource. It is meant to be a safe place for families to take refuge when they need it.
- Crisis residential treatment came from original community feedback. NAMI is happy that this is something being funded under MHSA. The community needs more crisis services.
- A suggestion was made to have MHSA stakeholder meetings in the evening time over Zoom to make them more accessible to those that work.
- A recommendation was made to decentralize county trainings and offer them to community members. QPR and ASSIST trainings are examples of this. It would be great to offer these trainings in our rural communities without having people travel to Eureka to provide them. It would make them more accessible to community members.

Southern Humboldt Regional Meeting (Zoom)

January 6, 2023

- Only two people attended this meeting due to recent storms that left Southern Humboldt without power.
- Attendees noted that Southern Humboldt needs all services they can get. The increase in Telehealth since the beginning of COVID has been nice, but internet access continues to be a challenge for many in the region. The current service delivery methods pose great challenges to accessing them.
- Due to the low attendance caused by severe weather, another Zoom meeting was scheduled with Southern Humboldt Family Resource Center for 2/1/2023 and an in-person meeting was scheduled at the Garberville Library for 2/9/2023. Their notes can be found below.

Eel River Valley Regional Meeting (Zoom)

January 9, 2023

No Attendees

Eureka Regional Meeting (Zoom)

January 11, 2023

No Attendees

Eastern Humboldt Regional Meeting: KTJUSD

January 17, 2023

Q&A:

- Can MHSA funds be separated or presented by demographic region so regions can see how much their demographics contribute to the funding allocation counties receive from the state?

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email

Response: When it comes to using demographic information to consider funding, it is not separated by regions. Census information might show more specific information for a given region, but it would not give any funding information.

- Can Suicide Prevention Access Information be sent to KTJUSD leadership to connect to services for youth experiencing suicidality in the region? Response: Yes, it can be. As long as the information does not contain any confidential data, this can be done without a problem. The MHSA Three Year Plan has some data on this from the Suicide Prevention Program and the North Valley Suicide Prevention Hotline.

Comments/Recommendations:

- The major barriers in Eastern Humboldt when accessing services are transportation and isolation. Services need to be bolstered and extended into Eastern Humboldt. There are only a few service providers in the area. Despite their great work, a small three person team is not sufficient for the number of services needed.
- Tribal Behavioral Health wants to increase collaboration with County BH in connecting to services.
- Eastern Humboldt needs local suicide prevention initiatives in the region.
- County BH needs to work with Indian Health Services to get help with transportation for clients to the coast for services.
- Someone recommended creating a position, a funding, or a stipend for a local spiritual counselor or mentor to help support client and families seeking treatment in a culturally responsive way.
- County BH needs to bolster services for Eastern Humboldt.
- Efforts need to be done to try to reconnect regional clients to services. Many have started services, but then are dropped off and discontinued for some reason even though there is still a great need. Individuals who have been discouraged of getting BH services need to be able to be reconnected to services.
- Region needs assistance with getting people placed on 5150 holds along with help when it comes to transporting people to the appropriate care on the coast.
- Currently the only options are police and ambulance for transportation when it comes to emergencies (including 5150 holds). With limited police force and ambulance, it leaves the community at great risk when the resources are tied up getting a client to the coast.
- Someone recommended for County to reconnect on transportation solution by attending the quarterly K'imaiw meetings.
- It would be beneficial to have regular meetings with BH leadership.
- The wait for services is too long.
- County needs a SUD and/or detox center for Humboldt. Eastern Humboldt needs this a lot.
- Fentanyl is a very large problem in the region.
- Someone recommended to adding Tribal representatives on the Behavioral Health Board to increase advocacy for the rural Tribal community of Eastern Humboldt. Instructions on how to apply to become a board member were sent to this individual.

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email

- There is a need to create collaborative training between BH, Tribal BH, and Tribal Law Enforcement for 5150 and general mental health training and resources.
- County holds a level of responsibility due to colonization, which has created a lack of resources and institutional racism in education for mental health issues.
- Tribal government is willing and able to work with county to identify the needs of the community and increase services on the reservations.
- Increased services are needed on the reservations.
- More focused efforts on services to youth are needed in the Eastern Region.
- Need a youth crisis residential treatment service.
- Need a cultural advisor to guide the youth to services and treatment.
- Need increased education with a wellness center potentially connected with Public Health efforts.

Eastern Humboldt Regional Meeting (Zoom)

January 18, 2023

A presentation was made, but only one person representing KMUD attended. No comments, questions, or recommendations were made.

Northern Humboldt Regional Meeting (Zoom)

January 20, 2023

A presentation was made, but only one person representing Humboldt 211 attended. No comments, questions, or recommendations were made at the time.

DHHS Education Leadership Board

January 23, 2023

Q&A:

- Are the new in person meeting dates going to be distributed via email? Response: Yes, the new meeting dates will be sent to everyone via email, including via NorCan,

Comments/Recommendations:

- Since March 2019, Humboldt Bridges to Success received over 1,500 referrals to assist families in receiving mental health services. These referrals show the importance in funding mental health services in our schools.
- People expressed gratitude for funding that goes to education for prevention and early intervention and the critical importance education plays in preventing mental health from becoming disabling. It is important to connect children and families to services early.

Cal Poly Humboldt (CAPS/Psychology Department)

January 23, 2023

Comments/Recommendations:

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email

- What would be the best way to have County BH collaborate with Cal Poly Humboldt? BH used to collaborate with Cal Poly Humboldt before the pandemic, but once the pandemic started, that level of support stopped. Also, would you happen to know the points of contact for CCT, TAY, and MIST? These are programs that would help us out a lot and we've been wanting to work with them again. Response: Points of contact for CCT, TAY, and MIST will be provided to you by the end of this meeting via email. There is another service called BADGES that operates in Arcata, I'll make sure you get information on it as well. As for a way to have County BH collaborate with Cal Poly Humboldt's psychology department, I will let BH Leadership know about this so that they can reach out.
- Part of the reason we are wanting to collaborate with County BH is because we are overwhelmed with suicidal attempts and crisis on campus. We just started the new semester and things are hectic. We have been using other resources through Mad River Hospital, but more help would be great. Aside from this, we noticed the Graduate Stipend opportunity through an announcement made and within the MHSA presentation. Any chance we can share interns? They can work part time with you and part time with us. Response: These points you made will be on the stakeholder report along with communicating them to BH Leadership. As for sharing interns, this will also be added as a recommendation and mentioned to leadership. This fits with our Workforce Education and Training (WET) component since we recently advertised the Graduate Stipend Program.

Hope Center
January 25, 2023

Q&A:

- Can CSS funds be used for the Hope Center? Would Hope Center meet criteria for utilizing these funds without double dipping? Response: Unfortunately, the Hope Center does not meet criteria for CSS funding since it doesn't provide services specific for serious mental illness.
- Is the Room Key project still running? Response: the Room Key project has transitioned to the HOME Key Program.
- Can information related to REST program be sent to Alissa from the Behavioral Health Board? Response: Yes, information can be sent to Alissa. We will connect her with the deputy director that is in charge of REST.
- How will the Warm Line initiative referenced in the Three Year Plan be implemented? The Hope Center is already handling warm line calls and are short staffed. Current staffing would not be able to cover this initiative. Will additional staff be hired to facilitate the initiative? Response: That is information the MHSA Coordinator does not have. However, this question will be added in our report and communicated to leadership. We will make sure to reach out again with a response to these questions.

Comments and Recommendations:

- There is a lot of difficulty accessing the Home Project. People need a case manager worker to access the program.

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email

- There is too much information and service “siloing” happening in BH.
- High functioning disabled individuals need clarification in order to understand who meets qualifications for the HOME program.
- Attendees of the meeting are high functioning and are looking for solutions to access HOME. However, because of their high functioning status, they are disqualified from assistance but still very much need aid to remain housed.
- It is too hard to access services. Access is not easy and the process is not intuitive.
- Even with disability and rent assistance, financial assistance is not sufficient to stay housed and clients are at risk of being homeless.
- Medications cost added into the mix make the problem even greater. Some clients report medications costing over \$3,000. More than one medication is needed. This creates a great level of financial and health instability.
- Someone recommended to increase advocacy and funding for clients who are high functioning with disabilities that still require assistance. They consider themselves an unserved and underserved population.
- Need to increase quality cultural responsive care for the LGBTQIA+ community. Participants feel their access to care is limited.
- Need more services overall.
- Someone recommended expanding funding for the Hope Center.
- Increase Hope Center staffing.
- Increase the size of the Hope Center and/or get a bigger Hope Center facility.
- After COVID, the ability to help people was reduced. They were supposed to get a bigger facility where they could have more services and bigger kitchen to practice cooking and relevant life skills, and this never happened.
- Someone recommended a walkthrough by the Behavioral Health Board to assess the needs of the Hope Center and make recommendations to the Board of Supervisors to increase the quality of services.
- The Hope Center needs a minimum of 2 staff present at all times to be safe. This is something that is difficult to maintain due to not having enough staff.
- There is a need for a male staff member to provide safe inclusive space and male perspective for client care.
- Need increase in training for peer and community members.
- Need to increase the accessibility of trainings.
- The community needs more information on how to access REST and the qualifications to be approved for their services.

**Southern Humboldt Regional Meeting (Southern Hum. FRC)
February 1, 2022**

Q&A:

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email

- Is there opportunity to expand collaboration with org providers within Southern Humboldt? There are many deficiencies in the area that collaboration with org providers could fix.

Response: Yes, there is opportunities for County BH to work with Southern Humboldt org providers. MHSA's Local Implementation Agreements are designed to expand working efforts. We will make sure to send information to you once the LIA application period opens.

Comments and Recommendations:

- Southern Humboldt needs more services.
- There is a need for more community partnership with local community org. providers.
- There is a need for creative solutions for community-based providers to get funds to collaborate with County.
- Southern Humboldt needs a program that actually provides services in Southern Humboldt. Many programs listed in the Three Year Plan appear to be only for the Eureka area.
- With Southern Humboldt's Emergency Shelter closing on March 31st, any funding sources that could be used to provide services to the homeless population if Southern Humboldt is welcomed. The Emergency Shelter was a fist of its class in a long time and it is a shame to see the program shut down in these difficult times. If MHSA funds could be utilized to keep this program from shutting down, it would be greatly appreciated.

Northern Humboldt Regional Meeting (Blue Lake FRC) February 3, 2023

Q&A:

- Are MHSA funds going to tribal organizations? Response: MHSA does not directly fund any tribal organizations but does partner with tribal org providers through the Local Implementation Agreements grants under PEI. MHSA has funded several of LIAs with tribal organizations like Two Feathers and Bear River Rancheria.
- What is the mechanism to provide advocacy for MHSA regulation changes? Response: People are encouraged to attend stakeholder meetings and provide input or submit input through the MHSA Comments email address. Another mechanism that could be used is going to the Mental Health Oversight and Accountability Commission meetings. There are meetings hosted by them that allow for public comments to be made.
- How can client's and stakeholders' partner with advocacy efforts to help bring changes to MHSA regulations? Such as SUD co-occurring mental health issue policy changes? Response: see the response for the question above.

Comments/Recommendations:

- Create/expand more services for Older Adults, not just for children.
- Recommend sending the community survey to the social department at Cal Poly Humboldt since more students are funneled into county jobs from Social Work than just the Psychology Department.
- Largest complaint from clients in the region is that they have a hard time accessing services and cannot find providers.
- Clients would like a friendly hand to walk them through the access process.

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email

- Often times, when a client is denied for the first time, they become hurt and offended. This causes people to not want to seek services.
- It was mentioned during the meeting that some stakeholders have been on the waiting list for a counselor for over a year.
- COVID-19 and isolation has made it very hard for older clients since they are more disconnected and lonely.
- Need expansion of Mobile Outreach hours. Often times clients aren't available during standard operating hours. Clients need interaction on nights and weekends. Without these services, providers are required to use Law Enforcement, which often are not complementary to services or clients.
- It seems like BH services do not like to deal with clients that have dementia or the possible combination of both dementia and mental health issues.
- Humboldt County has the need to expand services around substance use disorders and mental health services for clients with SUD issues.
- There is a lot of trust issues in the region with Mental Health Services. Clients are afraid to be placed on a 5150 hold.
- Mental Health Services need to go where the people are.
- We need to increase successful approaches such as programs for Humboldt Bridges To Success.
- There is a serious need for transportation. By the Rancheria there is a bus, but it will not get clients to Eureka. Local transportation is limited.
- There is a need to increase mobile services that go to clients.
- There are a lot of opportunities to partner with Providence since they have a working relationship with clients.
- The FRC works with a lot of moms and post-partem support services are great, but moms cannot go to the counseling support because there is a lack of childcare.
- It was recommended for county to review the aging needs assessment recently completed. It reveals an aging population in Humboldt County, which indicates an increase need for staff to serve these adults.
- BH case managers are amazing with their clients. They are awesome at helping our older adult population.
- The push to online only services for older adults causes more stress as the increase tech demands pose accessibility barriers for them. Services like these, while seemingly useful, present as a lack of culturally responsive care to the older adult population.

Meeting with Eureka City Manager

February 8, 2023

Comments and Recommendations:

- It was recommended for MHSA funding to be utilized to fund Crisis Alternative Response of Eureka (CARE) to provide high quality, low barrier crisis intervention/prevention services and short-term case management in the Eureka area.
- There is a great need for crisis services within Humboldt County.

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email

- An email was received with the complete recommendation, which can be found in the Email section below.

First 5 Humboldt February 9, 2023

Comments and Recommendations:

- Attendees were excited to see the Early Childhood Treatment Certification initiative be included in the MHSA draft Three Year Plan. This is an initiative that First 5 Humboldt collaborated with to see implemented in the county.
- No specific recommendations were made within this presentation, people were thankful for the outreach effort and to be included in the conversation.

Southern Humboldt Regional Meeting (Garberville Library)

**February 9, 2023
No Attendees**

Eel River Valley Humboldt Regional Meeting (Fortuna Adventist Community Services)

February 15, 2023

Q&A:

- As a funding organization in the community, are the BH programs in the stakeholder packet under funded and/or understaffed? Response: MHSA does not fund all programs. MHSA accounts for approximately 15% of the total Behavioral Health branch budget. Most funds are drawn down from Medi-Cal and Medicare. As with many counties throughout the state, County BH is understaffed and has a 30% vacancy in positions.

Comments and Recommendations:

- Community members working in the high school noted the increased difficulty in working with the youth in the schools and the impact of COVID only made these interactions more difficult. Limited services in the Eel River Valley region make it difficult to connect students and their families to services.
- People do not know enough about the services County BH offers. More outreach is needed.
- There is a great need for services for low income, non-ambulatory adults in the Eel River Valley region. The lack of sufficient mass transit makes it difficult to get clients to Eureka. Decentralizing the services is necessary. Providing services locally in Fortuna would be optimal.
- There is a need for mental health counselors in Fortuna. Or at least have them collaborate with local org. providers.
- There is a need to increase support for the HART program. The HART program has the capacity to supervise undergraduate interns but needs support to train/supervise Masters level interns that would be beneficial to the local community.
- Community members did not believe telehealth treatment services are on par with in-person services, but they are definitely more convenient.
- MHSA should network with Association for Mental Health Providers to improve outreach.

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email

- The HART Program Director would like to see biannual community outreach events that provide information and linkage to community members with primary care, mental health services, and dental clinics. An even is planned for this summer as a test.
- It is difficult for some people to get to Eureka. Transportation is an issue.
- Many Fortuna therapists are not taking clients with Medical, which limits the accessibility of local services. Especially for non-ambulatory clients.
- If we had addiction counselors that need supervision, services can be provided through the local HART Program. Their program is one of the few that can pay interns during supervision.

Eureka Regional Meeting (Pro Building)

February 22, 2023

Q&A:

- Is the Latino Outreach position just a single person or a departmental team? Response: This is a position intended for one person to fill. They will be coordinating outreach with existing programs.
- As far as stakeholders go, what meetings and venues has MHSA outreached to? Response: At a minimum, MHSA is required to have a meeting in each of the designated regions of Humboldt. Those are Eureka, Northern, Southern, Eastern, and Eel River Valley. However, MHSA has had several meetings beyond the regional meetings. These include the Behavioral Health Board, NAMI, CIT, HCTAYC YAB, HCOE, Humboldt Trinity Unified School District, and several others.
- Is there a Spanish version of the presentation and if not, can one be made? Response: We do not have a Spanish presentation available at this moment, however our stakeholder packet is translated in Spanish. The MHSA Coordinator was recently certified by the County in biliteracy in Spanish. This gives them the ability to translated documents along with delivering presentation in Spanish. There is a plan to create a Spanish version of this presentation in the near future.
- Can the stakeholder materials be made more accessible and presented in more formats such as Spanish, Hmong, and Portuguese? Response: Yes, materials can be translated in different languages. As long as they are requested by community members, County BH will translate the documents and provide them to those interested.

Comments and Recommendations:

- The attendee for this meeting expressed support for the Early Childhood Treatment Certification initiative. The attendee has the certification and sees the value in it since they provide services to many families in the Spanish community. With them being a Spanish speaker, they like the focus on parents being the lead while also encouraging them to not feel attacked/judged based on their parenting choices.
- There is a lot of information in the presentation to process and it can be a bit overwhelming. A recommendation was made to condense the information.
- The presentation is very loaded with information and in some capacity is not community friendly with the volume of information.

