



**Humboldt County  
Department of Health and Human Services  
Mental Health Branch**

**Mental Health Services Act  
Fiscal Year 2012/2013 Annual Update**

June 2012



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# COUNTY CERTIFICATION

## Exhibit A

County: Humboldt

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2012/13 annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate.

A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan and updates be approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2012/13 annual update/update are true and correct.

Asha George, Ph.D.  
Mental Health Director/Designee (PRINT)

[Signature] 9/6/12  
Signature Date

County: Humboldt

Date: 9-6-12



## Community Planning and Local Review Process

Mental Health Services Act programs are progressing as described in the approved Plan. To ensure the most effective use of resources, avoid duplication of effort, and maximize the leveraging of ongoing efforts and community strengths, Mental Health Services Act programming is developed and delivered with careful consideration of the common goals of other Humboldt County Department of Health and Human Services initiatives and using the transformation strategies and vision that have guided planning and service delivery in Humboldt County for more than a decade.

It is helpful to the understanding of Community Services and Supports programs to be aware of some of the background of Humboldt County Department of Health and Human Services. Humboldt County Department of Health and Human Services is a consolidated and integrated Health and Human Services Agency under the State's Integrated Services Initiative (AB 315 Berg) and includes the branches of Mental Health, Public Health and Social Services. Since its consolidation in 1999, Humboldt County Department of Health and Human Services has been engaged in true system transformation and redesign through numerous key strategies, including but not limited to:

- Establishing consolidated administrative support infrastructure(s);
- Establishing consolidated program support infrastructures(s);
- Developing governmental "rapid cycle" change management processes;
- Importing or developing evidence based practices and other outcome based approaches to services;
- Developing integrated, co-located and decentralized services concurrently;
- Establishing client and cultural inclusion structures/processes that will advise the Department in terms of policy and programming;
- Focusing on quality improvement and systems accountability in terms of outcomes linked to improved individual and family recovery and self sufficiency, as well as improved community health;
- Using a "3 x 5" approach to program design which spans:

### Three Service Strategies

Universal  
Selective  
Indicated

### Five Target Populations

Children, Youth and Families  
Transition Age Youth  
Adults  
Older Adults  
Community

- Working with State Health and Human Services Agency to reduce or eliminate barriers that impede effective service delivery at the County level.

It is through AB315 and these transformational strategies that the Humboldt County Department of Health and Human Services has planned and implemented its Mental Health Services Act programming. Humboldt County's approved Community Services and Supports Plans, Workforce Education and Training Work Plans, Capital Facilities and Information Technology Needs Plan, Prevention and Early Intervention Plan, and Innovation Plan were developed and are being implemented with cross-departmental integration aimed at the delivery of holistic and transformational programs.

Methods for obtaining stakeholder input occur in a diversity of ways that include but are not limited to:

Humboldt County Department of Health & Human Services sponsored MHSA education and planning meetings. These are widely advertised meetings inviting people to gather to discuss Mental Health Services Act.

Humboldt County Department of Health & Human Services participation in community meetings where Mental Health Services Act education and planning are discussed. These are meetings already occurring in the community where a county staff person attends and requests that Mental Health Services Act planning be on the agenda for a specific meeting to focus on MHSA education and input. These are often meetings sponsored by local community-based organizations and associations that represent and/or serve diverse stakeholders. This dramatically increases the number and diversity of individuals providing input.

To conduct planning where communities are already gathered is an important method of obtaining stakeholder input. It ensures the inclusion of the diversity of stakeholders that represent the demographics of the Humboldt County population.

Input sent to the Mental Health Services Act email address, left on the Mental Health Services Act voice mail, left in a Mental Health Services Act comment box, written on comment forms at stakeholder meetings. This ensures stakeholder's anonymity and input methods that stakeholders are most comfortable with at a time that is most convenient.

The Fiscal Year 2012/2013 Annual Update planning process was built upon knowledge gained from ongoing input activities and Local Review processes including but not limited to:

- MHSA Innovation Plan
- Humboldt County Transition Age Youth Collaboration Recommendations
- MHSA Capital Facilities and Information Technology Needs Planning Process
- Superior Region WET Partnership
- MHSA Workforce Education and Training Planning Process
- MHSA Fiscal Year 2011/2012 Update
- MHSA Fiscal Year 2010/2011 Update
- MHSA Fiscal Year 2009/2010 Update
- Prevention and Early Intervention Planning Process
- Community Services and Supports Fiscal Year 2008/2009 Update
- Community Services and Supports Expansion Plan
- Community Services and Supports One-Time Augmentation Plan
- Community Services and Supports FY05/06 Remaining Funds Plan
- 2007 Community Services and Supports Progress Report
- 2006 Community Services and Supports Progress Report
- Community Services and Supports implementation activities
- The initial Community Services and Supports planning process

Stakeholder entities involved in the Community Planning Process included, but were not limited to:

- Humboldt County Transition Age Youth Collaboration
- Humboldt County Department of Health and Human Services - Family/Community Resource Center
- Transition Age Youth, first onset of mental illness
- Juvenile Justice Commission
- Humboldt County Department of Health and Human Services - Human Services Cabinet
- Domestic Violence Coordinating Council, Eureka
- Domestic Violence Coordinating Council, Redway
- The NET (Community Network)
- NAMI (National Alliance on Mental Illness)
- Fetal Infant Mortality Review/Child Death Review Team
- CAST (Child Abuse Services Team)
- Hope Center community committee
- Hope Center MHSA input committee
- Paso a Paso
- AIDS Task Force
- In-Home Support Services Public Authority Advisory Board

- DHHS organizational providers
- Positive Indian Families Network
- Willow Creek regional MHSA
- Redway regional MHSA
- McKinleyville regional MHSA
- Alcohol Tobacco and Other Drug Prevention Committee
- Mental Health Board
- Mental Health Branch all-staff
- Mental Health Branch Director's Brown Bag lunches
- Prevention and Early Intervention Stigma and Discrimination Reduction implementation team
- Alcohol and Drug Advisory Board

Participants reflect the diversity of Humboldt County including individuals with client and family member experience, current and former foster youth, transition age youth, DHHS administration, providers with program and line staff experience, community-based and organizational providers of local public health, behavioral health, social services, vocational rehabilitation services, and agencies that serve and/or represent unserved, underserved, Native American, and rural communities.

No programs have been consolidated or eliminated in Fiscal Year 2010/2011.

There was a 30-day Public Comment period from June 26<sup>th</sup> through July 26<sup>th</sup>, 2012

There was a Public Hearing on July 27<sup>th</sup>, 2012 from Noon to 12:30 pm at the Humboldt County Department of Health and Human Services Rainbow Room located at 720 Wood Street, Eureka, Ca 95501

A copy of the Mental Health Board Public Hearing Agenda and attendance sheet is included in the submission of this Update (Attachment A).

Copies of the MHSA Fiscal Year 2012/2013 Annual Update were made available to all stakeholders through the following methods:

- Electronic format: the Humboldt County Department of Health and Human Services, Mental Health Branch, Mental Health Services Act website: <http://co.humboldt.ca.us/hhs/mh/mhsa.asp>
- Print format: Humboldt County Department of Health and Human Services (DHHS) Professional Building, 507 F Street, Eureka Ca, 95501; DHHS Mental Health Branch, 720 Wood Street, Eureka Ca, 95501; DHHS Children Youth and Family Services 1711 3rd Street Eureka Ca, 95501; and The Hope Center 2933 H Street Eureka Ca, 95501.

- An informational flyer was sent to stakeholders regarding the Update's availability, including where to obtain it, where to make comments, and where/when the public hearing would be held (Attachment B).
- Informational flyers were mailed to over 30 locations around the county, including public libraries, health care clinics, tribes, and senior centers (Attachment C).
- Informational flyers were e-mailed to recipients on more than 10 local e-mail distribution lists including family/community resource centers, organizational providers, and Latino Net (Attachment D).
- Updates were e-mailed or mailed to all persons who requested a copy.
- Notifications were placed on the DHHS website with the Update's availability, including where to obtain it, where to make comments, and where/when the public hearing will be held (Attachment E).
- Local Radio station interviewed MHSA staff regarding the Update's availability, including where to obtain it, where to make comments, and where/when the public hearing will be held (Attachment F).
- The Mental Health Branch Director and the Mental Health Services Act Coordinator announced to Department of Health and Human Services staff, community-based organizations and partner agencies in various meetings the Update's availability including where to obtain it, where to make comments, and where/when the public hearing would be held.
- During the public review period, comments from stakeholders were received in a variety of ways, including e-mail, public input meetings, comment boxes, phone calls, and at the public hearing. Comments received were outside the scope of the Mental Health Services Act Fiscal Year 2012/2013 Annual Update and not substantive to this Plan. However, they are relevant and important to services provided in the community. All comments were carefully documented and will be used to inform planning and implementation of programs and activities throughout the Humboldt County Department of Health and Human Services.



# Mental Health News

## Mental Health Branch Report

### CA MHSA Oversight Committee Chooses to Visit Humboldt County DHHS

by Karolyn Rim Stein, Branch Director

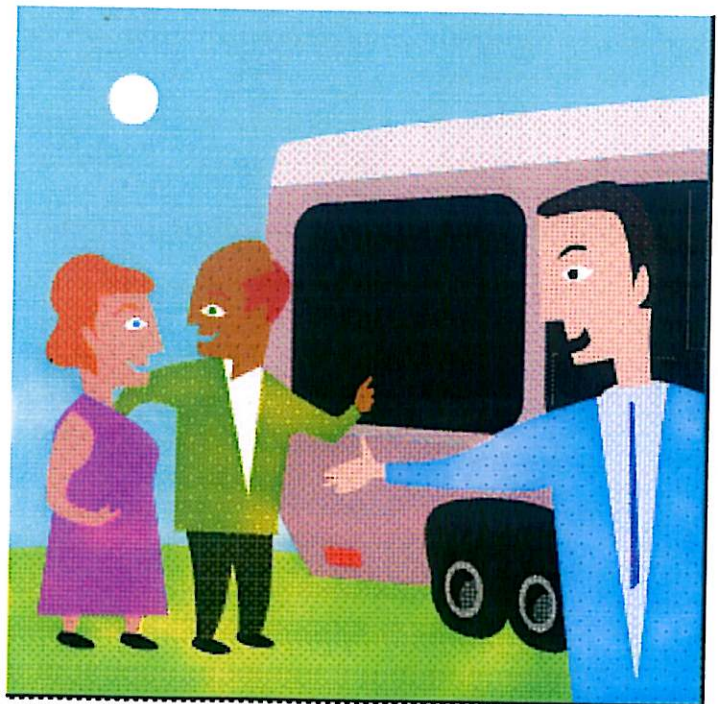


The California Mental Health Services Act (MHSA) Oversight and Accountability Commission (OAC), Client and Family Leadership Committee (C&FLC), held a Community Forum in Eureka on Thursday, July 8, 2010. Dozens of community stakeholders attended, prompting the Committee to marvel that we were the smallest county visited, yet the best attended! Many clients, families, staff and community partners participated by sharing input about Humboldt's programs and efforts to promote and encompass the values of MHSA.