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email

- Some of the language could use further simplification for community members.
 - There is a recommendation to bring community partners into MHSA outreach opportunities to help build relationships with the community and to spread more information of MHSA through word of mouth.
 - The time slot for the meetings is problematic for many who do not want to give up their lunch time for work. Potentially have a meeting in the morning or later afternoon so community members can coordinate their work schedules better without losing their lunch break.
 - Provide more direct invitations with in-person outreach opportunities and/or phone calls to community members.
 - Incorporate check-ins and acknowledgements into meetings before they start to create a positive atmosphere for community members and understand where people are coming from in their day to build rapport.
 - County BH needs to increase trust with the community by attending and participating in outreach events with community partners. Examples would be Paso a Paso, Centro Del Pueblo events, Black Humboldt, etc.
 - Go to where the people are instead of expecting them to come to you. It is not realistic to expect to build trust with the community while remaining distant.
 - Break down the content/information in the meeting by incorporating more focus group style meetings with smaller groups with talking points.
 - Start building the marketing and community relationships with community partners as many of the referrals seen come from their work with other partners and non-governmental org providers.
-

Recommendations Received Via Email

Recommendation from Crisis Alternative Response of Eureka:

It would be great for Humboldt County to include more outside agencies in the funding opportunities. The City of Eureka is currently in the process of developing its own mental health program, Crisis Alternative Response of Eureka (CARE), to provide high quality, low barrier crisis intervention/prevention services and short term case management in the Eureka area. The team will consist of 2 Mental Health Clinicians and 4 Mental Health Case Managers. The goal is to provide 7 day/week coverage with a team of 1 Clinician and two Case Managers each day working a staggered shift time to match demand as indicated by 911 call volume at Eureka Police's Dispatch. We plan on not engaging insurance companies in order to eliminate the constraints of medical necessities and extra burden which comes with facilitating the billing process. This will open the program's capacity to provide short term case management to anyone who is willing to accept services. The City of Eureka wants to support the broader

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email system by going further upstream in crisis management by support individuals in the field, with going the ER on a 5150 being the last resort.

Crisis intervention services will be both in collaboration with and independent of law enforcement, depending on specific circumstances of the crisis situation as it relates to safety. CARE will collaborate heavily with Eureka Police Department's Community Safety Engagement Team (CSET) in order to broaden the crisis intervention and prevention capacity within the City of Eureka. However, in the event that the crisis is not preventable and they end up placed on a 5150, CARE will provide more capacity for supporting the client moving through the system of emergency mental health. This will include supporting St. Joseph's ER by streamlining communication between agencies and assisting in de-escalation while the client enters the ER. CARE will also assist in providing treatment coordination support for the client between CARE, St. Joseph's ER, and MRT. On the back end of the crisis, CARE will be available to provide case management services to clients who are being discharged from the ER or Sempervirens who are not yet connected to services or who don't quite meet the medical necessity to receive some of DHHS's follow up services.

A primary goal of the short-term case management aspect of the program is to assist with system navigation and engage in street outreach. A large barrier for many individuals experiencing homelessness with mental health or substance use issues is the siloed nature of the service array in Humboldt County. Our case management team will follow up with individuals who had been in crisis within 1-5 days following the crisis, in alignment with SAMHSA's Mobile Crisis Unit recommended model. Additionally, CARE case managers will work to connect clients to various agencies within the system of care by directly providing a warm handoff. Our goal is to help clients who have more marked impairments to not have to navigate the system on their own, something which has a high failure rate. This service would be available to support some clients who are being discharged from Sempervirens as well as St Joseph's ER. Especially clients who are not opened to existing services and who will need immediate follow up support to successfully get connected to follow up services.

The street outreach part of case management will include spending time out in the community connecting with individuals who may not be in crisis, but need support in getting connected to services in order to avoid requiring more intensive responses from the emergency mental health continuum. This will have a more social service focus, trying to support individuals getting connected with local resources to meet their basic needs. This will be done in collaboration with Uplift Eureka, CSET, St. Vincent de Paul's Free Meal, the Eureka Rescue Mission, Salvation Army, and a variety of other agencies. This will include everything from providing basic information to driving individuals to various social services. This will follow the model CSET and Uplift have adopted with great success, having a regular presence in the community, connecting with people, and building trust.

On behalf of the City of Eureka, we would like to propose that Humboldt County consider allocating MHSA funding toward Crisis Alternative Response of Eureka. The program will directly benefit many individuals experiencing severe mental health and/or substance use

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email issues. CARE will support individuals experiencing homelessness get connected with crucial resources to prevent many crises from occurring. Lastly, CARE will greatly support many of the other agencies in the community, including infusing extra support into an overburdened emergency system of care. This would benefit the community as a whole, as well as DHHS and a variety of their departments. Furthermore, the partnership between the City of Eureka and Humboldt County is integral to providing adequate support to our community. Allocating \$1,114,308.69 to Crisis Alternative Response of Eureka over the 3 year term of the MHSA plan would provide for the hiring of 1 Clinician and 3 Case Managers for 3 years. This would greatly reduce the consistency risks which come along with developing such a program through grant funding. This would also increase the programs chance for successful sustainability by having steady funding while efficacy is demonstrated. The City's goal is to request full and/or partial funding through the City's general fund once program efficacy and success has been demonstrated on a longer term. The above allocation of MHSA funding would greatly support CARE in achieving this goal while simultaneously supporting the community and DHHS by providing flexible, high-quality, and low barrier crisis intervention and prevention services out in the community where the crises happen.

Recommendation from 211 Humboldt

211 Humboldt is wondering if there is any funding in Mental Health for a 24 hour Crisis Line. We are looking into starting one, since we get so many crisis and suicide callers. Many 211 are already a crisis center, including our after hour call center, everyone is certified and we are looking into doing it here locally. Everyone who has a crisis center is getting their funding from their County Mental Health department. All of our employees have at least a bachelor's if not a masters in Social Work and we would all go through the Crisis Center training. Starting in February we will be joining CA vs Hate as a call center for people to report hate crimes. We have found money to pay for our 211 to become a crisis center and our annual renewal fees, but we have not found any funding to do the job, to pay for the people and the telephonic phone system we will be using and the database for resources. Since there is a proposal for the Warm Line, 211 Humboldt would like to partner with County Behavioral Health in providing this service to the community. The funding would help us expand our employee base.

Recommendation from Children's Behavioral Health

The MHSA Stakeholder discussion just made me think about our lack of a Children's Full Service Partnership program (I think I had mentioned it to both of you recently). This came up again in a recent Wraparound discussion, and we may be able to use our contracted Wraparound provider to offer a formal FSP program. There is going to be a need to fund some of their contract that can't be billed to Medi-Cal, and perhaps we could consider using some of the funding that goes to CCT to help get us into compliance? We had a plan of correction previously for not providing FSP services to youth, and I'm worried that we'll continue to be out of compliance without coming up with a specific plan for youth.

Recommendation from the Family Advisory Board

We understand that there are recent funds potentially available to provide support for more services within the mental health community. We propose the creation of a position for

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email someone to develop a data base of services, and mental health information for those with loved ones who have family members with brain differences. We suggest that this same person also coordinate regular media interaction with the public about mental health issues. There is current work being done with KMUD to do a monthly taped show.

Public Health Proposal for Suicide Prevention Program Funding Expansion

Public Health would formally like to request an increase in MHSA funds for FY 23-24 and 24-25 in the amount of \$160,000 to maintain and slightly expand MHSA program deliverables. It should be noted that FY's 25-26 budget proposed under the Three Year Plan was not included to be adjusted in this proposal and will remain the same as a result. A break down per year can be found below:

Public Health, Suicide and Violence Prevention (SVP) Program is seeking additional MHSA PEI funds to fill the following gaps:

1. Salary & Benefits for SVP Program Senior Health Education Specialist (SHES) position - (\$40,000)
2. Postvention - (\$25,000)

Goal: Improving suicide-related services and supports (this is goal #4 in Humboldt County CHIP)

Strategy: Expand support services following a suicide loss (postvention)

Through the collaborative efforts in the development of the Humboldt County Community Health Improvement Plan (CHIP) and through the Suicide Prevention Network, DHHS Public Health's Suicide and Violence Prevention Program is requesting support and funding to implement the following activities:

- a. Survivor of Suicide Loss (SOSL) Support Bags that will be given out by the Coroner's; SVP (via SPN) is currently piloting this with donations needs some funds to purchase items. (~3,500-\$5k)
- b. Paying "trainer fees" to Hospice of Humboldt or other local counselor, to have them offer a Suicide Loss Grief Support Group on a monthly basis. (Rough estimate: ~20k)
3. Transportation & Travel - (\$8,000)
 - a. Funding for two HES to travel to Portland for the Association of Suicidology Conference 2023 (see attached budget projection)
4. Educational Materials - (\$7,000)
 - a. Mental Health Awareness and Suicide Prevention materials for community education and outreach

Attachment 4

Notes from Stakeholder Meetings, Comment Forms, and MHSA Comment Email
Financial breakdown of program request:

Suicide Prevention	Current Allocation	Increase Amount	New Allocation	% Increase
FY 2023-24	\$ 220,375	\$80,000	\$300,375	26%
FY 2024-25	\$ 226,986	\$80,000	\$306,986	26%

****Total funds requested: \$80,000 per year for a grand total of \$160,000 additional funds requested for FY 23-24 and FY 24-25.**

Attachment 5

**Community Survey Comments,
Meeting Notes, and
Demographic Form Comments**

Question 8: In your experience (either directly or indirectly) what has been the most beneficial mental health program and/or services implemented in your community?

Comments that Mentioned a BH Program

Sempervirens

Bridges to Success (at the schools)

Having PES and SV

All and any mental health program that is implemented is good and beneficial

MIST

Street outreach and mobile crisis services

School based mental health services

Semper Virens

The HOME program, Uplift, Nation's Finest, REST, Waterfront Recovery, Betty Chin's programs, and St. Vincent De Paul, Free Meal.

Comprehensive Community Treatment and the Hope Center

TAY

Healthy Moms

Children's MRT

NAMHS

Hope center and CCT programs. Staffing and funding have limited both

MH services for children at CWS

CIT training for first responders

Suicide Prevention

Hope Center

Redwoods Rural Health Center, Humboldt Bridges to Success, Redwood Community Action Agency-Parents and Children Transitioning

school based mental health

I have heard very good things about the TAY program, but after these individuals age out they struggle to find adult MH support.

Staff training for working with families provided by 0-8 MHC & associated supports such as Reflective Practice, Direct support to preschool teachers for working with challenging children and families and avoiding burnout

school based early intervention and wrap around services for families.

TAY

Bridges has been amazing to get families connected. The only problem is there are not enough providers

Bridges Grant/ referral process

Support groups and youth mental health services at the county

Support to parents, early education

HOME program, TAY program, Bridges,

The Bridges program and ERICS

SUD Services

The most beneficial program from my direct experience has been the hope center and the people that give their time paid or unpaid to provide a safe place for our community.

Bridges to Success is very helpful

parent partners

Question 8: In your experience (either directly or indirectly) what has been the most beneficial mental health program and/or services implemented in your community?

More of the successful MH services are the ones that can adapt easily to patient needs (Two Feathers can meet at schools, homes, parks - they also provide transportation, TAY is very visible and available to young adults who qualify and work well in a multidisciplinary team)

Crisis Line

possibly TAY: there just aren't enough providers to meet the need

TAY seems to be well connected with youth and youth report trusting the staff who work there.

TAY

The TAY group and the Hope Center

Sempervirens

TAY - for those that qualify (I work with transition ages). My son was also a client, at the time, when he was in crisis and in and out of psych hospitals, I was told he qualified for 1:1 behavioral support in the home but due to funding it was not available. This support would have been amazing and would have allowed a MH staff see how difficult it was for him to think rationally and function without support.

School based services

TAY

As a school social worker in the Eel River Valley Area, The Bridges to Success program has been a tremendous resource to our families and community.

Probably TAY

TAY, HOPE Center, workforce development via 0 to 8 Mental Health Collaborative

Tay?

Humboldt Bridges to Success

CCT/TAY/HOME - any program with funding to provide case management, immediate resource assistance, peer support and the ability to get people into housing makes a significant difference in improving the lives of the program participants.

Humboldt Bridges to Success

Adolescent Treatment Program- but they need to take more insurance options. Bridges- MH at the schools. School Wellness Centers.

School based support for students and families

Comments that Mentioned a BH Service

Peer Support

In my experience group therapy was what made me open to one-on-one therapy later in life.

services with good case management and peer support

permanent supportive housing

NMHS telehealth that takes partnership

My direct experience with individual counseling has been very beneficial

When folks have a case worker/case manager to help them access a range of necessary services.

Suicide Fatality Review that provides recommendations for system wide improvements based on patterns seen in fatalities. Best data we have to fix broken systems and improve services.

Using doctors from out of the area on telehealth that listen to patients and properly medicate them.

Adult mental health support for clients to get to residential programs

case management for foster youth

Question 8: In your experience (either directly or indirectly) what has been the most beneficial mental health program and/or services implemented in your community?

Tele health for mental health access and medication

Therapy

Cognitive Behavioral Talk Therapy and consistent medication support from a psychiatrist.

supported housing--ongoing long term case management

Therapy through Medi-Cal

Tele practice.

Outreach to marginal populations

Therapy provided through DHHS, EBT, public shower

housing first, with in house service appointment.

Medical therapy

Community events

Comments that Mentioned a Non-BH Program

programs at the VA

Partnership with law enforcement

North American Mental Health Services

The HOME program, Uplift, Nation's Finest, REST, Waterfront Recovery, Betty Chin's programs, and St. Vincent De Paul, Free Meal.

I'm familiar with teen challenge only

Crestwood behavioral health programs, BRIDGE

CSET Eureka PD

Eureka Police Department Community Safety Engagement Team (CSET), UPLIFT, and with the expansion of Crisis Alternative Response of Eureka (CARE)

Redwoods Rural Health Center, Humboldt Bridges to Success, Redwood Community Action Agency-Parents and Children Transitioning

Queer Humboldt's mental health program is by and for queer people. It is an excellent community resource. It would be great to see it get funded through this opportunity.

Queer Humboldt serves queer youth, queer adults, and people who parent queer youth. This includes harm reduction, suicide prevention, early intervention, substance abuse treatment and prevention, transition age youth support, career pathways support, and much more. These services are much needed in our community, where queer people experience large degrees of minority stress.

Question 8: In your experience (either directly or indirectly) what has been the most beneficial mental health program and/or services implemented in your community?

My son has benefited directly from this program.

Queer Humboldt's mental health program is by and for queer people. They serve queer youth, queer adults, queer seniors, and people who parent queer youth. Their services include suicide prevention, early intervention, substance abuse treatment and prevention, transition age youth support, career pathways support, harm reduction and much more. These services are much needed in our community, where queer people frequently experience bias in daily living, and barriers in the health care setting. This minority stress can really add up.

Therapists with overt bias towards queer people, and/or therapists who are not competent to work with queer people, are really common in our local area. This results in long waiting lists for the providers who are able to offer Queer informed care. Many Queer people have past traumatic experiences with mental health providers locally, making it all the more important for them to receive care by therapists who understand and share their identities.

It is alarming that in questions 4, 5 or 7 LGBTQ mental health care is not mentioned. This is an important area of local need and the limited representation in this survey is concerning.

Connecting with the Redwood Coast Regional Center

programs for 0-8 mental health and support for families

redwood community services - IHBS. Their clinicians are working with students directly within the school and home environment to support students in foster care

Social Worker at Open Door

The SELPA Educationally Related Intensive Counseling Services for students with disabilities.

PACT PROGRAM

0-8 Mental Health Collaborative

early childhood, RCRC is great. Adult services, not so much

Two Feathers, Boys & Girls club, WIC program

0-8 Mental Health Collaborative and the IFECMH cohorts they have had.

People having Beacon/Partnership which helps them really get services

Queer Humboldt/TAY

Queer Humboldt

Hospice

Street outreach services such as HACHR AHHA Raven project YSB giving them the funding to follow through with services more shelters less restrictions

Queer Humboldt's mental health. I'd be lost without.

TAY, HOPE Center, workforce development via 0 to 8 Mental Health Collaborative

TANIF/CalWORKs/Cal Fresh/Community Pantries/Post Adoption Services

0 to 8 mental health collaboratives

Two Feathers programs are beneficial to adolescents

School based Humboldt IPA Wellness Centers

CSET and UPLIFT Eureka seem to be successful programs, though they are not really tackling the root of the issue.

North American mental health services have helped me tremendously

Behavioral Health Services through Kimaw Medical Center

Small, community-focused services such as Two Feathers and McKinleyville Resource Ctr

Question 8: In your experience (either directly or indirectly) what has been the most beneficial mental health program and/or services implemented in your community?

the raven project

Comments that Mentioned a Non-BH Service

Partnership Insurance

Eureka Police Department Community Safety Engagement Team (CSET), UPLIFT, and with the expansion of Crisis Alternative Response of Eureka (CARE)

Support to parents, early education

A private group that advocates for one another and validates the terrible experiences and encounters experienced from County Mental Health.

Two Feathers, Boys & Girls club, WIC program

Private counseling, but too expensive and many do not accept insurance

LGBT services

Social worker/de-escalation counselor intervention working with welfare checks and law enforcement.

North Coast Rape Crisis Team

Comments Classified as "Other"

Free Meal

Victim Witness Protection Program

The most beneficial are to those who have Medi-Cal. There is limited support for people with insurance, or who have non-severe needs.

The shelter in so hum allows for direct case management and the most seriously mentally ill can stay sheltered while receiving services. They're often too ill to realize what day and time it is when they aren't in shelter, and they miss appts. because of that.

Question 9: In your opinion, what Behavioral Health services are working well in Humboldt County? Why?

Comments that Mentioned A BH Program

JAIL BASED PROGRAM FOR MENTAL HEALTH

CCT, Hope Center, SV and Same Day Services

CSET; FSP, TAY

TAY. Great team and amazing outreach to the community they serve.

Healthy moms due to the high engagement and holistic services available

The Hope Center, the nurses and staff at SV

Adult Access, Crisis Intervention, Waterfront Recovery, Mobile Response Team, am extremely hopeful that Adult Outpatient Treatment Program brings some results

Hope Center, TAY

Counseling services available to Partnership clients and Hope Center.

MIST

Hope Center

TAY

TAY, counseling programs in youth services, adult day health

Bridges to Success focus is on people, not billing, TAY focus is on peer support and engagement not necessarily only clinical services. Programs that collaborate with other providers or agencies

Question 9: In your opinion, what Behavioral Health services are working well in Humboldt County? Why?

The bridges program and ERICS because it gives students more opportunity to have someone to discuss their issues with.

Healthy Moms; focused on a specific population, women supporting women, women/children both receive assistance, mom's raise the next Humboldt population

I have found a lot of value in the work that the BRIDGES grant has done in the 0 to 5 population. Having service providers and navigators that can serve young children and their families has been absent in our community. Lisa Spinas and Nicola Wilson have done an amazing job supporting young children and their families in the community.

There is a need to partner with school based mental health which is not explicitly happening at this point.

There was a time (2013-2016) that Humboldt county mental health provided quality trauma informed care with those providers and nursing staff. Sempervirens and PES/CSU staff cared about the clients that were cared for at 720 wood St.

Healthy Moms and Family Wellness Court

Bridges to success! and amazing program

Hope Center seems to get a lot of use

I think TAY is the only program working well at the moment.

MOMs program, Bridges Program

Sempervirens - they have worked really well with me and was helpful whenever I asked them for something, I had it within 24 hours.

Early Childhood collaborative

Hope Center, Bridges, Parent Partner

Post adoptive wrap around services are a well suited niche other wrap around services need to be expanded for families pre removal from the home

School-based service providers. Legal/litigative accountability for fidelity of implementation

Current expanded efforts related to school social work and other student services, early prevention support such as playgroups with family support staff, Healthy Moms, Nurse Family Partnership, Early Head Start. Those programs that are far upstream and support expectant families and the early parenting years.

things work well when there are individual relationships established between schools and behavioral health

Hope center is inclusive program

Same- student support

Regional center. TAY. Only because I know a tiny bit about some services offered.

Comments that Mentioned A BH Service

Using doctors from out of the area on telehealth that listen to patients and properly medicate them.

Adult mental health support for clients to get to residential programs

Peer advocate supports. Peer advocates seem passionate, dedicated, and good at helping people access services and supports they may otherwise decline.

Access to counseling for folks with Partnership has been good.

Needle exchange

Crisis care

Comments that Mentioned a Non-BH Program

working with EPD

JAIL BASED PROGRAM FOR MENTAL HEALTH

CSET; FSP, TAY

HOME program. It deals with the homeless that other area agencies cannot.

NAMHS

Question 9: In your opinion, what Behavioral Health services are working well in Humboldt County? Why?

We desperately need LGBTQ focused health care locally. There is a program through Queer Humboldt (which is awesome!), but funding is limited and there is a huge need for expanding capacity for queer mental health services.

I feel we desperately need LGBTQ focused mental health care locally. There is a program through Queer Humboldt, but funding is limited and there is a huge need for expanding capacity for queer mental health services in our region.

Humboldt Bridges to Success is a county school collaborative to provide short term mental health supports to help bridge students and families toward success, Redwoods Rural Health center has a behavioral health department that serves hundreds of people in Southern Humboldt

Crestview, Pathways. Why? They helped a family member stabilize and reenter society.

We desperately need LGBTQ focused mental health care locally. There is a program through Queer Humboldt (which is awesome!), but funding is limited and there is a huge need for expanding capacity for queer mental health services in our region.

Queer Humboldt's is supportive and available locally. Sliding scale also make them affordable without good insurance.

We desperately need LGBTQ focused mental health care locally. There is a program through Queer Humboldt (which is awesome!), but funding is limited and there is a huge need for expanding capacity for queer mental health services in our region.

basic collaboration between schools and DHHS

Non-profits that take Beacon - like Humboldt Nero health

The bridges program and ERICS because it gives students more opportunity to have someone to discuss their issues with.

Queer Humboldt services are incredibly beneficial to the community. However, they could do more if they had more resources. The LGBTQ+ community needs our support in order to thrive and Queer Humboldt is the best option we have to help them do that. By expanding our contribution to their cause, they can support a larger section of the vast queer community that exists in Humboldt.

united Indian health services

Open Door is all I'm familiar with in the County.

I think that Two Feathers is slowly developing an independent resource that seems to be beneficial.

We desperately need LGBTQ focused mental health care locally. There is a program through Queer Humboldt (which is awesome!), but funding is limited and there is a huge need for expanding capacity for queer mental health services in our region.

Healthy Moms and Family Wellness Court

SafeCare, Nurse Family Partnership--there is support for them within DHHS

Crestwood Behavioral Health Center

Boys & girls club, RCRC, two feathers, WIC program

The Queer Humboldt mental health program is awesome. Would be great for it to be better funded. They have queer therapists supporting queer people and that is much needed during this time

Queer Humboldt, sliding scale, by queer for queer

Humboldt family service center

There are some good trans friendly therapists in Arcata

I've had great experience with North American Mental Health Services, though it took around 5 months for me to start therapy there. Not many services locally are working well from what I've seen from my peers.

Current expanded efforts related to school social work and other student services, early prevention support such as playgroups with family support staff, Healthy Moms, Nurse Family Partnership, Early Head Start. Those programs that are far upstream and support expectant families and the early parenting years.

RCRC

Question 9: In your opinion, what Behavioral Health services are working well in Humboldt County? Why?

There are some great community programs/agencies (EPD's new mental health unit, Two Feathers, etc.) but the county's ability to provide specialty mental health services is limited by lack of staffing county wide. No program can function well unless it is fully staffed to be able to meet the demand for its services.

RCRC is great as well.

Open Door has been helpful

Regional center. TAY. Only because I know a tiny bit about some services offered.

NCRCT and planned parenthood

Comments that Mentioned a Non-BH Services

Schools because that was the only way that I was able to finally successfully link my former foster kids to Behavioral Health Services (both did not get any help until they were in 3rd grade). (HCOE collaborative)

RCRC does a great job once someone is enrolled in their services.

Any and all programs that work to provide basic living resources as well as mental health support; i.e. hygiene resources, basic supplies, housing support, job support as well as counseling, communication services

Boys & girls club, RCRC, two feathers, WIC program

Comments Categorized as "Other"

Boys & girls club, RCRC, two feathers, WIC program

Snap outreach

I remember my sibling getting transportation to her mental health appointments and getting a pass to try out an activity in the community.

NCRCT and planned parenthood

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

Increase Staffing and Recruitment

More money, staff and training for the police department

More services which means more employees to implement programs. Better facilities.

We desperately need more licensed psychiatrists and psychologists

Lack of providers has made getting clients help nearly impossible. Connecting to needed resources has been abysmal and supports after housing placement are non-existent for some of my clients.

We need more Clinicians. Why is it that our mental health department has no psychologist positions offered, even though there is a job description listed? If it is due to a lack of funding, maybe some of the cannabis tax could be directed toward mental health.

We need many more counselors in Southern Humboldt in particular

More homeless help, a larger SV type facility and higher pay for Peer Support Specialists etc.

More funding from State and Federal sources to ensure MH providers working for the public mental health system are paid enough that they do not leave for private practice. Those working with the most severely mentally ill should be paid more than those working in private practice with those who have mild to moderate symptoms

Expand and adequately fund MHS within the county DHHS. Hire more Case Managers and pay them better.

Improved staffing for county programs, more independent housing options as well as board and care options

hire some competent people especially psychiatrists and self-harm counselors. you shouldn't have to wait 10 months as a suicide survivor to get any help at all

More providers!

having more staff with variety set of skills (trauma informed care, child abuse, cognitive behavioral therapy, first responder knowledge), be more affordable or accept more insurances. Have more flexible schedule/offer zoom.

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

It's a bigger problem than Humboldt County. The shortage of competent counselors/therapists is a huge issue that needs to be addressed and quality monitored.

Open better facilities. Have more mental health doctors available. We can't find one here.

Hire more employees - and pay them above minimum wage. Hire more Peer Coaches and train them as Peer Specialists.

Need more quality Providers, easier access, more support groups. To somehow lessen the stigma for mental health patients. That is needed all over this country.

Access, need more providers n services to eastern n southern Humboldt!!!!

We need way more therapists and counselors.

provide clinicians who can be stationed at ERs to provide support to nurses and doctors, allocate more resources to early prevention and programs that support young children and those who work with them and their families

More providers, reasonable caseloads, increase case management

Expand and support staff, and train them on educational supports being utilized. Just because a child has mental health needs does not mean they are disabled and require special education services through an IEP.

More service providers

Better pay for providers so we can have more providers

More services

More practitioners

There needs to be more people working in the mental health field. There needs to be more communication about how families can access services.

Incentives for mental health providers to stay in Humboldt. There are almost no providers in Humboldt. Most people I talk to have no access to mental health support even if they can afford it because there is no one taking on clients. This is the largest contributor to our status as the county with the most ACEs.

More clinicians for immediate access, more parenting supports/classes, community involvement.

More Social Workers available.

As a former full time nursing staff member, My suggestions would be to eliminate the use of travel nurses. It's been my experience that the travelers come here for the high rate of pay and not for the patients or experience at a highly acute psychiatric facility. The evidence has shown recently (October 2021) that sempervirens is no longer a safe place for clients or staff.

Collaboration with employment agencies and employers to accept with/work with/have patience with clients to give them a job, a purpose, to a life worth living.

we need more case management for adults and people need services even if they're not SMI.

more quality providers to help families and programs

More inpatient beds, better support with local hospital ER's

Needs more funding to hire more staff, have more crisis beds, and more housing and supports for dual diagnosis clients.

The ability to hire more MH providers across the board

More workers in the community, and more of them working with the police

more people more physical places people can go

More therapists! and having therapists who take Medi-Cal is really important.

More LGBTQ+ consideration/support, better homeless outreach and support, more providers accepting Medi-Cal

More counselors, less cops

Hire or contract with more psychiatrists.

We just need more services; I don't know where you would find the employees for that

Hiring (and retaining at competitive wages) more social workers, counselors and supportive staff.

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

More providers, particularly for individuals who are not in crisis mode.

Literally just pay people more and hire more providers. Have any kind of consistency with psychiatrists. Take care of your workers so they stop quitting and abandoning their clients because they are over worked under paid, burnt out and lack support.

We need more LGBT specific counselors and more people of color working in these areas un general. Queer and trans friendly counseling is desperately needed

More therapists that take insurance, especially specializing in LGBTQ issues and adult autism

More providers, better outreach/awareness of what's available.

more counselors, easier to get help, more private insurance services

Get up to speed with modern circumstances and the hugely neglected underrepresented groups. Tap into what Humboldt used to be known for: social change and innovation. Embraced new and promising modes of therapy (neurofeedback, psilocybin therapies, Indigenous wisdom, etc.). FUND our therapists and expand therapeutic programs with new models, not just the same old CBT, DBT modes that are colossal failures on the ground. Support BASIC NEEDS - food, housing, medical and childcare -- as lack of is the root of so many traumas and stressors. We can't separate our housing crises from mental health. Cut through the egos, the politics, the old doctrines and get real about what actually helps people.

Recruit and sustain MH providers in the area. Involve Cal Poly students in sharing their expertise and community action.

There is a clear lack of providers, creating long waiting list that do not support the people who are often in great need of these services.

We need incentive for clinicians to stay in the area long term after they graduate. We need peer support and way more County wide collaboratives that put on events for clients not just service providers to gain understanding of our local systems and resources.

Improve workforce recruitment/retention and training at the county. Work with state legislators and Cal Poly Humboldt to obtain funding to expand the Master's in Counseling, Master's in Social Work, and Bachelor's in Social Work programs to increase the number of people educated locally for the behavioral health care workforce. Work with the Cal Poly Humboldt and College of the Redwoods Nursing programs to increase the number of nurses trained to work in psychiatric nursing.

Hire personnel that are qualified and pay appropriately. Lack of pay means more turn around, meaning less service availability for the community.

Hire more counselors. Address any issues that prevent your ability to hire counselors- better pay, work environment issues, offer part-time options as well as full-time options- do whatever it takes.

More resources, more staff

More counselors

Increase BH Services

There needs to be more services all around. But especially quick response teams that can help individuals that are asking for help in the moment, not having them wait five days to a month because that person will be long gone. It is most crush all to be able to respond and assist in the moment.

We need more community types of centers that involve community gardens and other stress reliving activities and promote team building and social skills.

More counseling

We really need to address this part of the equation for homelessness

HUMBOLDT NEEDS MORE SERVICES AVAILABLE SV IS NOT LARGE ENOUGH FOR THE COMMUNITY AND THERE ARE NOT ANY MH FCAILITY FOR YOUTH

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

The application for county mental health services is too burdensome for most. Need a short form and immediate transportation when someone reaches out to a referring agency. More capacity for in patient crisis and long term treatment. More providers. Housing. expanding Harm Reduction approach. Trauma informed care for workforce and consumers.

Linkages between Sempervirens and follow-up care absolutely needed. It is abominable at this time. People get out because they can convince a judge in a ten minute hearing that they are ok and they get out and are completely unequipped to operate. It's shameful. A voucher program to support people who can't afford the ridiculously priced private therapy sessions. Automatic short-term supports for people who have lost their jobs to help them get reconnected to work force. There is a psychic price that goes with losing one's job that is often the beginning of a downward spiral without help. ALSO: A teen/youth residential program for substance use disorder. Prime time for the condition and a prime time for treatment to save lives!

Need more easily accessible BH services for youth, more supports for parents

increase the number of inpatient beds available locally, build more state hospitals which would help with local overflow, build more locked residential treatment facilities locally

FUND LGBTQ MENTAL HEALTH SERVICES!

Improved staffing for county programs, more independent housing options as well as board and care options

More MH services/programs

Build a new adult inpatient facility, build an inpatient facility for our youth so they don't have to be relocated out of the county; Build a residential, step down facility for clients after discharge from acute PHF.

Have some services actually available expand mental health care services expand affordable access to them expand Medi-Cal providers expand Street outreach workers that can plug people into mental health care services

Fund LGBTQ Mental Health programs please!

More opportunities need to be available for the rural parts of the county

Expanded services in southern Humboldt

MORE COUNTY and GENERAL SUPPORTS IN SOUTHERN HUMBOLDT- P L E A S E ! ! ! !

More services to our remote areas as well as a harder push for higher pay for our County Mental Health employees

FUND LGBTQ MENTAL HEALTH SERVICES!

Need more quality Providers, easier access, more support groups. To somehow lessen the stigma for mental health patients. That is needed all over this country.

We really need to fund LGBTQ mental health services in our region.

FUND LGBTQ MENTAL HEALTH SERVICES!

provide clinicians who can be stationed at ERs to provide support to nurses and doctors, allocate more resources to early prevention and programs that support young children and those who work with them and their families

More prevention services. We need to help children and young people more.

More providers, reasonable caseloads, increase case management

More services on sites

Find ways to transport youth to outside school appointments / use other ways to provide services, taking to sports practice and back (work with them then to and from -more application of skills than sitting around) Then, the child can have more opportunities, as registration and equipment could be paid for or at shared cost with family

More preventative services- for children and families

More flexible work hours, more engagement activities and support with housing, more safe spaces for LGBTQ

More focus on public schools, homelessness, and substance abuse.

We really need someplace that youth experiencing mental health crisis can go.

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

Need more programs in southern Humboldt and the surrounding communities (shelter cove)

More clinicians for immediate access, more parenting supports/classes, community involvement.

More primary prevention work, serving young children and their families. Funding more services that promote mental health in pregnancy and early childhood. Adding services that provide intervention supports to families when there are risk factors during pregnancy and in early childhood. Increasing the capacity to provide appropriate treatment services to pregnant families, infants and young children when there is a need for more intensive intervention in the family.

Create comprehensive health and wellness centers at our local schools, and satellite services for our rural schools combining Telehealth and Live visits/sessions.

Reduce barriers to accessing services. Ensure a competent workforce that's responsive to people's needs. No wrong door for entry into services. Streamline and simplify services. It's too complicated to figure out where to go and what the process is and I'm able-bodied and not in crisis so I can only imagine how difficult it must be for those who desperately need help.

FUND LGBTQ MENTAL HEALTH SERVICES!

Increase services available to pregnant women, young children and school age children. Start younger to help prevent higher needs for services in the future. Fund culturally specific hubs/services to build up our children's sense of self in the community.