Comments by members of the Humboldt County Transition Age Youth Collaboration (HCTAYC), Hope Center, the Prevention and Early Intervention implementation team, the Mental Health Board, the National Alliance on Mental Illness, local law enforcement Crisis Intervention Team partners, and many clients, families and staff addressed our DHHS-integrated efforts which parallel the MHSA values: to improve access, including the use of the mobile engagement vehicles; enhance recovery-based and culturally competent services; meet client needs at the lowest optimal level and as close to home as possible; provide comprehensive community-based treatment designed to prevent the need for intensive and restrictive services and placements; focus on prevention and early intervention, including our efforts to improve outcomes for foster youth and TAY; utilize evidence-based and/or emerging best practices in program design and implementation; gain greater proficiency to measure the resultant outcomes and effectiveness of these initiatives, to ensure the maximum effective utilization of our valuable and limited staff and fiscal resources .

MHSA was not designed to be a series of boutique programs geared to meet needs identified by specific or targeted groups. It was designed to be a series of opportunities to transform our systems by infusing them with these values. We are most appreciative that the OAC C&FLC provided the opportunity to invite our stakeholders to share their observations and insights about the impact of the integrated DHHS programs and philosophical shifts which have been developing over the last five years.

Thank you to so many who have supported our vision and growth, as well as to those who have participated in the recent presentations. We look forward to continuing our journeys together.





## Rural Outreach Services Enterprise (ROSE)

Rural Outreach Services Enterprise (ROSE) serves all age groups throughout the county including rural, remote, and outlying geographic areas. The MHA CSS component of this integrated program serves individuals with severe mental illness or serious emotional disturbance including people who are homeless and at-risk of homelessness. ROSE provides mobile access to culturally appropriate services with efforts focused on reducing cultural and ethnic barriers to access that tend to exist in more traditional mental health settings. ROSE links with and provides support to existing community organizations such as Family and Community Resource Centers, community clinics, and Tribal Organizations in order to reach the unserved and underserved populations in those areas of the county. Humboldt County covers over 3,573 square miles and has pockets of population in many rural, remote, and outlying areas where there is little or no public transportation available. A unique solution to this issue is to take the services to the clients. ROSE is an integrated response with Social Services, Mental Health and Public Health Branches as an outreach program for individuals with a variety of physical, behavioral, and social needs as well as prevention and education activities, thereby reducing the stigma associated with accessing behavioral health services. Services and supports meet locally identified needs with the focus to improve access and includes: integrated outreach and prevention, clinical services including some medication support services, case management, information and referral, peer education and support, and system navigation. ROSE includes outreach, peer education and support, and system navigation provided by peer client and peer family member staff.

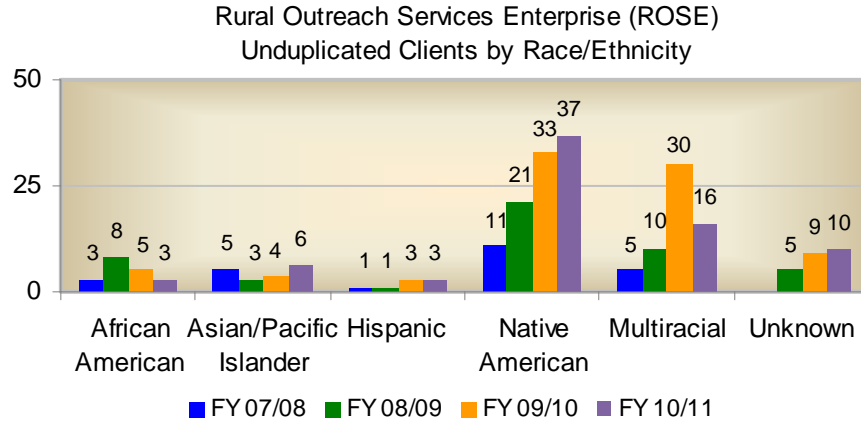
In Fiscal Year 2010/2011, 235 unduplicated individuals were served by ROSE. English was the primary language for 98% of those served.

<b>Age Group</b>	<b>#</b>	<b>%</b>
Child and Youth	17	7%
TAY	44	19%
Adults	163	69%
Older Adults	11	5%
Total	235	100%

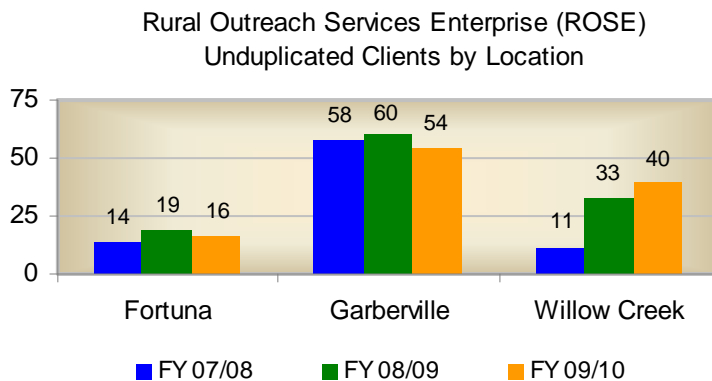
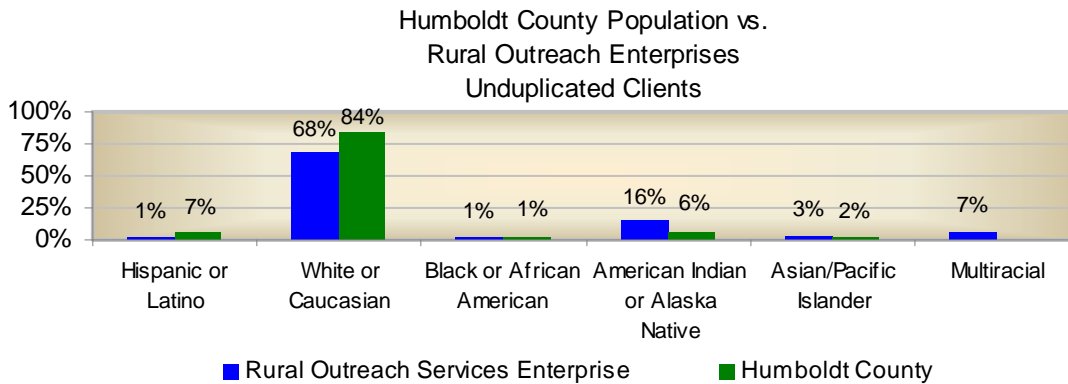
<b>Race and Ethnicity</b>	<b>#</b>	<b>%</b>
White	160	68%
African American	3	1%
Asian/Pacific Islander	6	3%
Native American	37	16%
Hispanic	3	1%
Multiracial	16	7%
Unknown	10	4%

In Fiscal Year 2010/2011 Rural Outreach Services Enterprise contributed to the increase of services to previously unserved and underserved populations throughout the County. By bringing services to outlying communities, ROSE addresses the barriers of transportation and the stigma of clinic based services.

Mental health services for Native American clients have increased from 11 unduplicated clients in Fiscal Year 2007/2008 to 37 in Fiscal Year 2010/2011.



Rural Outreach Services Enterprise is progressing in its efforts to reduce ethnic and racial disparities. As the graph below illustrates, 28% of mental health clients served by Rural Outreach Services Enterprises, report a race/ethnicity other than white as compared to the Humboldt County Population that reports 16%.



11 unduplicated mental health clients residing in Willow Creek were served in Fiscal Year 2007/2008 which increased to 42 in Fiscal Year 2010/2011.

## Mobile Outreach Brings Services to All Corners of Humboldt County



I want to provide an update this month of the continued planning and development of our department's mobile engagement services.

It is the mission of the Humboldt County Department of Health and Human Services to provide all residents of the county access to the array of mental health, public health and social services programs that it administers.

Working in conjunction with schools, Family Resource Centers and tribal entities, an innovative DHHS outreach program is now taking those services to outlying communities throughout Humboldt County.

Community partners provide contacts and a place to park the department's 38-foot, converted recreational vehicle that is used by the outreach program. The RV is equipped as a mobile office with computers, internet access, a printer and fax machine. Inside, eligibility workers can provide assistance with applications for social services, while clients meet privately with a counselor or clinician.

When the outreach vehicle arrives in a community, residents can meet with an eligibility worker who assists with applications for Medi-Cal and CalFresh (formerly Food Stamps) or answers questions they might have about an ongoing social services program, such as CalWORKs. On board the vehicle, a clinician can complete a mental health assessment and help families and individuals with those challenges receive appropriate supports and services.

The Mobile Engagement Program works in conjunction with many of the Family Resource Centers. Currently there are regularly scheduled visits to the following locations: Orick, Hoopa, Willow Creek, Weitchpec, Orleans, Fortuna, Loleta, Bridgeville, Redway, Blue Lake, Manila, Pine Hill and South Bay in Eureka, McKinleyville and very soon Rio Dell.

Questions about the outreach program and the services it offers can be directed to the program coordinator at (707) 441-4650 or (707)441-4629.