Behavioral health services available in the schools.

destigmatize, train, provide transportation, go to homes, expand language availability, don't forget about 0-5 families

Share what you do in all of our communities. DHHS is present in Eureka and I am sure you do more throughout the county, we just don't know about it.

we need more case management for adults and people need services even if they're not SMI.

more LTC @ SV; better access to CMH

More outreach. Tons of people on the street need help. Bring it to them.

More of everything. Partner with Cal Poly Humboldt to train more mental health professionals. Deploy a crisis response team that is not associated with law enforcement.

Honestly, the support needed when folks are in crisis but not meeting the level to be at SV or in the Pez unit is lacking. The communication upon discharge is not great. Clients of ours (who have a developmental disability) not being provided services due to overwhelming opinion that folks with DD are not also able to suffer from mental health issues. Having clients that are having mental health issues dismissed in the hospital due to physician's deciding that their mental health crisis is just part of their disability, which is inaccurate. It would be great if we could see some more collaborate working in order to support our clients that overlap both agencies.

There needs to be more access and services available to all folks who need it. SV needs more beds.

It seems behavioral health needs more funding so that more people needing county mental health support can be seen. Now it seems the availability/resources are limited due to lack of funding, so that individuals in a crisis are triaged and more likely to be supported, but many others that are not in crisis may have to wait a very long time or may not get to be seen at all.

Issues with housing/accommodation for the mentally unwell is also a very real issue. It would be good if more funding was provided to mental health to assist in increasing these resources for the community.

There needs to be more providers that take Partnership and other insurances, mostly partnership but it seems so lengthy for providers to go over this.

More funding, services

We need more supports, and it needs to be more accessible. People are not getting the help that they need. We don't have wrap services that are essential in helping our families. CWS is a huge problem in this county.

Fund LGBTQ specific mental health programs.

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

We need more outpatient eating disorder services, general mental health support groups, and non-AA substance moderation support groups

Short-term intervention and mental health treatment facility for youth.

We just need more services, I don't know where you would find the employees for that

We need more MH Services for LGBTQ youth and adults, especially now in the current climate in the US in which LGBTQ people are being increasingly targeted, bullied, threatened, etc. I'm concerned about the kids, the trans community, my family.

I suggest community peer based resources be supported. Peer based groups that can share their stories, and support each other.

More bilingual providers for Latinx community. More information about how to seek treatment.

There need to be more LBGT friendly and LGBT supportive mental health resources in the county. This includes transition healthcare and counseling services.

more 2s+ LGBTQ aimed services for youth/emerging adults

Use current science and data to direct where dollars are spent. Expanding support of programs that are far upstream and serve expectant families and those with young children will strengthen mental health early in development and reduce the need for mental health services later in life.

Contract with more agencies that provide affordable(sliding scale) mental health services for BIPOC and LGBTQ individuals and families.

More support for LGBTQIA individuals. Outreach

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That there would be more early intervention and programs for the high quantity of children under 8 experiencing anxiety.

More services in the surrounding areas other than Eureka, McKinleyville or Arcata

increase mobile services, partner with law enforcement and other emergency service providers--see #9

Housing the homeless who have mental illness and SUD, more staff inpatient and outpatient

Become more expansive and available and visible.

We need more support in the LGBTQ community

address LGBTQ needs

More options and specialists for LGBTQ community members and clear places to find them

Facilities Improvement

More services which means more employees to implement programs. Better facilities.

We need a better inpatient facility, better wages for recruitment and retention

HUMBOLDT NEEDS MORE SERVICES AVAILABLE SV IS NOT LARGE ENOUGH FOR THE COMMUNITY AND THERE ARE NOT ANY MH FCAILITY FOR YOUTH

increase the number of inpatient beds available locally, build more state hospitals which would help with local overflow, build more locked residential treatment facilities locally

Build a new adult inpatient facility, build an inpatient facility for our youth so they don't have to be relocated out of the county; Build a residential, step down facility for clients after discharge from acute PHF.

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

Open better facilities. Have more mental health doctors available. We can't find one here.

Create comprehensive health and wellness centers at our local schools, and satellite services for our rural schools combining Telehealth and Live visits/sessions.

Reduce information on forms and create friendly environments for care

More inpatient beds, better support with local hospital ERs

There needs to be more access and services available to all folks who need it. SV needs more beds.

It seems behavioral health needs more funding so that more people needing county mental health support can be seen. Now it seems the availability/resources are limited due to lack of funding, so that individuals in a crisis are triaged and more likely to be supported, but many others that are not in crisis may have to wait a very long time or may not get to be seen at all.

Issues with housing/accommodation for the mentally unwell is also a very real issue. It would be good if more funding was provided to mental health to assist in increasing these resources for the community.

Short-term intervention and mental health treatment facility for youth.

Active investment in the infrastructure deficits resulting from serial Boom & Bust economies responsible for creating an ideal environment for both substance dependence as well as distrust of "outside" organization and influence.

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Housing the homeless who have mental illness and SUD, more staff inpatient and outpatient

Increase Funding

More money, staff and training for the police department

I think we just need to fund behavioral health services better as a nation.

More funding from State and Federal sources to insure MH providers working for the public mental health system are paid enough that they do not leave for private practice. Those working with the most severely mentally ill should be paid more than those working in private practice with those who have mild to moderate symptoms

Expand and adequately fund MHS within the county DHHS. Hire more Case Managers and pay them better.

FUND LGBTQ MENTAL HEALTH SERVICES!

I think with the 1 million dollar budget, we should hire qualified providers for young children in our area and provide higher wages for peer and parent coaches, so the community will have better support getting to MH appts and personal contact with people. I believe we could be better at advocating for housing for severe MH community members and provide case management as well as medication management or build a better facility for in house MH Patients. I think providing better VA MH groups and one on one counseling for our Vets is essential and providing a safe haven for them when they are on the streets and providing an outreach team specifically to locate our veterans that are unable to function on their own to seek out services. Ultimately, it comes down to having the qualified staffing that sincerely cares for this population and wages to compensate for the high stress positions and having the self-care practices in place and an environment for providers to be able to manage this type of work effectively, such as, meditation (quiet rooms, more breaks, less cases per SW to be able to effectively manage caseloads, personal incentives, gratitude parties, etc..) Even if one is compassionate and strives to help better this population, it takes a toll on their own MH and creates burn out and eventually they will leave their position due to not being cared for by the department. There needs to be incentives for providers to do their jobs well and seek out opportunities to create a better solution to the never-ending issue of MH.

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

provide clinicians who can be stationed at ERs to provide support to nurses and doctors, allocate more resources to early prevention and programs that support young children and those who work with them and their families

More primary prevention work, serving young children and their families. Funding more services that promote mental health in pregnancy and early childhood. Adding services that provide intervention supports to families when there are risk factors during pregnancy and in early childhood. Increasing the capacity to provide appropriate treatment services to pregnant families, infants and young children when there is a need for more intensive intervention in the family.

Needs more funding to hire more staff, have more crisis beds, and more housing and supports for dual diagnosis clients.

It seems behavioral health needs more funding so that more people needing county mental health support can be seen. Now it seems the availability/resources are limited due to lack of funding, so that individuals in a crisis are triaged and more likely to be supported, but many others that are not in crisis may have to wait a very long time or may not get to be seen at all.

Issues with housing/accommodation for the mentally unwell is also a very real issue. It would be good if more funding was provided to mental health to assist in increasing these resources for the community.

More funding, services

Fund LGBTQ specific mental health programs.

Funding and oversight!

More. Less police. Much less. Mental health should have the same amount of funding as the police.

Grant availability for new programs and services

Get up to speed with modern circumstances and the hugely neglected Under Represented Groups. Tap into what Humboldt used to be known for: social change and innovation. Embraced new and promising modes of therapy (neurofeedback, psilocybin therapies, Indigenous wisdom, etc.). FUND our therapists and expand therapeutic programs with new models, not just the same old CBT, DBT modes that are colossal failures on the ground. Support BASIC NEEDS - food, housing, medical and childcare -- as lack of is the root of so many traumas and stressors. We can't separate our housing crises from mental health. Cut through the egos, the politics, the old doctrines and get real about what actually helps people.

Recruit and sustain MH providers in the area. Involve Cal Poly students in sharing their expertise and community action.

Fund LGBTQ mental health services in our region!

Improve Employee Retention

Hire better program managers, supervisors, & retain line staff. In addition, increase wages for line staff.

We need a better inpatient facility, better wages for recruitment and retention

Many mental health professionals are overworked and underpaid, and this causes patient care to suffer. More mental health staff need to be hired and trained, which of course, requires funding.

pay more to attract employees

Support for staff to hold retention

Hire more employees - and pay them above minimum wage. Hire more Peer Coaches and train them as Peer Specialists.

Remove red-tape and barriers from DHHS that ultimately hurt those in need.

Use data to change hours of operation to be more efficient.

Change the culture where employees feel valued and are not discouraged.

Be a leader in regard to addressing issues of mental illness and SUD in our community.

More services to our remote areas as well as a harder push for higher pay for our County Mental Health employees

More providers, reasonable caseloads, increase case management

Better pay for providers so we can have more providers

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

Incentives for mental health providers to stay in Humboldt. There are almost no providers in Humboldt. Most people I talk to have no access to mental health support even if they can afford it because there is no one taking on clients. This is the largest contributor to our status as the county with the most ACEs.

More training!!!! More Self Care and less client staff ratio. They seem to have lack of empathy.

Hiring (and retaining at competitive wages) more social workers, counselors and supportive staff.

More support 4 providers n much more training in how 2 work w children

Literally just pay people more and hire more providers. Have any kind of consistency with psychiatrists. Take care of your workers so they stop quitting and abandoning their clients because they are over worked under paid, burnt out and lack support.

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We need incentive for clinicians to stay in the area long term after they graduate. We need peer support and way more County wide collaboratives that put on events for clients not just service providers to gain understanding of our local systems and resources.

Improve workforce recruitment/retention and training at the county. Work with state legislators and Cal Poly Humboldt to obtain funding to expand the Master's in Counseling, Master's in Social Work, and Bachelor's in Social Work programs to increase the number of people educated locally for the behavioral health care workforce. Work with the Cal Poly Humboldt and College of the Redwoods Nursing programs to increase the number of nurses trained to work in psychiatric nursing.

Hire personnel that are qualified and pay appropriately. Lack of pay means more turn around, meaning less service availability for the community.

Hire more counselors. Address any issues that prevent your ability to hire counselors- better pay, work environment issues, offer part-time options as well as full-time options- do whatever it takes.

Holding employers accountable for their actions. Harassment and toxic behavior should not be tolerated.

Reduce Stigma

Outreach/education to population that still believes MH/SUD stigmas

Increase services available to pregnant women, young children and school age children. Start younger to help prevent higher needs for services in the future. Fund culturally specific hubs/services to build up our children's sense of self in the community.

destigmatize, train, provide transportation, go to homes, expand language availability, don't forget about 0-5 families

When a family calls in with concerns for their late teen or very young adult and the patient/child is are refusing services, a home visit to determine the level of disability that the mental health issue is causing would be very beneficial and for my client, would have saved him months of suffering in his psychosis, refusing to eat, living in paranoia, refusing to care for his body, and refusing to talk to anyone. Or maybe educate parents calling in with concerns when it is time to call the police to have a child who is not violent, or acting out, needs to go to the ER. My client had been in his psychosis for a year and his mother didn't know what to do and all she was told was that he didn't want services, so there is nothing they could do. For those parents that do have a violent child/patient, to let them know they have to call the police and have them taken to the ER for an evaluation.

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We need more MH Services for LGBTQ youth and adults, especially now in the current climate in the US in which LGBTQ people are being increasingly targeted, bullied, threatened, etc. I'm concerned about the kids, the trans community, my family.

Active investment in the infrastructure deficits resulting from serial Boom & Bust economies responsible for creating an ideal environment for both substance dependence as well as distrust of "outside" organization and influence.

More providers, better outreach/awareness of what's available.

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Primary care offices need to be better educated on who/where they can reference patients. I've tried to access care over the summer and use referral from my primary care and none of the options excepted my insurance. The out-of-pocket fees were obscene and inaccessible to me so I was left with no options

Increase Staff Training

more providers (especially psychiatrists) for the general public with insurance

Many mental health professionals are overworked and underpaid, and this causes patient care to suffer. More mental health staff need to be hired and trained, which of course, requires funding.

Provide incentives to attend university level training in behavioral health

Do better outreach, get more bilingual providers (Spanish, Hmong, ALS), and get better trainings for staff.

The application for county mental health services is too burdensome for most. Need a short form and immediate transportation when someone reaches out to a referring agency. More capacity for in patient crisis and long term treatment. More providers. Housing. expanding Harm Reduction approach. Trauma informed care for workforce and consumers.

Support for staff to hold retention

Make administrators spend a week as a patient on sempervirens and I'm sure they will have a rude awakening on how supportive and caring the staff is(not).Have these same people spend a weekend on the streets and experience the mental health issues, maybe if people at the top can experience how mentally ill are treated they would be more receptive to a more constructive way of dealing with the community they are supposed to be caring about

having more staff with variety set of skills (trauma informed care, child abuse, cognitive behavioral therapy, first responder knowledge), be more affordable or accept more insurances. Have more flexible schedule/offer zoom.

Hire more employees - and pay them above minimum wage. Hire more Peer Coaches and train them as Peer Specialists.

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Expand and support staff, and train them on educational supports being utilized. Just because a child has mental health needs does not mean they are disabled and require special education services through an IEP.

More Outreach

Reduce barriers to accessing services. Ensure a competent workforce that's responsive to people's needs. No wrong door for entry into services. Streamline and simplify services. It's too complicated to figure out where to go and what the process is and I'm able-bodied and not in crisis so I can only imagine how difficult it must be for those who desperately need help.

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Outreach

Culturally Responsive Care

Do better outreach, get more bilingual providers (Spanish, Hmong, ALS), and get better trainings for staff.

Need more easily accessible BH services for youth, more supports for parents

Leave the police/law enforcement out of mental health.

FUND LGBTQ MENTAL HEALTH SERVICES!

Fund LGBTQ Mental Health programs please!

Doing anything to accommodate people with mental health issues would be an improvement.

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

I think with the 1 million dollar budget, we should hire qualified providers for young children in our area and provide higher wages for peer and parent coaches, so the community will have better support getting to MH appts and personal contact with people. I believe we could be better at advocating for housing for severe MH community members and provide case management as well as medication management or build a better facility for in house MH Patients. I think providing better VA MH groups and one on one counseling for our Vets is essential and providing a safe haven for them when they are on the streets and providing an outreach team specifically to locate our veterans that are unable to function on their own to seek out services. Ultimately, it comes down to having the qualified staffing that sincerely cares for this population and wages to compensate for the high stress positions and having the self-care practices in place and an environment for providers to be able to manage this type of work effectively, such as, meditation (quiet rooms, more breaks, less cases per SW to be able to effectively manage caseloads, personal incentives, gratitude parties, etc..) Even if one is compassionate and strives to help better this population, it takes a toll on their own MH and creates burn out and eventually they will leave their position due to not being cared for by the department. There needs to be incentives for providers to do their jobs well and seek out opportunities to create a better solution to the never-ending issue of MH.

I would like to see more options for Medi/Medi patients to access Telehealth options for counseling and psychiatry that is offsite from the Eureka office. I live 45 miles away and cannot access the office directly due to transportation. This would make it easier for me to get access to care in a timely manner. Most schools and private behavioral health services have made Telehealth a viable option over Covid and beyond. I think it's time we get up to speed with the technology.

FUND LGBTQ MENTAL HEALTH SERVICES!

Need more quality Providers, easier access, more support groups. To somehow lessen the stigma for mental health patients. That is needed all over this country.

We really need to fund LGBTQ mental health services in our region.

FUND LGBTQ MENTAL HEALTH SERVICES!

provide clinicians who can be stationed at ERs to provide support to nurses and doctors, allocate more resources to early prevention and programs that support young children and those who work with them and their families

continued collaboration and wrap around services to work with whole families

More prevention services. We need to help children and young people more.

Find ways to transport youth to outside school appointments / use other ways to provide services, taking to sports practice and back (work with them then to and from -more application of skills than sitting around) Then, the child can have more opportunities, as registration and equipment could be paid for or at shared cost with family

Expand and support staff, and train them on educational supports being utilized. Just because a child has mental health needs does not mean they are disabled and require special education services through an IEP.

More preventative services- for children and families

More flexible work hours, more engagement activities and support with housing, more safe spaces for LGBTQ

There needs to be more people working in the mental health field. There needs to be more communication about how families can access services.

We really need someplace that youth experiencing mental health crisis can go.

More primary prevention work, serving young children and their families. Funding more services that promote mental health in pregnancy and early childhood. Adding services that provide intervention supports to families when there are risk factors during pregnancy and in early childhood. Increasing the capacity to provide appropriate treatment services to pregnant families, infants and young children when there is a need for more intensive intervention in the family.

Create comprehensive health and wellness centers at our local schools, and satellite services for our rural schools combining Telehealth and Live visits/sessions.

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

Reduce barriers to accessing services. Ensure a competent workforce that's responsive to people's needs. No wrong door for entry into services. Streamline and simplify services. It's too complicated to figure out where to go and what the process is and I'm able-bodied and not in crisis so I can only imagine how difficult it must be for those who desperately need help.

FUND LGBTQ MENTAL HEALTH SERVICES!

Increase services available to pregnant women, young children and school age children. Start younger to help prevent higher needs for services in the future. Fund culturally specific hubs/services to build up our children's sense of self in the community.

Reduce information on forms and create friendly environments for care

Behavioral health services available in the schools.

More emphasis placed on therapists engaging clients early on. There is a lot of trauma associated with system involvement. I've seen therapists close clients that are referred to them due to not getting a call back or missing appointments. I do get that a therapist needs to close if there isn't any contact. But that also seems like a missed opportunity to try to engage with the family in a different way or connect with a referral source to see if they can help with engaging family.

Also, the need to provide services for young children and their families are often minimized. When a young child has experienced a lot of trauma/has multiple ACEs, I believe that alone should qualify them for mental health services. But often the criteria we are looking at to decide if a young child qualifies for services is behaviors/symptoms that would be indicative of clinical need in older children, youth, or adults--so young children with mental health needs slip under the radar.

we need more case management for adults and people need services even if they're not SMI.

Honestly, the support needed when folks are in crisis but not meeting the level to be at SV or in the Pez unit is lacking. The communication upon discharge is not great. Clients of ours (who have a developmental disability) not being provided services due to overwhelming opinion that folks with DD are not also able to suffer from mental health issues. Having clients that are having mental health issues dismissed in the hospital due to physician's deciding that their mental health crisis is just part of their disability, which is inaccurate. It would be great if we could see some more collaborate working in order to support our clients that overlap both agencies.

I suggest community peer based resources be supported. Peer based groups that can share their stories, and support each other.

More support 4 providers n much more training in how 2 work w children

More bilingual providers for Latinx community. More information about how to seek treatment.

We need more LGBT specific counselors and more people of color working in these areas un general. Queer and trans friendly counseling is desperately needed

There need to be more LBGT friendly and LGBT supportive mental health resources in the county. This includes transition healthcare and counseling services.

Desperately need more support for LGBTQ+ individuals and communities.

More outreach, more inclusion for the disabled, people of color, and LGBTQ.

All programs should be client-need centered, with cultural awareness and skillsets for supporting folks of various higher-need populations like those oppressed by racism, sexual/gender minority folks, etc.

more 2s+ LGBTQ aimed services for youth/emerging adults

Use current science and data to direct where dollars are spent. Expanding support of programs that are far upstream and serve expectant families and those with young children will strengthen mental health early in development and reduce the need for mental health services later in life.

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

Contract with more agencies that provide affordable(sliding scale) mental health services for BIPOC and LGBTQ individuals and families.

More support for LGBTQIA individuals. Outreach

Get up to speed with modern circumstances and the hugely neglected Under Represented Groups. Tap into what Humboldt used to be known for: social change and innovation. embrace new and promising modes of therapy (neurofeedback, psilocybin therapies, Indigenous wisdom, etc.). FUND our therapists and expand therapeutic programs with new models, not just the same old CBT, DBT modes that are colossal failures on the ground. Support BASIC NEEDS - food, housing, medical and childcare -- as lack of is the root of so many traumas and stressors. We can't separate our housing crises from mental health. Cut through the egos, the politics, the old doctrines and get real about what actually helps people.

Fund LGBTQ mental health services in our region!

That there would be more early intervention and programs for the high quantity of children under 8 experiencing anxiety.

We need incentive for clinicians to stay in the area long term after they graduate. We need peer support and way more County wide collaboratives that put on events for clients not just service providers to gain understanding of our local systems and resources.

provide free services to the elderly & disabled

Housing the homeless who have mental illness and SUD, more staff inpatient and outpatient

Holding employers accountable for their actions. Harassment and toxic behavior should not be tolerated.

We need more support in the LGBTQ community

address LGBTQ needs

More options and specialists for LGBTQ community members and clear places to find them

Supervisor Training

Reduce barriers to accessing services. Ensure a competent workforce that's responsive to people's needs. No wrong door for entry into services. Streamline and simplify services. It's too complicated to figure out where to go and what the process is and I'm able-bodied and not in crisis so I can only imagine how difficult it must be for those who desperately need help.

More training!!!! More Self Care and less client staff ratio. They seem to have lack of empathy.

destigmatize, train, provide transportation, go to homes, expand language availability, don't forget about 0-5 families

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More therapists that take insurance, especially specializing in LGBTQ issues and adult autism

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Primary care offices need to be better educated on who/where they can reference patients. I've tried to access care over the summer and use referral from my primary care and none of the options excepted my insurance. The out-of-pocket fees were obscene and inaccessible to me so I was left with no options

Improve Access to Services

More money, staff and training for the police department

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

Easier, quicker access. Active efforts to engage clients who have either self referred or been referred for services.

Lack of providers has made getting clients help nearly impossible. Connecting to needed resources has been abysmal and supports after housing placement are non-existent for some of my clients.

There need to be options that take private insurance. This is a huge barrier for people who do not qualify for partnership and have private insurance that need services

It is very hard to find services, especially for children. Trying to find someone that is accepting new patients is almost impossible.

The application for county mental health services is too burdensome for most. Need a short form and immediate transportation when someone reaches out to a referring agency. More capacity for in patient crisis and long term treatment. More providers. Housing. expanding Harm Reduction approach. Trauma informed care for workforce and consumers.

Linkages between Sempervirens and follow-up care absolutely needed. It is abominable at this time. People get out because they can convince a judge in a ten minute hearing that they are ok and they get out and are completely unequipped to operate. It's shameful. A voucher program to support people who can't afford the ridiculously priced private therapy sessions. Automatic short-term supports for people who have lost their jobs to help them get reconnected to work force. There is a psychic price that goes with losing one's job that is often the beginning of a downward spiral without help. ALSO: A teen/youth residential program for substance use disorder. Prime time for the condition and a prime time for treatment to save lives!

Need more easily accessible BH services for youth, more supports for parents

hire some competent people especially psychiatrists and self harm counselors. you shouldn't have to wait 10 months as a suicide survivor to get any help at all

Have some services actually available expand mental health care services expand affordable access to them expand Medi-Cal providers expand Street outreach workers that can plug people into mental health care services

More opportunities need to be available for the rural parts of the county

having more staff with variety set of skills (trauma informed care, child abuse, cognitive behavioral therapy, first responder knowledge), be more affordable or accept more insurances. Have more flexible schedule/offer zoom.

Housing first. There is no better investment than providing a safe place for someone. From there, triage for appropriate services from so many wonderful groups.

Expanded services in southern Humboldt

Remove red-tape and barriers from DHHS that ultimately hurt those in need.

Use data to change hours of operation to be more efficient.

Change the culture where employees feel valued and are not discouraged.

Be a leader in regard to addressing issues of mental illness and SUD in our community.

MORE COUNTY and GENERAL SUPPORTS IN SOUTHERN HUMBOLDT- P L E A S E ! ! ! !

improved access to crisis prevention services - not routing those in crisis through local ER's for days at a time prior to being potentially eligible to be transferred out of the county to receive mental health services

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Access, need note providers n services to eastern n southern Humboldt!!!!

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There needs to be more people working in the mental health field. There needs to be more communication about how families can access services.

We really need someplace that youth experiencing mental health crisis can go.

Need more programs in southern Humboldt and the surrounding communities (shelter cove)

Incentives for mental health providers to stay in Humboldt. There are almost no providers in Humboldt. Most people I talk to have no access to mental health support even if they can afford it because there is no one taking on clients. This is the largest contributor to our status as the county with the most ACEs.

More clinicians for immediate access, more parenting supports/classes, community involvement.

More primary prevention work, serving young children and their families. Funding more services that promote mental health in pregnancy and early childhood. Adding services that provide intervention supports to families when there are risk factors during pregnancy and in early childhood. Increasing the capacity to provide appropriate treatment services to pregnant families, infants and young children when there is a need for more intensive intervention in the family.

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we need more case management for adults and people need services even if they're not SMI.

more LTC @ SV; better access to CMH

Honestly, the support needed when folks are in crisis but not meeting the level to be at SV or in the Pez unit is lacking. The communication upon discharge is not great. Clients of ours (who have a developmental disability) not being provided services due to overwhelming opinion that folks with DD are not also able to suffer from mental health issues. Having clients that are having mental health issues dismissed in the hospital due to physician's deciding that their mental health crisis is just part of their disability, which is inaccurate. It would be great if we could see some more collaborate working in order to support our clients that overlap both agencies.

There needs to be more access and services available to all folks who need it. SV needs more beds.

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

Do better, hire the best to work on this development, don't fuck around with people who don't follow-through on these strategic initiatives. The current state of our communities is insane. I want to see PhD's up in here and I want to see them be revered and trusted by our County Supervisors.

The ability to hire more MH providers across the board

It seems behavioral health needs more funding so that more people needing county mental health support can be seen. Now it seems the availability/resources are limited due to lack of funding, so that individuals in a crisis are triaged and more likely to be supported, but many others that are not in crisis may have to wait a very long time or may not get to be seen at all.

Issues with housing/accommodation for the mentally unwell is also a very real issue. It would be good if more funding was provided to mental health to assist in increasing these resources for the community.

There needs to be more providers that take Partnership and other insurances, mostly partnership but it seems so lengthy for providers to go over this.

More therapists! and having therapists who take Medi-Cal is really important.

For one thing we need to know what is out there, it is very peer orientated. If you are in the "group" you know things. If you are not you have no idea. I hear of an agency doing something and I think I have no idea who they are and what they are doing or will be doing.

We need more supports, and it needs to be more accessible. People are not getting the help that they need. We don't have wrap services that are essential in helping our families. CWS is a huge problem in this county.

More LGBTQ+ consideration/support, better homeless outreach and support, more providers accepting Medi-Cal

We need more outpatient eating disorder services, general mental health support groups, and non-AA substance moderation support groups

Short-term intervention and mental health treatment facility for youth.

We need more MH Services for LGBTQ youth and adults, especially now in the current climate in the US in which LGBTQ people are being increasingly targeted, bullied, threatened, etc. I'm concerned about the kids, the trans community, my family.

more information available to people

More focus on free mental health

More bilingual providers for Latinx community. More information about how to seek treatment.

It would be nice to know what services actually exist and how to even access them.

We need more LGBT specific counselors and more people of color working in these areas un general. Queer and trans friendly counseling is desperately needed

More therapists that take insurance, especially specializing in LGBTQ issues and adult autism

There need to be more LBGT friendly and LGBT supportive mental health resources in the county. This includes transition healthcare and counseling services.

Desperately need more support for LGBTQ+ individuals and communities.

More outreach, more inclusion for the disabled, people of color, and LGBTQ.

Active investment in the infrastructure deficits resulting from serial Boom & Bust economies responsible for creating an ideal environment for both substance dependence as well as distrust of "outside" organization and influence.

More providers, better outreach/awareness of what's available.

Use current science and data to direct where dollars are spent. Expanding support of programs that are far upstream and serve expectant families and those with young children will strengthen mental health early in development and reduce the need for mental health services later in life.

Contract with more agencies that provide affordable(sliding scale) mental health services for BIPOC and LGBTQ individuals and families.

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

More support for LGBTQIA individuals. Outreach

more counselors, easier to get help, more private insurance services

Get up to speed with modern circumstances and the hugely neglected underrepresented Groups. Tap into what Humboldt used to be known for: social change and innovation. embrace new and promising modes of therapy (neurofeedback, psilocybin therapies, Indigenous wisdom, etc.). FUND our therapists and expand therapeutic programs with new models, not just the same old CBT, DBT modes that are colossal failures on the ground. Support BASIC NEEDS - food, housing, medical and childcare -- as lack of is the root of so many traumas and stressors. We can't separate our housing crises from mental health. Cut through the egos, the politics, the old doctrines and get real about what actually helps people.

That there would be more early intervention and programs for the high quantity of children under 8 experiencing anxiety.

There is a clear lack of providers, creating long waiting list that do not support the people who are often in great need of these services.

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provide free services to the elderly & disabled

Housing the homeless who have mental illness and SUD, more staff inpatient and outpatient

more proactive than reactive- if people have to be referred into the system, then you are missing a lot of folks.

I am at a loss to suggest. So much need. Took me months to get services and I have good insurance. Makes me think others in all categories are at risk.

More options and specialists for LGBTQ community members and clear places to find them

When I was on Medi-Cal I couldn't get behavioral health help because all the systems were too flooded. Even after gaining full coverage and getting on several wait lists I could not get seem anywhere locally. I struggled to find programs, I'd ask local agencies for recommendations and I'd just get bounced around without actually getting anything. Now that I'm making decent money and I have Anthem I don't qualify for any of the programs offered and I still don't have access to local providers because they don't take new clients or they're swamped. There needs to be a concise and universally accepted way to get mental health services. Hosting workshops to help people get signed up for a program or specialist would be nice.

Timely Access to Services

Timely mental health services when needed, more help in securing an outside provider

hire some competent people especially psychiatrists and self harm counselors. you shouldn't have to wait 10 months as a suicide survivor to get any help at all

More primary prevention work, serving young children and their families. Funding more services that promote mental health in pregnancy and early childhood. Adding services that provide intervention supports to families when there are risk factors during pregnancy and in early childhood. Increasing the capacity to provide appropriate treatment services to pregnant families, infants and young children when there is a need for more intensive intervention in the family.

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Increase Community Partnership

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

We need more community types of centers that involve community gardens and other stress relieving activities, and promote team building and social skills.

Collaborate with the state and Cal Poly Humboldt to expand the MSW and master's in counseling programs with significant collaboration to grow our behavioral health workforce and recruit more staff

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improved access to crisis prevention services - not routing those in crisis through local ER's for days at a time prior to being potentially eligible to be transferred out of the county to receive mental health services

continued collaboration and wrap around services to work with whole families

Need more programs in southern Humboldt and the surrounding communities (shelter cove)

More clinicians for immediate access, more parenting supports/classes, community involvement.

Create comprehensive health and wellness centers at our local schools, and satellite services for our rural schools combining Telehealth and Live visits/sessions.

Increase services available to pregnant women, young children and school age children. Start younger to help prevent higher needs for services in the future. Fund culturally specific hubs/services to build up our children's sense of self in the community.

Collaboration with employment agencies and employers to accept with/work with/have patience with clients to give them a job, a purpose, to a life worth living.

Share what you do in all of our communities. DHHS is present in Eureka and I am sure you do more throughout the county, we just don't know about it.

Reaching out to nonprofit organizations interested in preventative educational activities

More outreach on cost and availability and services

More inpatient beds, better support with local hospital ERs

More of everything. Partner with Cal Poly Humboldt to train more mental health professionals. Deploy a crisis response team that is not associated with law enforcement.

The ability to hire more MH providers across the board

Awareness of programs available in the area

For one thing we need to know what is out there, it is very peer orientated. If you are in the "group" you know things. If you are not you have no idea. I hear of an agency doing something and I think I have no idea who they are and what they are doing or will be doing.

I suggest community peer based resources be supported. Peer based groups that can share their stories, and support each other.

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We need incentive for clinicians to stay in the area long term after they graduate. We need peer support and way more County wide collaboratives that put on events for clients not just service providers to gain understanding of our local systems and resources.

Improve workforce recruitment/retention and training at the county. Work with state legislators and Cal Poly Humboldt to obtain funding to expand the Master's in Counseling, Master's in Social Work, and Bachelor's in Social Work programs to increase the number of people educated locally for the behavioral health care workforce. Work with the Cal Poly Humboldt and College of the Redwoods Nursing programs to increase the number of nurses trained to work in psychiatric nursing.

One of the biggest issues in this county that I see time and time again is the county's failure to communicate and to let the community know what is going on. There needs to be more engagement and outreach with ALL community members. I consider myself to be an informed and engaged community member but this is an issue I continually experience. I can only imagine how other folks must feel.

More services in the surrounding areas other than Eureka, McKinleyville or Arcata

More resources, more staff

increase mobile services, partner with law enforcement and other emergency service providers--see #9

Become more expansive and available and visible.

Improve Linkage to Services

Timely mental health services when needed, more help in securing an outside provider

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More primary prevention work, serving young children and their families. Funding more services that promote mental health in pregnancy and early childhood. Adding services that provide intervention supports to families when there are risk factors during pregnancy and in early childhood. Increasing the capacity to provide appropriate treatment services to pregnant families, infants and young children when there is a need for more intensive intervention in the family.

Create comprehensive health and wellness centers at our local schools, and satellite services for our rural schools combining Telehealth and Live visits/sessions.

Reduce barriers to accessing services. Ensure a competent workforce that's responsive to people's needs. No wrong door for entry into services. Streamline and simplify services. It's too complicated to figure out where to go and what the process is and I'm able-bodied and not in crisis so I can only imagine how difficult it must be for those who desperately need help.

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

More emphasis placed on therapists engaging clients early on. There is a lot of trauma associated with system involvement. I've seen therapists close clients that are referred to them due to not getting a call back or missing appointments. I do get that a therapist needs to close if there isn't any contact. But that also seems like a missed opportunity to try to engage with the family in a different way or connect with a referral source to see if they can help with engaging family.