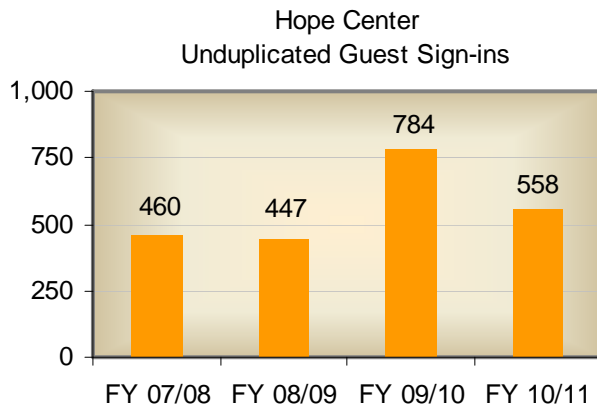


Mobile Engagement Vehicle at Weitchpec. August, 2010

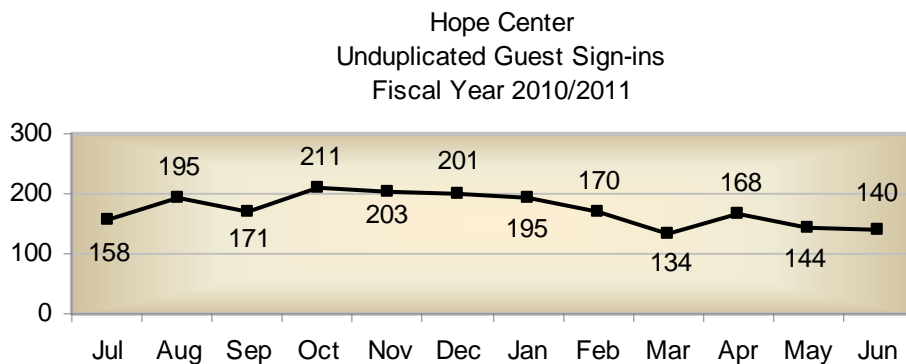


# The Hope Center

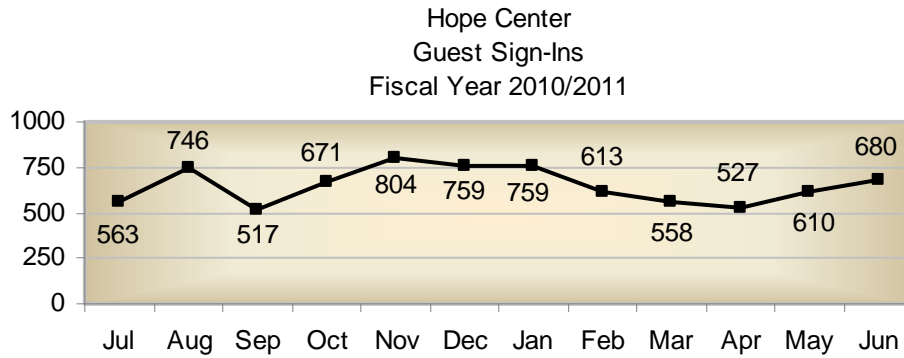
The Hope Center serves unserved and underserved populations including transition age youth, adults and older adults who have a severe mental illness and their family members. The Hope Center provides a safe, welcoming environment based on recovery self-help principles and the resources necessary for people with a mental health diagnosis and their families to be empowered in their efforts to be self sufficient. The Hope Center is client/family member run with a Center Facilitator, an Activity Therapist, two full time and one part time Peer Support Specialists. Staff support, supervision and consultation is provided by a Clinical Psychologist. The Center provides recovery services including peer-to-peer education and support, system navigation, and linkage to services. Outreach efforts are made by Hope Center peer staff and volunteers to underserved people with a mental health diagnosis.



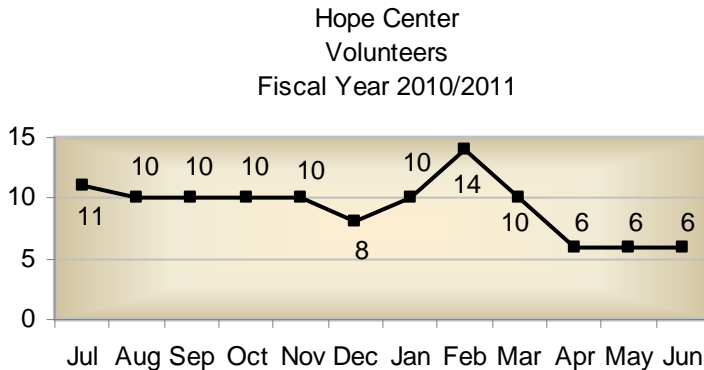
The Hope Center provides peer-to-peer services to previously unserved and underserved populations. As the chart below indicates, there was a 21% increase in participation at the Hope Center from Fiscal Year 2007/2008 to Fiscal Year 2010/2011. The Hope Center is currently in the planning stages for capturing participant demographic information including race/ethnicity.



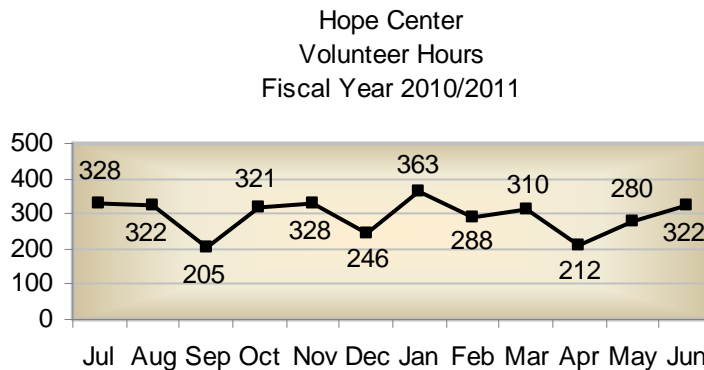
“Guests” include Department of Health and Human Services staff, volunteers, community members, visitors at special events, and people who participate in Hope Center activities such as Wellness Recovery Action Plans (WRAP) or Peer Advocacy. “Unduplicated Guest Sign-ins” is the number of unduplicated individual people who sign in as a guest at the Hope Center each month.



“Unduplicated Guest Sign-ins” is the number of unduplicated individual people who sign in as a guest at the Hope Center each month. “Guest Sign-ins” is the number of times people sign-in as a guest at the Hope Center each month. For example if a person visits the Hope Center nine times in a single month he or she will be counted once in the “Unduplicated Guest Sign-ins” and nine times in the “Guest Sign-ins”.



Hope Center volunteer staff perform duties such as: providing one-on-one peer support with participants, running the front desk, conducting and supervising daily chores, facilitating groups, data entry, representing the Hope Center as members on committees such as the MHSa Prevention and Early Intervention Implementation Team and the MHSa Humboldt County Transition Age Youth Collaboration.



Hope Center volunteer staff complete volunteer training, which includes the Health Insurance Portability and Accountability Act (HIPAA) training and a law enforcement background check (Live Scan). Both are required by the Department of Health and Human Services for all direct service care providers.

The number of volunteer hours at the Hope Center fluctuates over time usually due to special events sponsored by or occurring at the Hope Center such trainings, an art show, open house, picnic, or bake sale.

## Outpatient Medications Expansion Telemedicine

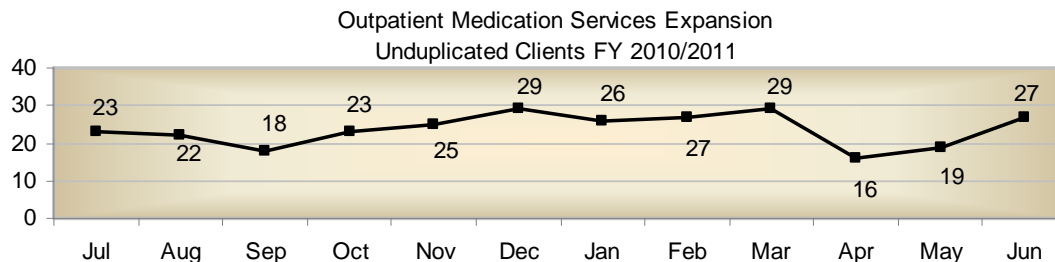
Outpatient Medication Services Expansion - Telemedicine serves unserved and underserved populations residing in rural areas of the county including children, transition age youth, adults and older adults who have a severe mental illness or serious emotional disturbance. Outpatient Medication Services Expansion provides medication support utilizing video conferencing equipment. It allows clients to receive services at locations that are closer to where they reside eliminating burdensome travel that often was a barrier in receiving services.

In Fiscal Year 2010/2011, 91 unduplicated individuals were served by Telemedicine. English was the primary language for 91% of those served.

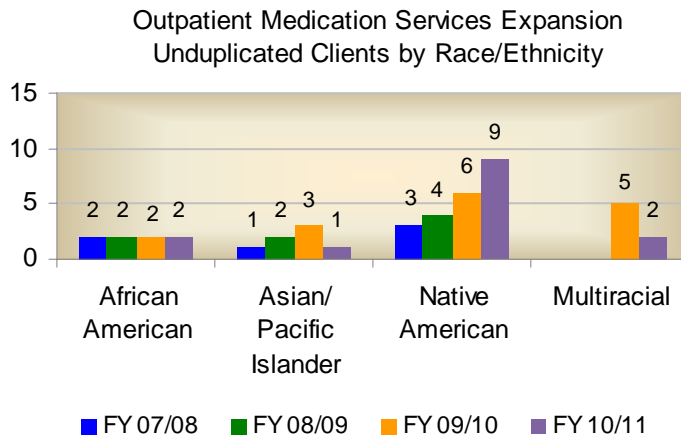
Age Group	#	%
Child and Youth	0	0%
TAY	17	19%
Adults	69	76%
Older Adults	5	5%
Total	91	100%

Race and Ethnicity	#	%
White	75	82%
African American	2	2%
Asian/Pacific Islander	1	1%
Native American	9	11%
Hispanic	0	
Multiracial	2	2%
Unknown	0	
Other	2	2%

In April 2011 telemedicine services expanded to the eastern part of the County. In addition to the Garberville services, nine unduplicated clients were served in Willow Creek in Fiscal Year 2010/2011 and clinic hours increased from four to six hours a month. In Fiscal Year 2010-2011 there was a total 91 unduplicated individuals served with an average of 24 unduplicated individuals each month.



In Fiscal Year 2010/2011 Outpatient Medication Services Expansion contributed to the increase of services to previously unserved and underserved racial/ethnic and geographically isolated populations in a rural region of the County. By bringing telemedicine services, this expansion addresses the barriers of transportation and the stigma of clinic based services.



Services for people who identify as Native Americans have increased from 3 unduplicated clients in Fiscal Year 2007/2008 to 9 in Fiscal Year 2010/2011.

This expansion is progressing in its efforts to reduce racial/ethnic disparities. There is a 133% increase from Fiscal Year 2007/2008 to Fiscal Year 2010/2011 in clients served that report a race/ethnicity other than white.

## Program Highlight

### Telemedicine Services to Southern Humboldt

by Amy Larum, Director of Nursing

DHHS's Mental Health Branch is celebrating 3 years of psychiatric telemedicine services to Southern Humboldt County residents. The weather and terrain of our county, coupled with a poor transit system, used to cause many people living at the outer edges of Humboldt County financial and weather periling hardships while traveling to our Eureka office. Providing telemedicine in the outlying, already operational DHHS integrated Garberville clinic has provided greater access to mental health services, as well as reduced the cost and inconvenience to our clients who were traveling an hour or more to reach our centralized Eureka mental health clinics.

When we started the telemedicine program, the clients were asked if they would be willing to participate in the change during their doctor visits in the Garberville clinic. Many expressed concern that they would miss the face-to-face appointment with the doctor, but agreed to participate. They were told that the nurse would be there to provide nursing assessments for each visit, as well as try to make them feel comfortable with the telemedicine equipment. The clients see the Nurse Practitioner via a television monitor and they communicate in real time.

Community stakeholders and DHHS staff recognized a shortage of both psychiatrists and psychiatric nurses to serve the many people of our county who sought services from a remote area. Telemedicine has reduced travel time for our Nurse Practitioner, Wendy Brandon, RN, NP, and has provided more nursing care for our clients. Other goals of telemedicine were to provide a nurse in the Southern Humboldt clinic to physically assess the patient, provide Abnormal Involuntary Movement Scale testing, medication management, referrals and a consistent human connection. This has been working very smoothly and the patients enjoy the personalized nursing relationship offered by Marcile Raney, RN, who has been a consistent presence in the clinic.

Having our psychiatric telemedicine clinic located in a DHHS site has also afforded our clients access to preventive health education and other programs to meet their needs in a more holistic manner. One measurable aspect of our change in service has been an increase in the number of clients' appointments. We are now serving 51 unduplicated clients, and last fiscal year a total of 245 services were provided. The clinic is available two days per week. We have also reduced the travel time for those clients who are prescribed long acting injectable medication on a monthly basis, since our nurse now administers the injections in Southern Humboldt. Finally, we are identifying a reduction in admissions to our acute hospital from that area of the county.

We are very pleased to have had the ability to provide medication support services to Southern Humboldt residents by combining telemedicine and face to face services. The clients enjoy the same personalized attention from the nurse and Nurse Practitioner as if they were in Eureka. All of the clients are thankful to be able to have services close to home. We are planning to extend these services through shared DHHS offices in Willow Creek in the near future. We will update you as this project develops.





## Alternative Response Team (ART)

The Alternative Response Team serves children at-risk of Child Welfare Services (CWS) intervention and their families. The Mental Health Services Act component of this integrated program serves children with serious emotional disturbance and their families. The Alternative Response Team Expansion is a collaboration of state initiatives including Mental Health Services Act and a Child Welfare Improvement Activity. Initiated in 1996, the Alternative Response Team is a collaboration between Child Welfare Services and Public Health to engage families by strengthening and preserving their capacity to protect and nurture their children. The team provides prevention services in the home for at-risk families with children aged 0-8 years of age that were referred to Child Welfare Services but did not meet the criteria for intervention. In September 2006, through Mental Health Services Act funding, a full time Mental Health Clinician position was added to the interdisciplinary team resulting in a more integrated and holistic service experience to families. Using the evidence based practice, Parent Child Interaction Therapy (PCIT), mental health staff provides screening and assessment services, consultation, parent education, and wellness/recovery/resiliency focused clinical services.

The voluntary Alternative Response Team services are offered to a family when a child abuse or neglect allegation does not meet statutory definitions for a Child Welfare Services in person response, yet there are indications that the family is experiencing problems that could be addressed by appropriate services.

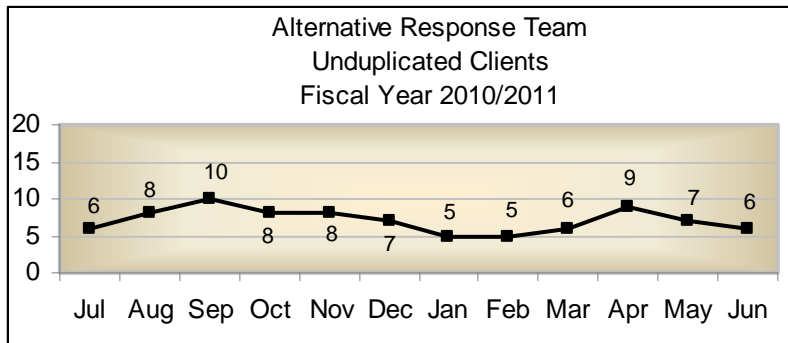
In Fiscal Year 2010/2011 the Alternative Response Team Expansion contributed to the increase of services to previously unserved and underserved populations throughout the County. The children and families that are served by the program's mental health clinician were referred through Child Welfare Services and the County's Differential Response initiative. Previous to this integrated referral and response initiative these families were unserved by mental health. By providing services that occur in the community, this program addresses the barriers of transportation and the stigma of clinic based services. The barrier of stigma is also addressed by the multidisciplinary and integrated approach of the program.

Alternative Response is built around three guiding principles: 1) Children are safer and families are stronger when communities work together. 2) The earlier family issues are identified and addressed, the better children and families do 3) Families can resolve issues more successfully when they voluntarily engage in services, supports, and solutions.

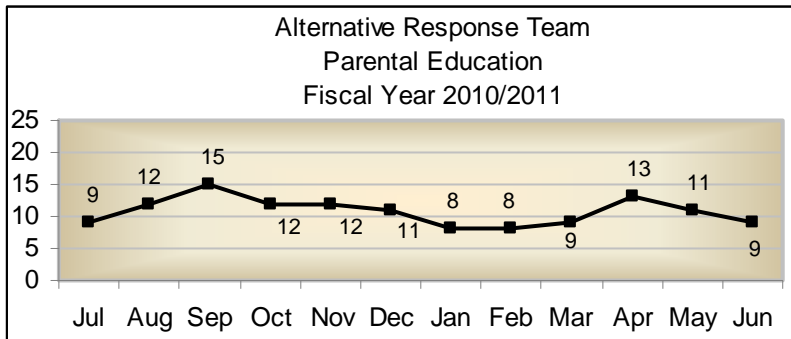
In Fiscal Year 2010/2011, 20 unduplicated individuals were served by ART. English was the primary language for all of those served.

Race and Ethnicity	#	%
White	10	50%
African American	1	5%
Asian/Pacific Islander	1	5%
Native American	3	15%
Hispanic	2	10%
Multiracial	2	10%
Unknown	0	0%
Other	1	5%

The Alternative Response Team serves previously unserved and underserved populations. In Fiscal Year 2010/2011 an average of 7 unduplicated clients received mental health services per month 50% of which reported a race/ethnicity other than white.



As a multidisciplinary and integrated team, the Alternative Response Team, Mental Health Clinician provided parental education to an average of 11 unduplicated families being served by the program per month for a total of 30 unduplicated individuals in Fiscal Year 2010/2011.



## Older Adults and Dependent Adults Expansion

Older Adults and Dependent Adults Program Expansion serves adults and older adults at-risk of higher level of care or higher level of supervision. The Mental Health Services Act component of this integrated program serves adults and older adults with severe mental illness. Older Adults and Dependent Adults Program Expansion provides in home services to disabled adults, at-risk adults and older adults. The enhanced adult services team expands an existing collaboration between Social Services, Adult Protective Services, In Home Support Services, Public Health Nursing, and a mental health clinician to provide assessment and treatment planning to older and dependent adults with a serious mental illness who are at risk of abuse or neglect or who are in need of support services to remain in their home. Two individuals were served by this program in Fiscal Year 2010/2011.

The Mental Health Services Act component of this program is an expansion and the mental health service needs are addressed for clients that have involvement with Adult Protective Services, the inpatient unit, as well as with law enforcement and local hospitals. We continue to recruit staff for this program so that further expansion can be planned.



## Crisis Intervention Services (CIS)

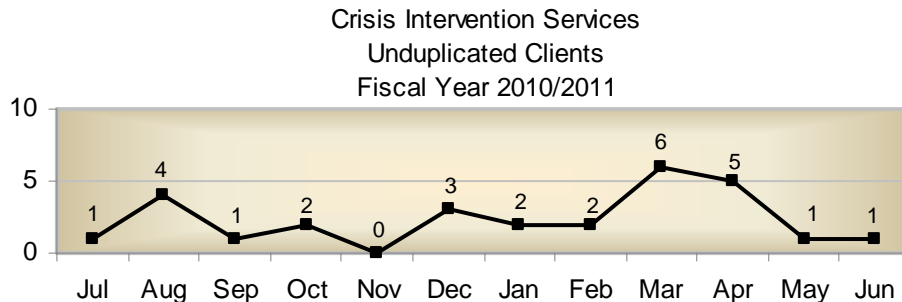
Crisis Intervention Services serves transition age youth, adults and older adults experiencing crises and at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental illness who may be homeless, including those with co-occurring disorders. Crisis Intervention Services staff responds to intervene and prevent hospitalizations and incarcerations. CIS provides crisis support during critical incidents or potential critical incidents involving persons who may have a mental illness or co-occurring disorder. Mental health staff responds to assess, engage, and refer clients to appropriate services and supports; and to develop more direct outreach, engagement, and access strategies.