Also, the need to provide services for young children and their families are often minimized. When a young child has experienced a lot of trauma/has multiple ACEs, I believe that alone should qualify them for mental health services. But often the criteria we are looking at to decide if a young child qualifies for services is behaviors/symptoms that would be indicative of clinical need in older children, youth, or adults--so young children with mental health needs slip under the radar.

we need more case management for adults and people need services even if they're not SMI.

Honestly, the support needed when folks are in crisis but not meeting the level to be at SV or in the Pez unit is lacking. The communication upon discharge is not great. Clients of ours (who have a developmental disability) not being provided services due to overwhelming opinion that folks with DD are not also able to suffer from mental health issues. Having clients that are having mental health issues dismissed in the hospital due to physician's deciding that their mental health crisis is just part of their disability, which is inaccurate. It would be great if we could see some more collaborate working in order to support our clients that overlap both agencies.

The ability to hire more MH providers across the board

It seems behavioral health needs more funding so that more people needing county mental health support can be seen. Now it seems the availability/resources are limited due to lack of funding, so that individuals in a crisis are triaged and more likely to be supported, but many others that are not in crisis may have to wait a very long time or may not get to be seen at all.

Issues with housing/accommodation for the mentally unwell is also a very real issue. It would be good if more funding was provided to mental health to assist in increasing these resources for the community.

There needs to be more providers that take Partnership and other insurances, mostly partnership but it seems so lengthy for providers to go over this.

Get up to speed with modern circumstances and the hugely neglected Under Represented Groups. Tap into what Humboldt used to be known for: social change and innovation. embrace new and promising modes of therapy (neurofeedback, psilocybin therapies, Indigenous wisdom, etc.). FUND our therapists and expand therapeutic programs with new models, not just the same old CBT, DBT modes that are colossal failures on the ground. Support BASIC NEEDS - food, housing, medical and childcare -- as lack of is the root of so many traumas and stressors. We can't separate our housing crises from mental health. Cut through the egos, the politics, the old doctrines and get real about what actually helps people.

When I was on Medi-Cal I couldn't get behavioral health help because all the systems were too flooded. Even after gaining full coverage and getting on several wait lists I could not get seen anywhere locally. I struggled to find programs, I'd ask local agencies for recommendations and I'd just get bounced around without actually getting anything. Now that I'm making decent money and I have Anthem I don't qualify for any of the programs offered and I still don't have access to local providers because they don't take new clients or they're swamped. There needs to be a concise and universally accepted way to get mental health services. Hosting workshops to help people get signed up for a program or specialist would be nice.

Law Enforcement BH Training

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

Get up to speed with modern circumstances and the hugely neglected Under Represented Groups. Tap into what Humboldt used to be known for: social change and innovation. embrace new and promising modes of therapy (neurofeedback, psilocybin therapies, Indigenous wisdom, etc.). FUND our therapists and expand therapeutic programs with new models, not just the same old CBT, DBT modes that are colossal failures on the ground. Support BASIC NEEDS - food, housing, medical and childcare -- as lack of is the root of so many traumas and stressors. We can't separate our housing crises from mental health. Cut through the egos, the politics, the old doctrines and get real about what actually helps people.

increase mobile services, partner with law enforcement and other emergency service providers--see #9

Comments Classified "All of the Above"

1) Standardization; 2) Co-pays met for working folks; 3) Better 211 Information; 4) SV!!! This is a very serious concern - what help are they really providing? I guess better than the hospital, but barely - and no follow up; 5) More Youth Services - they are in crisis!!!; 6) Vets and Elders are in crisis!!! 6) NCAMHP doesn't return calls to people languishing; 7) Humboldt IPA drops the ball all the time; 8) Open Door is weak and uneducated, traveling docs aren't invested, send referrals that are not good fits (i.e., wrong insurance); 9) Law Enforcement still clueless about MH and have power issues; 10) Transportation for folks who work and don't qualify for Partnership; 11) Free Groups - perhaps on weekends?! - We've all been through trauma with the Covid and last few years; 12) A central website for referrals (perhaps 211) advertised and fully functional/current so that when folks want a specific need, they can go there; 13) Support for those providers who aren't familiar with Tx of certain populations - i.e., CalSWEC trained, haven't worked with kids for decades, calls for youth but not comfortable stepping in - how can we support those folks to get the care to the kids; 14) What about home visitors? Someone who can go (in a team?) and sit with families? Not just Wraparound through the county, but a real community based service for ANYONE; 15) What about a discount in rent (waiver/exemption) for MH providers in private practice (i.e., why is an office downtown \$300 average but \$600+ elsewhere?); 16) What about supporting or collaborating with our neighbors in Del Norte? They have barely any help?! They're being advised to come here for services! 17) Our local hospital has thugs, SV discharges and folks who are homeless hanging around accosting people who are sick or barely hanging on; 18) What about a public service television service where the family can sit around and have a "general counseling" presentation - i.e., how to be with kids over holidays, how to hold healthy boundaries, etc. ; 19) Could we please put as a requirement in the curriculum that kids in school learn about a) kindness, b) boundaries, c) how to communicate, d) how to choose healthy relationships and go slow, e) critical thinking - and cognitive distortions...why are we waiting to get to college before that's a requirement; 20) What about folks in SWAP serving the homeless?; 21) Let's educate about what harm reduction is really about - why we should see people as humans and not other; 22) Grab some of those federal dollars to support our rural area! Do we even have a full time grant writer?; 23) And - you're not going to want to hear this, but everyone who is healthy knows the county is toxic to work for. It needs a complete overhaul from the top down. Why are politics and personality disorders running the show?! 24) Finally - because I have to go and no time to write more - CWS is a joke. Referrals to them result in 0 being done or the patients being told who called. It puts us at risk. They shouldn't get that info unless going to court! If nothing is being done and we're at risk, why are we bothering to call! This is very unsafe! From the MH perspective, better that the parents continue to have interventions than turn them in and have them drop off. You need to fix this! If you truly care about community, act from that mindset, not that it's all about me! Get those personality disorders out of the county!

Question 10: What suggestions do you have for improving Behavioral Health services in Humboldt County?

I think with the 1 million dollar budget, we should hire qualified providers for young children in our area and provide higher wages for peer and parent coaches, so the community will have better support getting to MH appts and personal contact with people. I believe we could be better at advocating for housing for severe MH community members and provide case management as well as medication management or build a better facility for in house MH Patients. I think providing better VA MH groups and one on one counseling for our Vets is essential and providing a safe haven for them when they are on the streets and providing an outreach team specifically to locate our veterans that are unable to function on their own to seek out services. Ultimately, it comes down to having the qualified staffing that sincerely cares for this population and wages to compensate for the high stress positions and having the self-care practices in place and an environment for providers to be able to manage this type of work effectively, such as, meditation (quiet rooms, more breaks, less cases per SW to be able to effectively manage caseloads, personal incentives, gratitude parties, etc..) Even if one is compassionate and strives to help better this population, it takes a toll on their own MH and creates burn out and eventually they will leave their position due to not being cared for by the department. There needs to be incentives for providers to do their jobs well and seek out opportunities to create a better solution to the never-ending issue of MH.

We need a complete restructure. The current system is absolutely failing our residents and suicide is killing our community members. We need employees who aren't burnt out on compassion fatigue and who aren't treating clientele like they are nuisances. We have to have appointments made in a more manner and we have to provide follow up support. Being able to hold a conversation should not disqualify people from acute treatment - trauma and dissociation expresses differently in different people.

There has to be innovative thinking from the top down and creative solutions found to treat our populace. There is \$750 million in the California budget specifically for counties to acquire or renovate treatment centers, and yet Singing Trees just shut down when we desperately need more treatment centers, not less. We have to have more providers and we have to have providers who accept a wider variety of insurance. Maybe that could look like a fiscal analyst at the County who serves as a liaison for the administration and billing for providers to make services more accessible.

My family has been to the emergency room three times in the last three months for various reasons, and each time there was a homeless person just trying to find a place to sleep. My armchair assessment of their behavior and mannerisms imply some behavioral health struggles - there are \$518.5 million available in grants for the houseless struggling with substance abuse and behavioral health issues in California, we need to be proactive about getting that money to Humboldt County. One evening my husband was in the waiting room for 9 hours and no one came to assess the two individuals who were clearly trying to shelter in the emergency room for mental health needs. We need beds for people, we need supportive care, we need substance treatment options.

And, we need to have honest and forthright conversations with the community with the goal of brainstorming solutions. I recently attended a community event discussing suicide in our community, and I was appalled. The panel members representing County Mental Health made no effort to discuss where there are gaps in the system, and instead just parroted the tired refrain of calling or texting generic numbers for help. Those numbers are not consistently answered. I have used the text service for myself and for others and not received replies for hours. I speak with many people about mental health care and I don't know a single person that was helped by County Mental Health. That is a massive failing and until we start discussing that openly and with the goal of finding lasting answers, our community is going to continue being failed. That is impacting our tourism, our economy, our crime rate, our quality of life - and it is killing our residents.

Question 13: What are your suggestions for additional programs or services that would enhance wellness, recovery, and better meet the needs of your community?

Expand/Increase Access to Services

Team for assessments so that people can be served sooner.

Transparency, easier to find information.

Question 13: What are your suggestions for additional programs or services that would enhance wellness, recovery, and better meet the needs of your community?

Satellite centers - not one localized business center deep in eureka. More community based hyperlocal resources

Transparency as to who is eligible and how to seek services

We need them in Humboldt County. They don't exist here or are overwhelmed, and we can't get an appointment. St. Joseph's Hospital does not have the staff to deal with a mental health crisis so they turn them back out into the streets to commit crimes. I know from experience with a family member. This has put my family in danger.

Expanding services to non SMI adults, and prevention services

more services that are accessible to people who are not SMI

I think that mental health services really need to listen to all people suffering with mental illness. It feels like if drug abuse isn't an issue for the patient that they aren't seen as that important or critical. Many people with mental health issues suffer extremely with no drug abuse involved. I'd like to get my son some help before he tries drugs that may help alleviate his stress. Or takes his life like his oldest brother did. His older brother lived an organic life. No drugs including no alcohol, was doing ice baths to relieve his stress. His was fighting for his life. A month after he died social services called me to tell me his Medi-Cal got approved! That's all he needed to see a counselor. He requested it months earlier.

Solidify the programs that are already offered.

Establish a team to meet with clients in their homes and assist clients in establishing daily goals to help focus on their MH treatments. This will also help the whole family to better understand how everyone can work together. This can potentially better their quality of life vs. being treated in clinic where it could be difficult for the patient.

Integrate PCP with MH Practitioners in better supporting clients with medications and support systems which can close the gap in types of treatments.

Implement additional outpatient day programs specifically for Veterans for art therapy, closed group sessions that work on recovery step work, and meditation and exercise practices to assist with PTSD and other anxiety disorders. Create a relaxation environment that is welcoming and comforting.

Even if someone came for counseling sessions once a week to our remote area, it would make a tremendous difference to our community.

Better access for outlying rural areas.

Need more services readily available.

More funding for providers not administrators

Expand early support, prevention and early intervention in pregnancy and early childhood.

more third places. more public places to use computers and the internet.

Facilities and providers would be more beneficial

Just get any providers possible up here

Actually get programs and services in my community. Southern Humboldt (shelter cove)

Our need for mental health supports far outweighs our capacity/capability to provide them. We need more supports, personnel, funding.

More adult support groups, more signage/ads for affordable MH services

More counseling and therapy services

More qualified doctors at more locations for people prior to crisis level

More integrated services and more available and accessible services.

More programs/facilities for mental health and substance use disorder. We don't have enough.

Question 13: What are your suggestions for additional programs or services that would enhance wellness, recovery, and better meet the needs of your community?

More programs that supplant law enforcement to provide responders to mental health crises and domestic disturbances. Programs that change our community perspective of violence and abuse from purely criminal to symptoms of social and mental health crises.

More providers!! My child has been on a waitlist for mental health services for over 6 months

Nothing fancy, simply more providers!

More residential treatment options and more independent housing options

Residential treatment for MI (youth and adult), not just for addiction (though we could use more of that too). Harm reduction programs. Smoother connections to getting folks housing. Shelter space for families where men/women do not have to split up. Shelter space for queer folks. More crisis intervention that does not involve the police. Addiction treatment that is not 12-step based and is instead evidence-based.

If existing programs worked more in collaboration with each other, in a whole-person way, that would be most helpful. Education, mental health, behavioral health, medical professionals, if we all worked together that would help everyone.

Have More services available it's nearly impossible get mental health care in this county. I would call and they would say we're putting you on the list call back in 2 months and call back in 2 months well putting you on the list go back in 2 months over and over

Programs and services in southern Humboldt that are easily accessible.

Telehealth

Therapeutic services for children who have experienced ACES regardless of whether they currently meet medical necessity through our extensive screening processes.

more therapy

Outreach to the elderly living alone

programs for the poor elderly & disabled

Short term crisis residential services as hospital alternative

We need a walk-in facility where people can see providers if they're struggling - and need to quit pretending that Sempervirens does that in any functional capacity. We also need to have services available for people who can still hold down a job and may not outwardly appear to be struggling, because they are repeatedly being failed for not behaving a specific way when they seek treatment. We need to have local suicide hotlines and text lines that are actually answered. We have got to get accessible substance abuse treatment options and we need to house the homeless.

There needs to be treatment provided to employees of County Mental Health, and I don't mean just the psych techs. Your reception staff, Ward Clerks, analysts, anyone who interacts with clients at all need to have services available to them, on the clock, to help cope with the realities of the job. There has to be 180 reviews of upper management so the hostile work environments can stop before there is another walk-out. We've got to prioritize mental health treatment in this community, it is spiraling out of control. Walk almost anywhere in a five block radius of Highway 101 in Eureka and you can see people who need help - even those with substance abuse issues, they are trying to medicate some underlying problem and that needs to start being realized. There needs to be impactful outreach with the local law enforcement - not just camera ready ride-along with a mental health clinician, we need mandatory, continuing trainings about mental health awareness.

There should be staff whose entire jobs are to follow legislative decisions and advocate for resources to come to Humboldt County. Our community is wildly underserved and we are constantly given the excuse that it's too hard to find staff or there just aren't resources. Find the funds, pay a living wage, make it not unbearable to work there.

LGBTQIA+ Culturally Responsive Services

Long term care of disabled adults with permanent mental illness. In care support services TRAINED to assist with mental illness symptoms. Any kind of basic training in mental health crisis at hospitals especially night staff at mad River. LGBT center.

Question 13: What are your suggestions for additional programs or services that would enhance wellness, recovery, and better meet the needs of your community?

FUND LGBTQ MENTAL HEALTH SERVICES!

Fund LGBTQ Mental Health programs!

FUND LGBTQ MENTAL HEALTH SERVICES!

Fund LGBTQ focused mental health care programs.

FUND LGBTQ MENTAL HEALTH SERVICES!

More LGBTQ services and safe spaces

More LGBTQ focused services

FUND LGBTQ MENTAL HEALTH SERVICES!

More training for service providers working with LGBTQ people and funding programs that are specifically for and by LGBTQ people, like the Queer Humboldt program

More mental health support groups for LGBTQIA population, particularly trans population because of current hate crime rate.

See above. More support for LGBTQ

We need counselors accepting new clients, we need more programs for unhoused, we need LGBT/ LGBT friendly counselors, and we need people willing to see and treat severe mental illness.

There need to be more LBGT friendly and LGBT supportive mental health resources in the county. This includes transition healthcare and counseling services. This also includes making referrals easier to navigate and friendlier staff that are familiar with queer people and their needs. The biggest barrier by far is insurances not being accepted.

More queer outreach and support

LGBTQ+ support services

Things specifically for the disabled (physically, intellectually, and developmentally) , LGBTQ, and BIPOC

more LGBTQ support.

Stronger and more Post Adoption resources and services. Services for bio families that are struggling similar to Post Adoption Services. Attachment based support services for low to no income families. Homeless support services for youth and LGBTQAI+.

Fund LGBTQ focused mental health care programs.

address LGBTQ needs

There are no adult LGBT mental health services, all the ones I've seen advertised are for youth

Workforce Expansion, Training and Support

Intensive field outreach. Case Managers & Clinicians inside the ER to assist with case management and de-escalation.

Addressing the poor attitudes of your overworked staff. They have a disconnected attitude and they seemed burnt out. Ensure your people offering services are healthy and stable.

fully fund, staff and implement the services you have for a start. overwhelming workloads for staff does not lead to the outcomes I'd like to see

Hire people who actually care about helping people dealing with mental health issues.

More housing for people, and more clinical staff

A start would more staff.

More staff

Need to get all current programs fully staffed before adding more, there are only so many trained providers in the local area and it's not easy to recruit from outside the area.

We have plenty of programs but need the staff to work them. Decrease the # of managers and coordinators so there are more feet on the ground working with the patients

Question 13: What are your suggestions for additional programs or services that would enhance wellness, recovery, and better meet the needs of your community?

Staff care and compassion trainings. How to avoid burnout

Enhanced all or current services that work. Possibly learn from other successful facilities around the state and implement those programs. Work on staff retention and safety. Training staff on trauma informed care.

Our need for mental health supports far outweighs our capacity/capability to provide them. We need more supports, personnel, funding.

I suggest more mindfulness and meditation services for wellness in the community. I suggest more body based therapy be integrated into the offerings such as yoga. I suggest more trauma informed care be provided. I suggest more somatic based psychotherapy be utilized.