In Fiscal Year 2010/2011, 28 unduplicated individuals were served by Crisis Intervention Services. English was the primary language for 82% of those served.

<b>Age Group</b>	<b>#</b>	<b>%</b>
Child and Youth	0	0%
TAY	6	21%
Adults	17	61%
Older Adults	5	18%
<b>Total</b>	<b>28</b>	<b>100%</b>

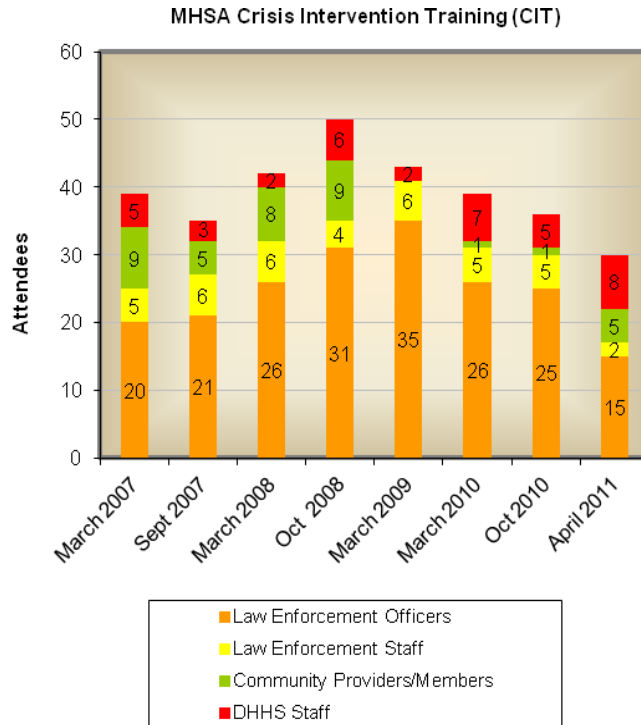
<b>Race and Ethnicity</b>	<b>#</b>	<b>%</b>
White	21	75%
African American	0	0%
Asian/Pacific Islander	0	0%
Native American	0	0%
Hispanic	1	3.5%
Multiracial	1	3.5%
Unknown	0	0%
Other	5	18%

Crisis Intervention Services provided crisis and critical incident services to an average of three mental health clients per month in Fiscal Year 2010/2011.



Crisis Intervention Training is a national model where partnerships between law enforcement, mental health systems, clients and their family members can help in efforts to assist people who are experiencing a mental health crisis.

Mental Health Branch Staff trained in the Crisis Intervention Team model have sponsored and provided local training. To date, eight sessions of the four day training have trained 201 law enforcement officers and staff, 42 community providers/members, and 38 Department of Health and Human Services staff.



Source: CIT Staff (February 2012)

# Mental Health News

## Crisis Intervention Training by Jet DeKruise, MFT, Sr. Program Manger

We are preparing to offer our semi-annual Crisis Intervention Training (CIT). CIT is a national model of teaching partnerships among law enforcement, mental health systems, clients and their family members to assist people who are experiencing a mental health crisis.

To date, seven sessions of the four-day training have educated 184 law enforcement officers and dispatch staff from every Humboldt county law enforcement agency, 37 community providers/members, and 30 Department of Health and Human Services staff.

This is a 32-hour training over four days. The training is facilitated by Officer Pam Wilcox of the Eureka Police Department and Jet DeKruise MFT, Sr. Program Manager for 24-Hour Services at the DHHS Mental Health Branch. It is co-sponsored with the National Alliance for the Mentally Ill (NAMI), and is supported with Mental Health Services Act funding.

Many local providers are able to use this training to inform and educate local law enforcement about the services which are available in our community. Judge John Feeny does a presentation on the first day regarding legal holds for mental health treatment. We also take everyone on a tour of mental health facilities including Sempervirens, Psychiatric Emergency Services, the local Crestwood and the Double R board and care facilities.

The second day is facilitated by Officer Joel Fay, from the San Rafael Police Department. Officer Fay is also a licensed Psychologist. His co-facilitator is Deputy Sherriff Joshua Todt, Marin County Sherriff's Office. These two provide a full day of training focused on law enforcement including sections on officer safety, suicide by cop, writing complete 5150 holds, peace officer rights and managing stress as an officer.

Some of the presentations offered are: mental illness overview, suicide prevention, coordination of care with local emergency rooms, serving the developmentally disabled, providing mental health services for those in the jail, veteran's services, older adults, Transportation Assistance Program, accessing Sempervirens, the Regional Facility and Juvenile Hall, co-occurring disorders — mental illness and substance abuse, and Adult Protective Services. We have two panels with consumers and family members dealing with mental illness, and a discussion on recovery and wellness wraps up the training. We are always revising the schedule of presentations and attempting to tailor it to the needs of our community.

The best part about the Crisis Intervention Training is that it works! Our relationship with law enforcement is constantly improving. Here at the Mental Health Branch Crisis Services we work hand in hand with local law enforcement. This is good for our clients and good for our community.





## Integrated Services and Supports

Integrated Services and Supports serves unserved and underserved children, transition age youth, adults, and older adults who have serious mental illness and/or serious emotional disturbance. It is a further integration and expansion of a newly developed division at the Department of Health and Human Services. In Fiscal Year 2010/2011, 6,005 individuals were served. To facilitate progress toward Mental Health Services Act goals, Integrated Services and Supports includes the following infrastructure enhancements:

- The Office of Client & Cultural Diversity provides cross-branch leadership to the Department in the areas of policy and program development related to culturally competent client and family driven services and the reduction of racial, ethnic, and geographic disparities.
- The Research and Evaluation unit includes a full spectrum of evaluation services from data management, data verification, statistical analysis and interpretation, to written progress reports; increasing the Department's capacity for outcomes based program planning and improvement. These data offer a measure of how a program or service, overtime, affects the community.
- The Training, Education and Supervision unit continues to build system capacity to develop, coordinate, and integrate resources to provide education and training opportunities to staff, clients, parents, families, community partners, and providers.
- Clients are indirectly served by these structures. Benefits to clients include: Service provision by staff who have received core, ongoing, and continuing training and evidence based practice training. Use of evaluative services to guide service delivery and evidence based practice targeted toward the identified target populations. Increased access to culturally appropriate services and reduced barriers to services.



## Full Service Partnership

Full Service Partnerships serve transition age youth, adults and older adults with severe and persistent mental illness. This program provides intensive community services and supports (e.g.: housing, medical, educational, social, vocational, rehabilitative, or other needed community services) as defined by the partner to achieve recovery. Personal Services Coordinators (PSCs), including peer clients and peer family members, provide services to partners in the community. The mission of the program is to support people with severe mental illnesses live successfully in the community. Individualized services are provided to meet specific client needs. A team of providers collaborates to deliver integrated services of the recipients' choice, monitor progress towards goals, and adjust services over time to meet the recipient's changing needs. This program is Full Service Partnership based on the Assertive Community Treatment model with modifications for smaller rural communities. The program objectives are to work with individuals with severe mental illness to:

- Decrease mental health symptoms & prevent recurrent episodes
- Meet basic needs & enhance quality of life
- Improve functioning in social and employment settings
- Assist family members/care providers
- Provide support for people to stay in their communities

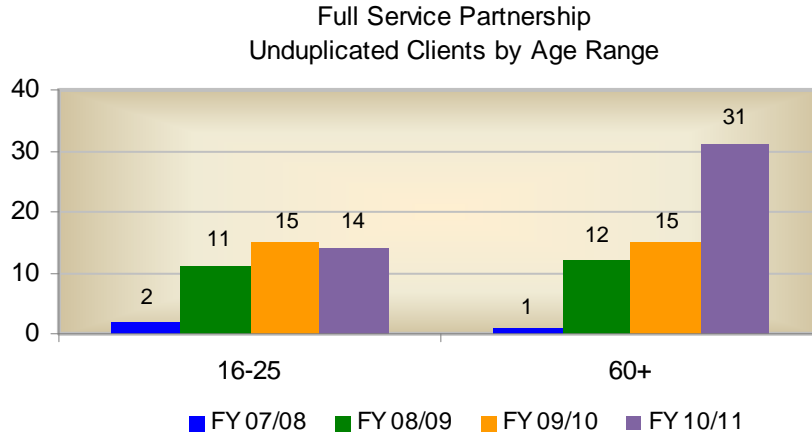
In Fiscal Year 2010/2011, 152 unduplicated individuals were served by the Full Service Partnership Program. English was the primary language for all of those served.

<b>Age Group</b>	<b>#</b>	<b>%</b>
Child and Youth	1	<1%
TAY	14	9%
Adults	106	70%
Older Adults	31	20%
<b>Total</b>	<b>152</b>	<b>100%</b>

<b>Race and Ethnicity</b>	<b>#</b>	<b>%</b>
White	129	85%
African American	6	4%
Asian/Pacific Islander	1	<1%
Native American	11	7%
Hispanic	5	3%
Multiracial	0	0%
Unknown	0	0%
Other	0	0%

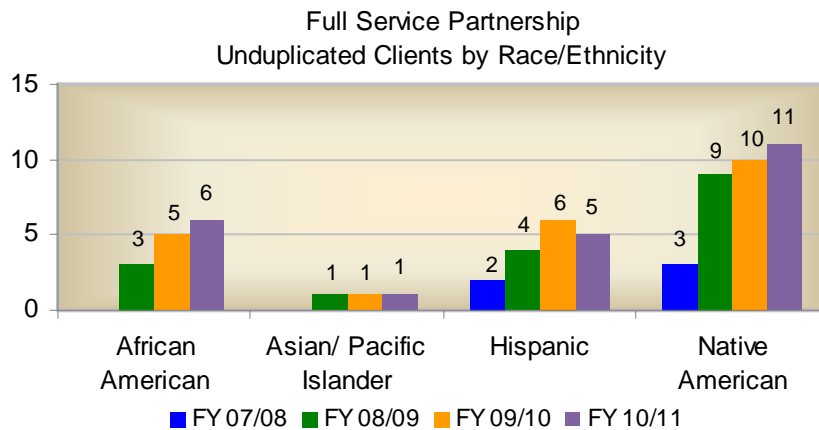
Full Service Partnerships are progressing in their efforts to reduce disparities and increase cultural competence for partners who are Transition Age Youth and Older Adults, previously unserved and underserved populations.

From Fiscal Year 2008/2009 to Fiscal Year 2010/2011 mental health services for Transition Age Youth and Older Adult clients have increased 27% and 158% respectively.



Full Service Partnerships serve previously unserved and underserved racial/ethnic populations.

Mental health services for Native American partners have increased from 3 unduplicated clients in Fiscal Year 2007/2008 to 11 in Fiscal Year 2010/2011.



## Workforce Education and Training

There are three workforce education and training initiatives: Support to peer volunteers and staff, Workforce development through e-learning technology, and Training for evidence-based practices and full service partnerships.

- Support to peer volunteers and staff is a program that has supported the coordination and development of activities throughout the Department that increase the participation of individuals with public mental health system lived experience into the mental health workforce and service delivery. Specifically people with experience as; clients and family members of clients, clients of CalWorks and HumWorks, and transition age youth with experience in foster care.
- Workforce development through e-learning technology is program that provides the Department of Health and Human Services workforce opportunities for training and education that will; promote principles of recovery, wellness, resiliency, cultural competency, client and family member driven and integrated service delivery, promote proficiency of evidence based practices, provide licensed staff continuing education units (CEUs) requirements to maintain their clinical license, and support volunteer peer client and peer family member staff advancement to full time employment.
- Training for evidence-based practices and full service partnerships. The Workforce Education and Training stakeholder process identified the need to further utilize evidence based practices that promote wellness and recovery for underserved and unserved clients and families. This program has provided the necessary training opportunities to ensure the proficiency of staff and the efficacy of programs.



## Mental Health News

### We Have Heard of e-Mail, but What is e-Learning?

by Karolyn Rim Stein, Branch Director



e-Learning is a wonderful opportunity for all DHHS staff and volunteers to participate in hundreds of training and educational offerings without ever leaving our desks!

One of the Mental Health Services Act initiatives that we have been able to actualize in Humboldt County is the one that is called, "Workforce Education and Training." Proposition 63, passed in 2004, afforded us a very special chance to promote the educational growth and on-going knowledge of our staff and volunteers. A contract for one program which we elected to purchase has just been approved by our Board of Supervisors, and it will touch everyone in DHHS. You may hear it referenced as "e-Learning," a "Learning Management System (LMS)" or "Trilogy."

Utilizing core and elected courses which will meet many County and regulatory requirements for staff education, as well as provide continuing education units (CEUs) for most licensing boards, access to the system will be made available from our worksite computers in the next couple of months. We will be able to assign trainings to staff; offer dozens and dozens of elective courses; track trainings acquired by the staff; produce reports by person/unit/program; and even issue CEU certificates for our personal files.

We will be able to browse an online catalog; set up our own personal page to track our courses, certificates and records; utilize a multimedia course player; include any traditional classroom trainings; access reporting tools; recall and reference courses; obtain transcripts and set bookmarks so courses may be undertaken in segments that fit into our busy work lives. In addition to providing licensed staff with CEU requirements to maintain their clinical license, we can support volunteer peer client and peer family member staff advancement to full time employment, as well as afford our administrative and support staff the opportunity to gain additional and advanced proficiency. This is truly a great gift to us all!

We will keep you posted on the development of DHHS e-Learning, and will be sending out catalogs and additional communication about our e-Learning web site in the near future.





# Mental Health News

## Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

by Karla Howe, LMFT, Supervising Mental Health Clinician

The May 2010 Trauma Focused Cognitive Behavioral Therapy (TF-CBT) training for DHHS MHB Children and Family Services clinicians proved hopeful and inspiring.

This evidence based practice is a hybrid treatment model that integrates:

*Trauma Sensitive Interventions*  
*Cognitive-Behavioral principals*  
*Attachment Theory*  
*Developmental Neurobiology*  
*Family Therapy*  
*Empowerment Therapy*  
*Humanistic Therapy*

While using five distinct phases of treatment known as PRACT:

*Psycho-Education and Parenting Skills*  
*Relaxation*  
*Affective Modulation*  
*Cognitive Processing*  
*Trauma Narrative*

The structured and sequential delivery of therapeutic interventions has proven to be safe and effective for children and youth who have suffered trauma. While it initially may appear like a “step-by-step” therapeutic manual, there is a lot of room to incorporate the clinician’s own unique therapeutic style.

Many, if not most of the children and youth who come through our system of care, will benefit from this approach. In addition, TF-CBT allows for a broader definition or concept of trauma so that treatment can be received for the effects of exposure to events like: physical illness, medical procedures, family loss, recurring loss, motor vehicle accidents, stigma and discrimination, and school-based trauma like bullying.

With TF-CBT, the practice developers say that the historical clinical paradigm is turned upside down. Promoting healthy adaptive relationships that are *external* to therapy is paramount. These relationships could be with family, friends, church members or school personnel. A map or plan for bridging from the therapeutic relationship to the client’s external relationships is created early in therapy because TF-CBT is brief, lasting anywhere from 6-12 weeks. An enduring and lengthy therapeutic alliance is not seen as a means to an end. TF-CBT promotes resiliency, coping skills, self safety, and re-defines or re-frames one’s unique place in the world. The training presenter, Laura Murray, PhD, frequently used the phrase “stably unstable.” This implies that although all problems and conflicts may not be resolved by the end of treatment, with clients frequently returning to less than desirable environments, children and youth can learn to *internalize stability* as a result of TF-CBT.



## Suicide Prevention

A total of 446 individuals participated in Prevention and Early Intervention Suicide Prevention activities in Fiscal Year 2010/2011 with 335 individuals (75%) providing demographic information.

<b>Age Group</b>	<b>#</b>	<b>%</b>
Child and Youth	13	4%
TAY	136	41%
Adults	158	47%
Older Adults	26	8%
Unknown	2	<1%
<b>Total</b>	<b>335</b>	<b>100%</b>

<b>Race and Ethnicity</b>	<b>#</b>	<b>%</b>
White	221	66%
African American	8	2%
Asian/Pacific Islander	9	3%
Native American	25	7%
Hispanic	21	6%
Multiracial	45	13%
Unknown	0	0%
Other	6	2%

<b>Primary Language</b>	<b>#</b>	<b>%</b>
English	322	96%
Spanish	4	1%
Other	5	2%
Unknown	4	1%

There are four central components of the Suicide Prevention Program

- Develop broad-based support for suicide prevention across the lifespan
- Suicide Prevention Trainings
- Community Outreach
- Social Marketing and Media

Develop broad-based support for suicide prevention across the lifespan  
 objective: Build ongoing relationships with community and other DHHS programs to identify and strengthen existing resources and build local capacity to reduce the incidents of suicide attempts and completions in Humboldt County.

Key Accomplishments:

- Presentation to the Mental Health Services Oversight and Accountability Commission - Client and Family Leadership Committee. Attended two Child Death Review Team (CDRT) meetings focused on the suicide of a youth.
- Staff supported the ongoing HCTAYC Leadership Series by attending and assisting with outreach.
- Promoted suicide prevention and early intervention information and activities through participation in multidisciplinary community and system partnerships.
- Staff participated in the DHHS Older Adult Suicide Prevention workgroup. Adapted QPR Suicide Prevention training to focus on older adults and implemented with Area 1 Agency on Aging HICAP providers

Suicide Prevention Trainings objective: By June 30, 2011, coordinate and provide at least 25 trainings throughout Humboldt.

Key Accomplishments:

- PEI staff provided 34 trainings during FY 2010-2011.
- Facilitated an ASIST Train the Trainers
- Conducted community based QPR trainings
- Coordinated with the Humboldt-Del Norte Consortium and the American Association of Suicidology to present two showings of a Grand Rounds webinar, "Recognizing and Responding to Suicide Risk in Primary Care". The webinar was shown at Mad River Community Hospital and St. Joseph Hospital.
- Hosted 2 webinars open to the community: Suicide Prevention in the Lesbian, Gay, Bisexual, Transgender Community and Well Aware Sources of Strength.

Community Outreach objective: Raise awareness that suicide is preventable and create an environment that supports suicide prevention and help-seeking behaviors.

Key Accomplishments:

- Outreach at community events such as KHUM Stop the Violence Start the Healing Breakfast, MHSAOAC Reducing Disparities Workshop, St. Joseph Health fair, Arts Alive during Domestic Violence Awareness and Sexual Assault Awareness months, the North Coast Veteran's Stand Down, LatinoNet's Festejando de Nuestra Salud, Suicide Prevention Week, Domestic Violence Awareness Month, Hoopa Health Fair, Child Abuse Prevention Month, May is Mental Health Month, Suicide Prevention Week, Thanksgiving celebration with Independent Living Skills and the Hope Center, Humboldt State University's "Confronting Bullying, Creating Community", Support after Suicide's Walking Towards Awareness Community Walk, Trevor Project, and North Coast Rape Crisis Team's

Southern Humboldt community film screening of “Straightlaced: How Gender’s Got Us All Tied Up”.

- Suicide Prevention Week campaign including Film screening of *More Than Sad: Teen Depression*, Brown Bag Lunch discussion, “Perinatal Mood Disorders”, Humboldt Pride Festival tabling, distributed Suicide Prevention Resource packets to schools countywide, Four radio interviews with guests from Support After Suicide and DHHS Public Health Branch staff and Veterans Administration, Board of Supervisors Proclamation, QPR for Spare Change and Vet Center, Bilingual media insert, a My Word article in Times Standard, and Sources of Strength Quilt Project.

Social Marketing and Media objective: Disseminate information and resources to increase awareness and knowledge about suicide prevention in the community.