Housing, Services for Those Experiencing Homelessness

More Peer Support for clients. More homeless help for working families

Services to our youth in our community elementary school & high school. More services in our area so people don't have to drive over an hour to receive services. Rehab in our community. Place for homeless people.

More youth programs, and homeless outreach.

Housing programs that allow for independence, autonomy and healing without going through ridiculous and demeaning screening process; more and expanded DV services and housing the protect women and their children IMMEDIATELY; expand ALL services; add more Semper Virens beds and new units for urgent care and crises that don't qualify for Semper Virens; more follow up care; HIRE MORE STAFF so our therapists and providers aren't over burdened and burn out; more homeless shelters period, including family shelters; more programs like TAY. You can't solve mental health without solving homelessness and massive food insecurity. And you can't solve it without supporting practitioners. LISTEN TO THEM -- they have ground breaking work that is hard to fund.

There needs to be more of an effort to offer services to the homeless in our community that want help. Lots of help currently only enables. I think there needs to be more active engagement with individuals instead of a one size fits all solution.

More permeant supportive housing, or programs to better support BH and housing

City of Eureka need to seize, renovate and use all the empty apartments in the city limits four housing people

Housing for low income/houseless individuals and families. Increased support for those post release from facilities (hospital, crisis centers, recovery, jail etc.).

housing for the homeless, more peer support staff, a hope center with supportive staff in Arcata, McKinleyville, Fortuna and Garberville

More permanent housing.

Continuity of Care/Transition Services

Collaboration with employment agencies and employers to accept with/work with/have patience with clients to give them a job, a purpose, to a life worth living.

Wrap services, partnerships with schools, better response to crisis, accountable CWS system

Do better with warm hand offs among county and non profit providers, share funding across all agencies, center the child and family not the funding or source of it

Provide accessibility to holistic wrap-around wellness services/diverse modalities: acupuncture, sound healing, yoga, herbalists, neurofeedback, EDMR, bodywork. Accessibility is key, these tools are underutilized and underserved to those who need them most.

Follow-up services when possible, at least in similar locations offered as previously so that personal communication isn't always needed, especially when impossible to conduct

more diversion programs. Community groups for clients to gather

Question 13: What are your suggestions for additional programs or services that would enhance wellness, recovery, and better meet the needs of your community?

Step down crisis support for clients experiencing significant mental health overlay that do not meet criteria of being in SV. Having follow along support for these clients that hook them up with an ongoing Psychiatrist and access to case management.

Awareness. follow up programs

We need transitional housing for SMI homeless clients who qualify for housing, however, because of their SMI and/or addictions, as well as the effects of living on the street/camping for an extended time, they are not socially/emotionally adept to fit in and be good tenants/neighbors. As it stands, housing is found for these folks, but they are almost immediately at risk of losing their new housing, as they are expected to have the social skills and etiquette needed to function appropriately, alongside other community members who are not experiencing the same extreme of disabilities involving mental health, substance use, and traumatic life experiences. Ironically, this small percentage might be thought of as intimidating on paper, when actually many are among the most vulnerable, exploited, and victimized.

Establish a team to meet with clients in their homes and assist clients in establishing daily goals to help focus on their MH treatments. This will also help the whole family to better understand how everyone can work together. This can potentially better their quality of life vs. being treated in clinic where it could be difficult for the patient.

Integrate PCP with MH Practitioners in better supporting clients with medications and support systems which can close the gap in types of treatments.

Implement additional outpatient day programs specifically for Veterans for art therapy, closed group sessions that work on recovery step work, and meditation and exercise practices to assist with PTSD and other anxiety disorders. Create a relaxation environment that is welcoming and comforting.

Housing for low income/houseless individuals and families. Increased support for those post release from facilities (hospital, crisis centers, recovery, jail etc.).

Increase Support for Youth

As I said earlier, easier access to the mobile team when parents report that their late teens and young adults, who are refusing services, and evaluate the parents concern and see that the patient is still functioning and meeting their need and educate the parent about when to call or take their child to the ER/call the police.

in-patient support for youth

More youth programs, and homeless outreach.

add more services for minors.

We really need someplace that youth experiencing mental health crisis can go

Mental health services for youth in Southern Humboldt that is physically accessible to youth in Southern Humboldt

A program that is youth centered and provides mental health care and social activities to help young people connect with other experiencing some of the same hardships. More homeless youth services and expanding transitional housing for people under the age of 18

Youth short-term residential treatment. Increased respite for foster families

A program that is youth centered and provides mental health care and social activities to help young people connect with other experiencing some of the same hardships. More homeless youth services and expanding transitional housing for people under the age of 18

Increase MH Community Outreach & Collaboration

You should come to the farmers market or similar to table and provide information. More community out reach is needed so that things are more transparent. It will help inform the public about programs available and reduce the stigma of mental illness.

Share general well-being and mental health information to the community

Intensive field outreach.

Case Managers & Clinicians inside the ER to assist with case management and de-escalation.

Question 13: What are your suggestions for additional programs or services that would enhance wellness, recovery, and better meet the needs of your community?

Let's table at every event too!

Outreach and insurance coverage broadened

Offering weekly forums or events in most communities in Humboldt County.

Information to employers

Mental Health Counselors and Other School Supports

ed clinic, rehab, psych ward

More education school and community wide about what mental health is and how to get help

Efforts focused on requirement of more school psychologists, social workers and substance abuse counselors.

Services to our youth in our community elementary school & high school. More services in our area so people don't have to drive over an hour to receive services. Rehab in our community. Place for homeless people.

School based programs for k-6 and parenting support groups; mental health ed for parents

School based health centers

behavioral health services available on school sites

Services for Early Childhood

Funding training programs (Humboldt Infant-Family and Early Childhood Mental Health Certificate Training Program) to support a qualified workforce capable of serving pregnant families, infants/young children and their caregivers with Infant-family and Early Childhood Mental Health at the promotion, prevention and treatment levels.

Increase serves for infants, and young children in the family system.

Support 0-5 services and the 0-8 Mental Health Collaborative that does a lot of training for early childhood mental health.

More support for children and young adults

More emergency services n more services for children who need therapy. We have extreme lack of psychotherapy 4 children/ we also need more cooperation between the private sector in Humboldt County Mental Health

Any work that addresses ACEs.

Increase Substance Use Disorder Services

Transition after hospital discharge for patients that are unhoused and substance use disorder

Peer coaching and better recovery programs focused on families

Better addiction recovery support

More homeless outreach. More efforts to address addiction and recovery. A triage type center to supplement/relieve Sempervirens. The county needs to continue to bolster its efforts to adequately address issues within its CWS program, whether that's oversight or accommodating specific communities like our Native American population. I realize the county is incredibly short staffed in some of these areas and I know it is not an easy feat to relieve these issues but I really do feel it is critical that we prioritize these issues/groups.

Other

Antipoverty programs, actual low-cost housing, youth programs that provide mentorship, activities, community for young people to smoothly transition to adulthood--with programs that help them examine where they fit in the world, what's going on with the changes they are experiencing psychically, spiritually and physically. It is a most fragile time. Also to have discussions about sexuality and identity, because so many young people go off the rails around social rejection or inadequacy during this time and it becomes an entrenched pattern for their future.

I suggest more mindfulness and meditation services for wellness in the community. I suggest more body based therapy be integrated into the offerings such as yoga. I suggest more trauma informed care be provided. I suggest more somatic based psychotherapy be utilized.

Offer nutrition and movement [i.e. yoga, [outdoor] exercise] programs

Question 13: What are your suggestions for additional programs or services that would enhance wellness, recovery, and better meet the needs of your community?

Supportive camp sites & safe parking facilities

Create More Community Centers

Community based services like "The Center" in McKinleyville. All in one stop shop.

Center for creative arts with supplies and storage of projects

Community centers for every town, with a working kitchen. Build more hubs where people can gather and brainstorm.

More community centers for seniors in Arcata - a good model is the Gray bears in Santa Cruz, with a recycling center, community rooms and meals.

Increase Support Groups/Peer Support

More Peer Support for clients. More homeless help for working families

More peers who have received formal Peer Training.

Peer coaching and better recovery programs focused on families

More free classes and relevant topics in Adult Education

Increase Support for Seriously Mentally Ill

Significantly increase the patient capacity and treatment at Sempervirens, particularly for young people having their first mental health crisis. Find a better way than calling the police or sheriff to admit a patient.

Suicide First Aid training for the community and psychoeducation to support the needs of the community.

More residential treatment options and more independent housing options

Foster/Adoption Support

Stronger and more Post Adoption resources and services. Services for bio families that are struggling similar to Post Adoption Services. Attachment based support services for low to no income families. Homeless support services for youth and LGBTQAI+.

Youth short-term residential treatment. Increased respite for foster families

Law Enforcement Partnership and Collaboration

More programs that supplant law enforcement to provide responders to mental health crises and domestic disturbances. Programs that change our community perspective of violence and abuse from purely criminal to symptoms of social and mental health crises.

Hope Center Improvement

housing for the homeless, more peer support staff, a hope center with supportive staff in Arcata. McKinleyville, Fortuna and Garberville

Transportation for Clients

increased SW response w/LEO; transport to CMH for urgent care

Clarity about MH Services Available

More adult support groups, more signage/ads for affordable MH services

Question 19: Additional Comments/Suggestions

Increase Staffing and Recruitment

I personally tried for over a year to find a new psychiatrist when mine quit with no luck

Humboldt desperately needs to attract private practice mental health providers

Build more housing, renovate vacant apartments and house the most vulnerable. Do NOT let the Board of Supervisors contract outside behavioral health staff in order to undermine the Union. HIRE MORE STAFF AND PAY THEM WELL.

Question 19: Additional Comments/Suggestions

I am a former employee of Sempervirens 1974 to 1985, also have a son who has been treated by mental health services from age 7 until now, he's 32, I have personally seen and experienced more trauma than most people can imagine and the stress of what "Mental Health" has put my family through in dealing with my son is nothing short of frustrating, heartbreaking and eye opening. Seeing our local mental health facilities for that many years from both a former employee and a parent of one that has been treated there, point of view, well it's nothing less than mind boggling. Thank God for NAMI, CIT training (it should be mandatory in police academies before they even start working, nursing schools, my god even people becoming doctors. Workshops perhaps for the public on educating us on how to deal with mental health issues instead of trying to ignore the problems that are plaguing the place that we call home. I was born here 74 years ago, raised here, raised 4 kids here and watched the decline of Humboldt county and I fear for who I am leaving behind, only you can do something about it from the mental health end, good luck might be better than hopes and prayers because I have given up on that years ago (the struggle is real), Please consider spending more time away from the desk and have more interaction with the actual people you are providing the care for, ever been to SV, Crestwood manor, jail. Again good luck and have a nice day.

I believe the MH system can use improvement in a lot of areas. I think the first step is to look at wages for people who work in the field and then start the hiring processes for needed employees to be able to efficiently and effectively make a difference in our community. I feel we have lost focus on the humanity part of people who suffer from MH and have been getting by with telehealth and unfortunately this is not working for a lot of people. There is frustration and cracks in the system, and it is showing in the community not only from clients and community members, but also, the providers. It starts with the caring and compassion for the provider and through that it will positively affect the community. I also believe the more community outreach there is and understanding what actual MH means and the various conditions of it, the possibilities of having more volunteers in the elderly community is possible. People helping people for a better and thriving way of living.

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I know we need more counselors in the area, I think we also need to make sure the ones we have are really qualified. Taking tests and getting a degree do not always qualify someone to do the job. They just look good on paper. With that said, I really believe that all mental health professionals should have massive support for what they and this country is going through right now. I know they are overwhelmed. They are only human after all. Their caseloads can not overload them. We need to not push them out of the field because they don't have enough support to survive or are overworked beyond their capacity. Bottom line we need more counselors so we can lighten the load that the existing ones have before we lose them.

Some kind of follow up for those on the wait list for services. I've been suicidal myself the last few months and I can not get an appointment to save my life!

My experience as a parent trying to get therapy for my son was a nightmare with Medi-Cal, mostly because of mental health professionals in our community. After switching to private insurance, it was impossible. We need more qualified therapists taking private insurance. We need staff who are kind.

Additional providers in general, but those who accept Medi-Cal, are needed!

desperately need more providers in both therapy and psychiatry; better communication w/PCP

I don't even have a regular doctor. If I call to get my husband an appointment for an acute issue (Open Door) it is impossible to get an appointment for about 60 days. The answer is that a "nurse" can call or go to emergency. Really?? This is where we are at for care, but we are required to pay for insurance anyway with no access. And we are going to make a plan for mental health. It seems to be a dance just to say we are doing something. It is too frustrating.

Question 19: Additional Comments/Suggestions

There r waiting lists foe people who need immediate help. There r very few providers for child therapy. Humboldt County Mental Health providers does not provide depute consultation re child therapy or provide training. An example is the formation of a group 4 parents who adopted children w attachment problems. Parents told me that the group leader kept changing. This is absurd. Other parents have told me that their child formed a relationship w a therapist and the therapist was suddenly changed w no termination plan and no therapeutic plan 4 transferring 2 another therapist. These were children w a history of loss and chaos

Transgender should not be a separate category that is mutually exclusive from man or woman it implies a transgender person is neither of those which is grossly inappropriate. Either have more options such as trans man/trans woman/trans non binary or let us be able to chose as many gender options as we want. Overall Humboldt has a few good practitioners but almost none of them are accepting new clients because they are just too busy. This causes people who might have been proactive about their Heath delay or avoid seeking treatment which can lead to symptoms increasing out of control. Leading to long term heath concerns, social concerns, and effect productivity in work and school. Down the line these people end up in crisis and need help immediately so they go to the ER. The ER is an incredibly traumatic, dehumanizing, embarrassing, and often homophobic racist place for people in a mental health crisis. I truly believe it harms people more than if they had just stayed home. However at that point people have no other options and an choosing an abusive traumatizing place is better than death. There needs to be so many more services and support for people in this county I'd need an essay to even begin to explain what we need.

We need more support for the LGBTQ+ community and more services to stop overloading our local hospitals with patients that need psych facilities/services.

I appreciate the hard work of all of our county employees and totally recognize there are staffing shortages and all kinds of factors at play, but I really think these issues are incredibly important. One more thing I would emphasize that I have seen as a fault of the county government as a whole in my time in Humboldt is the importance of long-term thinking and planning. I've seen a lot of band aids applied and once the issue stabilized it was never really addressed again. We can't always operate in a crisis mode (though I understand that is easier said than done).

Thank you for the opportunity to weigh in on these important topics!

Please continue with BH/MH councilors in the Schools. Support the Wellness Centers that have started in the schools. Schools could be the easiest place to get them the services they need- make it meaningful and substantial. Thank you.

thank you for the survey. I was looking for a way to say that I don't think there is nearly enough access to quality Licensed Family Therapists here in this county. That is scary to me.

Increase BH Services

Having worked for years with Regional Center clients, I've seen so many of the same issues with SMI homeless clients and those recently housed. Where is the level of funding/infrastructure for this population? Where are the transitional group homes and staffed independent living programs? Many of our folks need 24 hour staff, to redirect them out of trouble, just as we do for many Regional Center clients, with, in many ways, the same level of life skills and emotional maturity and vulnerability.

Therapeutic services are polarized by class--the very poor have family supports through the county, those better off have access through insurance to private therapy. There are SO MANY people in the middle who have no recourse, no support (other than some 12 step programs perhaps, which are difficult for people to access because they may not understand how they work or what they can offer) and fewer people have a spiritual home, which could provide some support. Community based services like the HOPE program and the Area One Agency on Aging for the elderly could be expanded to address different age and interest groups to reach out to those who need support?

Question 19: Additional Comments/Suggestions

The local queer community is under constant attack from hate groups causing massive trauma and resulting in queer people not feeling safe in their daily lives. Local discrimination is rampant and the collective trauma of this is severely impacting mental health. Unfortunately, many local mental health providers are ignorant about how to serve the queer community, resulting both increased need and decrease services for the queer population. Please prioritize queer mental health services in your funding and policy work. This is urgent.

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Get more services!!! Families need help and there is no help in Humboldt County!!!

Expand live-in facilities like Crestview and Pathways on Buhne St, but make them available to all, rather than just a few lucky enough to be admitted.

I believe the MH system can use improvement in a lot of areas. I think the first step is to look at wages for people who work in the field and then start the hiring processes for needed employees to be able to efficiently and effectively make a difference in our community. I feel have lost focus on the humanity part of people who suffer from MH and have been getting by with telehealth and unfortunately this is not working for a lot of people. There is frustration and cracks in the system, and it is showing in the community not only from clients and community members, but also, the providers. It starts with the caring and compassion for the provider and through that it will positively affect the community. I also believe the more community outreach there is and understanding what actual MH means and the various conditions of it, the possibilities of having more volunteers in the elderly community is possible. People helping people for a better and thriving way of living.

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Tomorrow, 11/20/2022 @ 5:30 PM there will be a demonstration for Trans Day of Remembrance on the Court House Lawn. Check in to see how that went. Hopefully, with no issues.

The local queer community is being targeted. Experiences of overt discrimination are skyrocketing. A local hate group, and many people who hold animosity towards queer people, especially queer youth, are attacking the liberties of our local queer community across community settings. This is causing trauma for LGBTQ community members and resulting in queer people not feeling safe. This type of discrimination is rampant and the accumulating trauma is severely impacting LGBTQ mental health in our region. Unfortunately, many local mental health providers are ignorant about how to serve the queer community. These factors combine to result in both an increased need for services and decreased services available for the queer population.