#### Key Accomplishments:

- Local materials created including brochures, pocket cards, and resource lists that have been distributed at all PEI events.
- Printed newspaper inserts with suicide prevention messages were distributed in many local papers. Radio messages aired during Suicide Prevention Week Program activities were promoted on radio talk shows and interviews.
- Memory Quilt designed by people with lived experience.
- Formed Speakers Collective to develop and increase storytelling skills.
- Research and disseminate suicide prevention information and incorporate it in all aspects of programming including brochures, handouts, trainings and events.
- Included messages to reduce access to lethal means in all trainings, materials and community events.



## Stigma and Discrimination Reduction

A total of 572 individuals participated in Prevention and Early Intervention Stigma and Discrimination Reduction activities in Fiscal Year 2010/2011 with 409 individuals (72%) providing demographic information.

<b>Age Group</b>	<b>#</b>	<b>%</b>
Child and Youth	1	0%
TAY	118	29%
Adults	242	59%
Older Adults	47	12%
Unknown	1	0%
Total	49	100%

<b>Race and Ethnicity</b>	<b>#</b>	<b>%</b>
White	299	73%
African American	7	2%
Asian/Pacific Islander	4	1%
Native American	12	3%
Hispanic	25	6%
Multiracial	57	14%
Unknown	0	0%
Other	5	1%

<b>Primary Language</b>	<b>#</b>	<b>%</b>
English	402	98%
Spanish	5	1%
Other	0	0%
Unknown	2	0%

There are four central components of the Stigma and Discrimination Program

- Stigma Reduction Trainings
- Social Marketing and Media
- Community Outreach
- Collaboration

Stigma Reduction Trainings

Key Accomplishments:

- Development and maintenance of a speaker's bureau The *Seeds of Understanding Speakers Collective* is a community based group with support from PEI and Hope Center staff. The group developed its name as

well as a mission and vision statement. Participants includes individuals receiving mental/behavioral health services and their family members.

- 19 one-time-event educational opportunities were conducted to reduce stigma and discrimination as well as on-going educational opportunities through regular speakers bureau meetings and 2 weekly workshops at the Hope Center reaching over 500 people throughout Humboldt County. These events included:
  - *Making Positive Change Through Stories* workshops facilitated by Bruce Anderson. One was held in Eureka and one was held in Garberville.
  - *Understanding Recovery – A Peer Empowerment Training* facilitated Lisa St. George.
  - A two-day storytelling training facilitated by Marcus Mitchinson.
  - The four-part Eric Rofes Speaker Series titled *Confronting Bullying, Creating Community*.
  - Three Domestic Violence Trainings for CalWORKS staff.
  - The annual Child Abuse Prevention Roundtable on *Effective Interventions with Children Impacted by Child Abuse and/or Other Trauma*.
  - Question, Persuade, and Refer Suicide Prevention Gatekeeper training to volunteers at the Hope Center, the peer-run, drop-in center.
  - Question, Persuade, and Refer Suicide Prevention Gatekeeper training to Spare Change Youth Theatre Troupe, which included presentations of TAY Digital Stories by two youth.
  - MHB Distinguished Lecturer series and included a personal presentation by a local community member.
  - *Building Capacity to Work with Latin @ Communities Experiencing Family Violence*, two full day family violence prevention trainings facilitated by Casa de Esperanza. One of the trainings was open to the general community and the other training was done in Spanish for Spanish speaking service providers.
  - Presentation to staff of local drop-in center for homeless youth on the Stigma and Discrimination Reduction Program and positive youth development in conjunction with a presentation by a youth with a TAY Digital Story.
  - SAMHSA webinar, open to the community, on Housing, Homelessness, and Social Inclusion: Essential Elements of Healthy Communities.

## Social Marketing and Media

### Key Accomplishments:

- Both English and Spanish language posters from the 2010 Poster Contest winner were used in advertisements on local buses and as

social marketing products including posters, postcards, shirts, and book bags that have been distributed throughout the County.

- 17 entries from diverse community members were received in the second annual *Reframe Your Brain Poster Contest*, focused on themes of resiliency, recovery, and respect. The flyer advertising the contest was developed by youth at the MARZ Project and distributed in English and Spanish throughout the county.

## Community Outreach

### Key Accomplishments:

- May is Mental Health Month workgroup organized events and activities. The planning group for May is Mental Health Month included staff from Public and Mental Health Branches, DHHS Admin, HSU, community members, NAMI, Eureka High School student, Child Abuse Prevention Coordinating Council/First 5 Humboldt, and HCTAYC. Activities included:
  - Proclamation issued by Board of Supervisors.
  - Mental Health Walk sign making, march, and gathering at Courthouse.
  - Participation with an interactive educational activity and distribution of PEI Social Marketing products at Humboldt State University Wellness Extravaganza.
  - *Art of Understanding* Art Show during Arts Alive! coordinated by PEI staff included quilts and poster contest entries.
  - Hope Center Barbecue.
  - Distinguished Lecture Series presentation by the Prenatal/Postpartum Mood Disorder Task Force.
  - Display for Mental Health Month created in collaboration with Prenatal/Postpartum Mood Disorder Task Force.

### Collaborations

- Staff attended meetings of community organizations and DHHS:
  - PEI Implementation Team and Project Workgroup meetings, including TAY PEI Workgroup
  - Family Support Collaborative/0-8 Mental Health Collaborative
  - Client and Cultural Diversity Advisory Committee (CCDAC)
  - Prenatal/Postpartum Mood Disorder Task Force
  - LatinoNet/ Promotores
  - Child Abuse Prevention Coordinating Council Board, administrative meetings, and subcommittees
  - Domestic Violence Coordinating Council and Prevention Committee
  - Humboldt Housing and Homelessness Coalition
  - Suicide Prevention Implementation Team
  - The NET

- Staff participated in monthly conference calls with the State Strategic Planning Workgroup- LGBTQ Reducing Disparities Project.
- Staff helped organize and supported a local community gathering for the statewide “LGBTQ Reducing Disparities Project”. Humboldt County was reported as having the highest turnout throughout the state with 139 participants.

## Public Health News

### Understanding the Challenges Facing Transgender Communities

by Michael Weiss, Interim DHHS Program Services Coordinator, Health Education

A panel of local transgender men and women courageously shared their personal life experiences to a packed audience of 65 attendees at a recent *Transgender Communities* training. The training was organized by the Public Health Branch and attended by DHHS staff and a variety of community partners.

This training is part of the Stigma and Discrimination Reduction Program, an integrated prevention program funded by the Mental Health Services Act (MHSA). Other Stigma Reduction programs have included screenings of "The Soloist" followed by facilitated discussions with people who have experienced mental health challenges, collaboration with TAY Youth Organizer to present digital stories and May is Mental Health Month activities in collaboration with HOPE Center participants and staff.

Panel members discussed the challenges facing transgender and gender non-conforming people in Humboldt County and society in general. Challenges for the transgender community include a lack of family acceptance and a culture of discrimination in education, employment, and in accessing health care.

Transgender people face extreme barriers to participating in society in a healthy way. Service providers receive little to no education about this at-risk population. Without culturally competent services, transgender people slip further through the cracks. Traditional data collection methods do not include questions relevant to the transgender population, although the data that is available shows striking rates of discrimination, harassment and high risk behaviors. More than 50 percent of transgender identified people will have had at least one suicide attempt by their 20<sup>th</sup> birthday.

In addition to the panel, presenters included staff and advocates from Project HEALTH, Equality California, and the Transgender Law Center. The topics included:

- Challenges that transgender clients face navigating systems related to suicide, mental health and other county services.
- California state law regarding transgender issues in the workplace.
- The unique challenges faced by transitional-aged transgender youth.

The take away message? Improving social services and other support systems for transgender youth and adults is the key for ensuring the health of this community.

For more information see The State of Transgender California Report at:  
[http://transgenderlawcenter.org/pdf/StateTransCA\\_report\\_2009Print.pdf](http://transgenderlawcenter.org/pdf/StateTransCA_report_2009Print.pdf)

Mental Health Services Act and the Prevention and Early Intervention Plan please visit:  
<http://county-internet/HHS/MHB/MHSA/>



## Public Health News

### The Trevor Project Visits Humboldt County

by Joan Levy, Sr. Health Education Specialist

The Trevor Project, a national organization focused on crisis and suicide prevention efforts among lesbian, gay, bisexual, transgender and questioning youth, offered several local presentations for youth and adults. The Mental Health Services Act, PEI programs have worked in collaboration with other community organizations to sponsor these presentations.

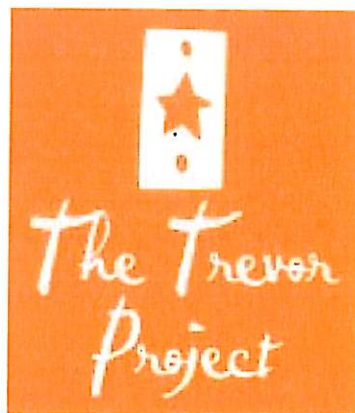
Sara Train, Educational Manager of the Trevor Project, facilitated three presentations:

The first was in Southern Humboldt called *Lifeguard Training* for youth ages 16-26. Youth learned how to identify warning signs of depression and suicide among their peers and ways to respond. This event was sponsored by the Humboldt County Transition Age Youth Collaborative (HCTAYC), at Redway Elementary School. Dinner was provided at no charge.

A workshop was held in Eureka for LGBTQ youth providing interactive activities on **building youth empowerment and help seeking behaviors**.

And in Arcata, *Confronting Bullying, Teen Suicide, and Creating Community* was sponsored by HSU, DHHS, Queer Humboldt, and Humboldt Pride.

There was a companion event with the North Coast Rape Crisis Team in Southern Humboldt. While the youth were engaged with The Trevor Project and HCTAYC, adults were able to attend a film screening and discussion. The film, "Straightlaced – How Gender's Got Us All Tied Up," is about the pressures teens face to conform to gender-based stereotypes and the courage it takes to challenge those norms. A potluck dinner was planned at Redway Elementary School as part of the event.





# May is Mental Health Month

Increase Awareness and Decrease Stigma and Discrimination

**April 25<sup>th</sup> Sign-Making Party and Potluck, noon – 4pm**

Drop-in at the Community Wellness Center, 908 7<sup>th</sup> St. Eureka.