Please prioritize LGBTQ mental health services, LGBTQ inclusive policies, and funding for mental health programs run by and for queer people. We need this now more than any other time in recent history. Thank you for your time and attention to this urgent matter.

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You have an incredibly hard job and I think you are doing well with the resources you have. We need more resources to make the kind of improvements Humboldt County needs to serve our communities.

It would be great to have a lower level services and peer support groups. I was depressed as a 8 to 17 year old and the peer support/counseling group I was part of was immensely helpful.... I have not heard of any of them around here. Meeting others who are dealing with similar issues is so helpful as a child because children have no control over their lives and when they talk with someone their age who also feels the same about a similar experience it feels less lonely.

I don't even have a regular doctor. If I call to get my husband an appointment for an acute issue (Open Door) it is impossible to get an appointment for about 60 days. the answer is that a "nurse" can call or go to emergency. Really?? This is where we are at for care, but we are required to pay for insurance anyway with no access. And we are going to make a plan for mental health. It seems to be a dance just to say we are doing something. It is too frustrating.

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We need more support for the LGBTQ+ community and more services to stop overloading our local hospitals with patients that need psych facilities/services.

Question 19: Additional Comments/Suggestions

I tried to get help for a neighbor with dementia and grave disability and was refused services, and they had no resources or a place to go, but didn't meet criteria. Still needed help or links to other services

I appreciate the hard work of all of our county employees and totally recognize there are staffing shortages and all kinds of factors at play, but I really think these issues are incredibly important. One more thing I would emphasize that I have seen as a fault of the county government as a whole in my time in Humboldt is the importance of long-term thinking and planning. I've seen a lot of band aids applied and once the issue stabilized it was never really addressed again. We can't always operate in a crisis mode (though I understand that is easier said than done).

Thank you for the opportunity to weigh in on these important topics!

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thank you for the survey. I was looking for a way to say that I don't think there is nearly enough access to quality Licensed Family Therapists here in this county. That is scary to me.

A phone number to call when someone is experiencing a mental health crisis where you are 100% sure you will NOT get armed cops as a reply. If we had this, we might start having better outcomes.

Facilities Improvement

Build more housing, renovate vacant apartments and house the most vulnerable. Do NOT let the Board of Supervisors contract outside behavioral health staff in order to undermine the Union. HIRE MORE STAFF AND PAY THEM WELL.

I am a former employee of Sempervirens 1974 to 1985, also have a son who has been treated by mental health services from age 7 until now, he's 32, I have personally seen and experienced more trauma than most people can imagine and the stress of what "Mental Health" has put my family through in dealing with my son is nothing short of frustrating, heartbreaking and eye opening. Seeing our local mental health facilities for that many years from both a former employee and a parent of one that has been treated there, point of view, well it's nothing less than mind boggling. Thank God for NAMI, CIT training (it should be mandatory in police academies before they even start working, nursing schools, my god even people becoming doctors. Workshops perhaps for the public on educating us on how to deal with mental health issues instead of trying to ignore the problems that are plaguing the place that we call home. I was born here 74 years ago, raised here, raise 4 kids here and watched the decline of Humboldt county and I fear for who I am leaving behind, only you can do something about it from the mental health end, good luck might be better than hopes and prayers because I have given up on that years ago (the struggle is real), Please consider spending more time away from the desk and have more interaction with the actual people you are providing the care for, ever been to SV, Crestwood manor, jail. Again good luck and have a nice day.

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the stability for all community members by participating in the recovery processes and implementation of daily MH goals.

Housing

More partnership with housing providers

Having worked for years with Regional Center clients, I've seen so many of the same issues with SMI homeless clients and those recently housed. Where is the level of funding/infrastructure for this population? Where are the transitional group homes and staffed independent living programs? Many of our folks need 24 hour staff, to redirect them out of trouble, just as we do for many Regional Center clients, with, in many ways, the same level of life skills and emotional maturity and vulnerability.

Need more housing generally, people with mental health struggles are last on everyone's list of desirable tenants so a housing shortage disadvantages them severely.

Build more housing, renovate vacant apartments and house the most vulnerable. Do NOT let the Board of Supervisors contract outside behavioral health staff in order to undermine the Union. HIRE MORE STAFF AND PAY THEM WELL.

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Increase Funding

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Improve Employee Retention

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Some kind of follow up for those on the wait list for services. I've been suicidal myself the last few months and I can not get an appointment to save my life!

I think there are a lot of wonderful, caring people that work for HCMH. I would love to see them having more support, more leadership and higher wages so that we can retain quality people. We are working towards the same goal! I would love to see more collaboration with RCRC.

Better pay for direct service workers

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Please prioritize LGBTQ mental health services, LGBTQ inclusive policies, and funding for mental health programs run by and for queer people!

Reduce Stigma

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Make LGBT mental health services a priority.

I tried to get help for a neighbor with dementia and grave disability and was refused services, and they had no resources or a place to go, but didn't meet criteria. Still needed help or links to other services

The local queer community is being targeted. This type of discrimination is rampant and the accumulating trauma is impacting LGBTQ mental health in our area. Unfortunately, many local mental health providers do not know how to serve the queer community.

Please prioritize LGBTQ mental health services, LGBTQ inclusive policies, and funding for mental health programs run by and for queer people!

address LGBTQ needs

I am really concerned about kids, trans kids, LBQTIA kids and domestic violence services.

Increase Staff Training

I would like to see service jobs be more educated on how to handle mentally ill citizens and who to call rather than calling the police and having them criminalized unless they are actually committing a real crime.

I am a former employee of Sempervirens 1974 to 1985, also have a son who has been treated by mental health services from age 7 until now, he's 32, I have personally seen and experienced more trauma than most people can imagine and the stress of what "Mental Health" has put my family through in dealing with my son is nothing short of frustrating, heartbreaking and eye opening. Seeing our local mental health facilities for that many years from both a former employee and a parent of one that has been treated there, point of view, well its nothing less than mind boggling. Thank God for NAMI, CIT training (it should be mandatory in police academies before they even start working, nursing schools, my god even people becoming doctors. Workshops perhaps for the public on educating us on how to deal with mental health issues instead of trying to ignore the problems that are plaguing the place that we call home. I was born here 74 years ago, raised here, raise 4 kids here and watched the decline of Humboldt county and I fear for who I am leaving behind, only you can do something about it from the mental health end, good luck might be better than. hopes and prayers because I have given up on that years ago (the struggle is real), Please consider spending more time away from the desk and have more interaction with the actual people you are providing the care for, ever been to SV, Crestwood manor, jail. Again good luck and have a nice day.

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I know we need more counselors in the area, I think we also need to make sure the ones we have are really qualified. Taking test and getting a degree do not always qualify someone to do the job. They just look good on paper. With that said, I really believe that all mental health professionals should have massive support for what they and this country is going through right now. I know they are overwhelmed. They are only human after all. Their caseloads can not over load them. We need to not push them out of the field because they don't have enough support to survive or are overworked beyond their capacity. Bottom line we need more counselors so we can lighten the load that the existing ones have before we lose them.

Some kind of follow up for those on the wait list for services. I've been suicidal myself the last few months and I can not get an appointment to save my life!

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More Outreach

Please provide better outreach to the community, collaborate with the systems that are in place, and listen to the type of help the communities of Humboldt are needing.

Question 19: Additional Comments/Suggestions

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Proactively reach out to our local LGBTQ resource center, Queer Humboldt, before putting together another survey like this so you don't leave out LGBTQ people from a range of questions where they belong again. It is alienating to community that is already deeply alienated.

The mental health of the queer community is dramatically impacted right now and there is an urgent need for funding mental health programs that are for and by queer people.

Queer Humboldt is literally keeping many youth alive. More supports are needed such as Two Feathers and school-based mental health services

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Please continue with BH/MH councilors in the Schools. Support the Wellness Centers that have started in the schools. Schools could be the easiest place to get them the services they need- make it meaningful and substantial. Thank you.

Culturally Responsive Care

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Fund LGBTQ Mental Health programs.

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Curriculum in schools should REQUIRE classes in parenting including the meaning of being responsible. What is needed to raise a child and give them a chance?

MORE OUTREACH in the areas of birth control services is needed.

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Support the Infant Early Childhood and Family Mental Health Collaborative.

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We need more support for the LGBTQ+ community and more services to stop overloading our local hospitals with patients that need psych facilities/services.

Make LGBT mental health services a priority.

I tried to get help for a neighbor with dementia and grave disability and was refused services, and they had no resources or a place to go, but didn't meet criteria. Still needed help or links to other services

Regarding your selection for race/ethnicity I'd like to recommend that it would be allowed to choose more than one.

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Supervisor Training

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Improve Access to Services

I personally tried for over a year to find a new psychiatrist when mine quit with no luck

Having worked for years with Regional Center clients, I've seen so many of the same issues with SMI homeless clients and those recently housed. Where is the level of funding/infrastructure for this population? Where are the transitional group homes and staffed independent living programs? Many of our folks need 24 hour staff, to redirect them out of trouble, just as we do for many Regional Center clients, with, in many ways, the same level of life skills and emotional maturity and vulnerability.

Need more housing generally, people with mental health struggles are last on everyone's list of desirable tenants so a housing shortage disadvantages them severely.

Our community has no help for working families. If a person has a job it's impossible to find a place to live. Only people with no income get housed.

Therapeutic services are polarized by class--the very poor have family supports through the county, those better off have access through insurance to private therapy. There are SO MANY people in the middle who have no recourse, no support (other than some 12 step programs perhaps, which are difficult for people to access because they may not understand how they work or what they can offer) and fewer people have a spiritual home, which could provide some support. Community based services like the HOPE program and the Area One Agency on Aging for the elderly could be expanded to address different age and interest groups to reach out to those who need support?

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Expand live-in facilities like Crestview and Pathways on Buhne, but make them available to all, rather than just a few lucky enough to be admitted.

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I don't even have a regular doctor. If I call to get my husband an appointment for an acute issue (Open Door) it is impossible to get an appointment for about 60 days. The answer is that a "nurse" can call or go to emergency. Really?? This is where we are at for care, but we are required to pay for insurance anyway with no access. And we are going to make a plan for mental health. It seems to be a dance just to say we are doing something. It is too frustrating.

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Please spend money wisely to the maximum benefit of those seeking or needing MH services.

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The local queer community is being targeted. This type of discrimination is rampant and the accumulating trauma is impacting LGBTQ mental health in our area. Unfortunately, many local mental health providers do not know how to serve the queer community.

Please prioritize LGBTQ mental health services, LGBTQ inclusive policies, and funding for mental health programs run by and for queer people!

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A phone number to call when someone is experiencing a mental health crisis where you are 100% sure you will NOT get armed cops as a reply. If we had this, we might start having better outcomes.

Timely Access to Services

Question 19: Additional Comments/Suggestions

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Question 19: Additional Comments/Suggestions

Proactively reach out to our local LGBTQ resource center, Queer Humboldt, before putting together another survey like this so you don't leave out LGBTQ people from a range of questions where they belong again. It is alienating to community that is already deeply alienated.

The mental health of the queer community is dramatically impacted right now and there is an urgent need for funding mental health programs that are fir and by queer people.

Queer Humboldt is literally keeping many youth alive. More supports are needed such as Two Feathers and school-based mental health services

Please spend money wisely to the maximum benefit of those seeking or needing MH services.

There r waiting lists foe people who need immediate help. There r very few providers for child therapy. Humboldt County Mental Health providers does not provide depute consultation re child therapy or provide training. An example is the formation of a group 4 parents who adopted children w attachment problems. Parents told me that the group leader kept changing. This is absurd. Other parents have told me that their child formed a relationship w a therapist and the therapist was suddenly changed w no termination plan and no therapeutic plan 4 transferring 2 another therapist. These were children w a history of loss and chaos

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Increase Community Partnership

More partnership with housing providers

Please provide better outreach to the community, collaborate with the systems that are in place, and listen to the type of help the communities of Humboldt are needing.

Therapeutic services are polarized by class--the very poor have family supports through the county, those better off have access through insurance to private therapy. There are SO MANY people in the middle who have no recourse, no support (other than some 12 step programs perhaps, which are difficult for people to access because they may not understand how they work or what they can offer) and fewer people have a spiritual home, which could provide some support. Community based services like the HOPE program and the Area One Agency on Aging for the elderly could be expanded to address different age and interest groups to reach out to those who need support?

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Support the Infant Early Childhood and Family Mental Health Collaborative.

Mental Health is a collaborative effort. When your county does not work with Native Tribes, or people of color it creates a gap. All tribes, not just one, due to convenience. Bring all tribes to the table and create a working team to address mental health. Track and engage. It's easy for your highly paid leaders to sit in their silos, and judge. Stop systematic racism, the tribes "have the numbers attitude", they don't, and people are dying because of it. If the tribal health system is shitty, and non-responsive then address it. Say, your hired team is not engaging so we are unable to help. Call people out and hold them accountable.

It would be great to have a lower-level services and peer support groups. I was depressed as an 8 to 17 year old and the peer support/counseling group I was part of was immensely helpful.... I have not heard of any of them around here. Meeting others who are dealing with similar issues is so helpful as a child because children have no control over their lives and when they talk with someone their age who also feels the same about a similar experience it feels less lonely.

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Please spend money wisely to the maximum benefit of those seeking or needing MH services.

Please continue with BH/MH counselors in the schools. Support the Wellness Centers that have started in the schools. Schools could be the easiest place to get them the services they need- make it meaningful and substantial. Thank you.

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Improve Linkage to Services

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Law Enforcement BH Training

I would like to see service jobs be more educated on how to handle mentally ill citizens and who to call rather than calling the police and having them criminalized unless they are actually committing a real crime.

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Demographic Form Comments

I really appreciated the program and fiscal breakdowns. It would be good to show how MHSA funding compares to all other mental health services funding.

I would encourage a look at the % of funding that is going to children/youth & families vs adults to be sure mandates are being met. Seems heavy on the adult service side.

Please send updated list of Stakeholder meetings to BHB for review and to share with others in the community. Thank you!

Hi! When requesting gender identity, I would recommend expanding your options. "Transgender" is not a gender identity; however, "Transgender man" and "Transgender woman" are options. I would recommend using these as gender identity options: (1) man/male, (2) woman/female, (3) transgender man, (4) transgender woman, (5) nonbinary, (6) genderfluid, (7) agender, (8) genderqueer, (9) genderfluid, (10) gender non-conforming, (11) intergender, (12) intersex, (13) other, (14) I do not wish to provide this information. I would also recommend listing your options alphabetically.

This survey is important; thank you. Will it be available in other languages (like Hmong)?

I'm absolutely thrilled to see early childhood mental health on the agenda and in a proposal with a budget line item for implementation. Real prevention begins in early childhood and even infancy and pregnancy, so I am happy to see this value being uplifted.

Please consider funding services and prevention services for the youngest members of our community. Families with young children also need services to navigate the most challenging job, parenting. Young children are our future and research show that investing in them early saves money down the road.

In addition to having family with unmet mental health needs I also have Transgendered friends and colleagues and know of Queer youth who lack even basic services and mental health care.

Thank you for all you do!

Would like to see MHSA monies broken out (divided) to represent the amount collected for our headcount. This way we could have the best chance to benefit from the monies that our community help contribute

Demographic Form Comments

We need services to eastern Humboldt. we need more inpatient youth mental health services that are culturally competent & geographically located nearby. Our community just lost a 13 yr. old who took her own life. She was in a residential program that was too far away & not culturally appropriate. She took her life in her room while at the center. Sexual abuse awareness a training that recognizes colonialization as the perpetuator of sexual abuse in native communities. 5150 Holds - transportation for these folks is not available due to county staff. More detox capacity on the coast & support for local detox facility. Cultural liaison to accompany youth to treatment

There are not a lot of mental health services available in eastern Humboldt. We need hotline numbers, more clinicians, more services with this new grant money. We need these services to coordinate with Indian Health Services, so these are covered for youth.

Designate budget services to east district to support the health and wellness of the Klamath Trinity Community. or designate a certain number of hours to Klamath-trinity area to help generate services connection with community. Consider holding community tribal MTG in Hoopa to address DHHS Services provided + those that could be augmented by MHSA in community (Hoopa, Orleans, Pecwan, Willow Creek Etc. Need Youth facility for 5150 holds +follow up support. Integration of Suicide & Violence Prevention in KTHSD Schools and or Collaboration with KTHSD Wellness Center

Expanding access to mental health services is critical. I have a child with moderate mental illness and am blessed that we are well enough off to pay out of pocket for services for my child, because there are no providers available in county who are accepting new patients with our insurance. Most families can't afford this.

Hope Center Expansion of services.
Increase Homelessness Prevention Programs
Increase Hope Center training opportunities for staff and peers.

Loss of habitat! Main concern for humans. Loss of family structure & love! meaningful Employment/living wage! See Home of the Homeless/Song

Thank you for working to improve access to mental health services in our community - Much needed!

I see more and more college students with serious mental health issues. There are limited resources for them. While they may receive some support from the university, it would be important for the county to acknowledge the needs and support college students.

This community has tremendous need for mental health services for adults and especially for children and adolescents. Making sure schools have mental health professionals on campus is a step in the right direction.