Contact Kellie at 834-1093.



**Tuesday May 3<sup>rd</sup>**

**County Board of Supervisors Proclamation, 9 am**

**May is Mental Health Month Walk, Meet at Noon**

Walk to the Courthouse from the Hope Center. Hear the Proclamation and other speakers at 12:30. Snacks will be provided to the first 100 people!



**Friday May 6<sup>th</sup>**

**16th Annual Art Sale and Reception 720 Wood St, Rainbow Rm. 10-4**

Meet the Art For Life Studio and all Artists! Mingle & Munch!

**Saturday May 7<sup>th</sup>**

**Arts Alive! Art Show, Vance Hotel, 525 2<sup>nd</sup> St. Eureka 6-9 pm**

Enjoy art, spoken word, music and food in Old Town.

**Friday, May 13<sup>th</sup>**

**Hope Center BBQ at Sequoia Park, Eureka**

**11:30 – 3 pm, Speakers at 12:30**

Join friends and colleagues for an afternoon of music, food, and fun! Bring a potluck dish. Burgers, hotdogs, and veggie options provided. Contact Kellie at 834-1093.



**Thursday May 26<sup>th</sup>**

**Distinguished Lecture Series: Perinatal Mood Disorders 12-1:15pm**

The Post Partum Depression Task Force presents at this month's forum in the Rainbow Room, 720 Wood Street. Contact: [DHHS\\_TES@co.humboldt.ca.us](mailto:DHHS_TES@co.humboldt.ca.us)



Activities are being coordinated by the Humboldt County Department of Health & Human Services.  
Funding provided by the Mental Health Services Act through Proposition 63.  
AMERICANS WITH DISABILITIES ACT: The County does not discriminate on the basis of disability in services, programs, activities or employment. Persons with disabilities requiring special assistance or accommodation, contact (707) 268-2132.



## Transition Age Youth Partnership

A total of 261 individuals participated in Prevention and Early Intervention Transition Age Youth Partnership Program activities in Fiscal Year 2010/2011 with 238 individuals (91%) providing demographic information.

<b>Age Group</b>	<b>#</b>	<b>%</b>
Child and Youth	0	0%
TAY	131	55%
Adults	97	41%
Older Adults	10	4%
Unknown	0	0%
<b>Total</b>	<b>238</b>	<b>0%</b>

<b>Race and Ethnicity</b>	<b>#</b>	<b>%</b>
White	139	58%
African American	10	4%
Asian/Pacific Islander	5	2%
Native American	9	4%
Hispanic	27	11%
Multiracial	46	19%
Unknown	2	1%
Other	0	0%

<b>Primary Language</b>	<b>#</b>	<b>%</b>
English	233	98%
Spanish	5	2%
Other	0	0%
Unknown	0	0%

There are three components to the Transition Age Youth Partnership Program

- Transition Age Youth Plus
- Transition Age Youth Advocacy
- Transition Age Youth Education and Outreach

Transition Age Youth Plus identified integrated implementation team members including mental health, public health, and social services representatives. Researched and identified potential evidence based practices. A location has been identified to provide services.

Transition Age Youth Advocacy continues development of the Humboldt County Transition Age Youth Collaboration which is made up of organizations and

individuals committed to making change for youth in Humboldt County including: the [Humboldt County Department of Health and Human Services](#); [Y.O.U.T.H. Training Project](#), which provides many years of experience in youth leadership development and project development; [California Youth Connection](#), which is a statewide foster youth advocacy organization; [Youth in Mind](#), which is an emerging mental health youth advocacy organization; and most importantly, the transition age youth in Humboldt County who have utilized county services and want to make a positive difference for themselves and the future.

Transition Age Youth Education and Outreach continues to provide youth led trainings focusing on transition age youth experiences in human services and empowering youth to advocate for change including Overcoming the Odds: Youth in Transition - North Coast Youth Summit, Humboldt County Transition Age Youth Digital Stories, Building Power: How to Lead Change Through Community Organizing, and Innovative Youth Engagement Strategies to Improve Mental Health Services for Transition Age Youth – California Mental Health Advocates for Children and Youth.

# Innovation

Clients who participate in this project will be transition age youth who have a severe mental illness and have experienced at least one hospitalization and/or psychiatric emergency visit and/or a placement at a restrictive level of care, including incarceration, in the last two years.

This Innovation Project is an adaptation to mental health peer support. The essential learning goal is to find out if and how the adaptations improve outcomes. The adaptation to mental health peer support is the integration with social service peer support. This Project will address the issue of improving outcomes for older transition age youth with severe mental illness. If successful this adapted peer support will facilitate the provision of improved service delivery and create positive changes such as decreased hospitalization, decreased psychiatric emergency visits, decreased incarceration, and increased success of self defined recovery goals in areas such as housing, education, vocation, and relationship permanency.

Each client will be paired with a Peer Support Specialist. While no client is obligated, they will be encouraged to voluntarily participate in Mental Health Branch activities as well as other Department of Health and Human Services initiatives at the Social Services and Public Health Branches.

Initiatives may include but are not limited to:

- Humboldt County Transition Age Youth Collaboration
- MHSA Prevention and Early Intervention Transition Age Youth Partnership Project
- Humboldt County Foster Care Expansion Initiative
- Humboldt County California Connected by 25 Initiative
- Humboldt County Ten Year Plan to End Homelessness
- MHSA Community Services and Supports Comprehensive Community Treatment Full Service Partnership
- MHSA Workforce Education and Training Support to Peer Volunteers and Staff



## Integrated Clinical and Administrative Information System

A fully integrated Electronic Health Record solution directly supports Humboldt County's long-term strategy to reduce system complexity, increase ability to support disaster events, increase level of care, and increase ability to maintain compliance with changing state and federal regulations.

An integrated business management system will be implemented to support the core Mental Health Branch operational functions. Key solution elements will include integration and the ability to migrate some existing document imaging systems, data warehouse strategies, electronic prescription systems, reporting requirements and support for migration of the existing core data with our current business systems. Key stakeholders and organizational provider integration are primary goals. Reduction of double entry of data and real-time availability of information to all users of a central information system are minimum requirements. Ability to provide current security technologies and features to ensure the confidentiality and safety of client information are core requirements. A hosted solution model Application Service Provider (ASP) will be implemented to support disaster planning, system redundancy, reduce the overhead of maintenance and support, reduce complexity and retain the ability to stay on the upgrade path.

The goal is to provide the highest level of care possible. Deploying the best technologies to support rural county communities will greatly benefit the ability to support remote needs. Modern integrated information systems will support reduced errors and increase timely access to the key information required to provide and maintain the highest level of care. DHHS strives to provide staff with the 'best' tools to perform their duties for the community. Systems that are easy to use and provide real-time integrated support and documentation will yield the best results. Following an extensive vendor selection process, a vendor was selected and a contract was finalized in April 2011 for implementation beginning in Fiscal Year 2011/2012.



# Mental Health News

## The ABC's of e-Forms - Moving toward EHR's

by Jeanne Albertson, Medical Records Manager and Branch Privacy Officer

Don't you just LOVE acronyms? Most of us (including me) start out by muddling through conversations and picking up the meanings as we go along, occasionally being brave enough to actually ask for a definition. Before too long, we're using them ourselves, without giving it a second thought.

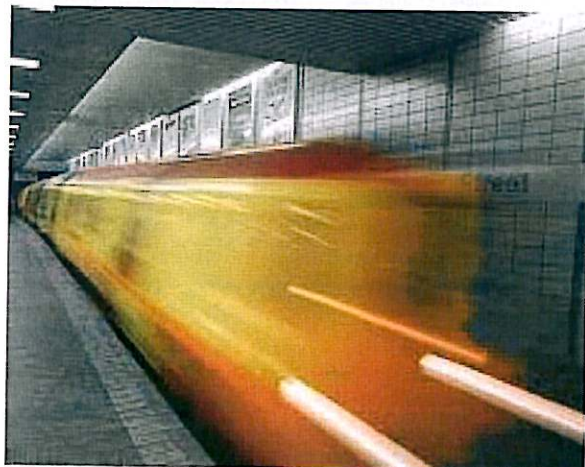
Be prepared for another acronym becoming a part of your vocabulary as we get closer and closer to embarking on our system conversion.

Some of us may think of our current ScerIS system as an Electronic Health Record (EHR.) If you're a direct service provider, whether you're pulling a blank template off the Medical Records Forms Repository on the Intranet page, or completing your documentation online via an e-Form, the final resting place for the document you're creating is ScerIS archives. The archive is simply a compilation of images organized in a way that allows us to easily retrieve a specific document.

A true **Electronic Health Record** allows for an interface of information for decision support, quality management, outcomes or reporting purposes. Our new system will allow us to create EHR's for each of our clients. Think about just how powerful (and challenging) that difference is!

One of the easiest ways to be prepared for the changes that are sure to come our way in the near future is to become familiar with e-Forms processing for documentation. Once you've mastered this, your transition to using our new system to create true electronic health records will be a piece of cake!

In the past few months, we've been able to increase not only the number of employees using the system, but also the volume of forms that are created on-line, rather than manually. We're on the right track, and the train is leaving the station. Don't get left behind!





**LOCAL PRUDENT RESERVE FUNDING REQUEST  
(Transferring funds to Local Prudent Reserve is optional)**

**County:**           HUMBOLDT          

**Date:**           April 16, 2012          

**A. Local Prudent Reserve Balance from Prior Approvals** **\$ 584,359**  
Enter the total amounts currently deposited through Plan/updates for the Local Prudent Reserve.

**Amounts to be Dedicated to the Local Prudent Reserve**

**B. Plus: CSS Component**  
Enter the sub-total amount of funding to be deposited from CSS. Consistent with Welfare and Institutions Code Section 5892, subdivision (b), an amount equal to 20 percent (20%) of the average amount of funds allocated to each County for the previous five years may be irrevocably redirected from the CSS Component Allocation to fund the County's Local Prudent Reserve, Capital Facilities and Technological Needs and Workforce Education and Training.

FY 2011-12	Unapproved CSS Funds	<u>\$</u>
	Unexpended CSS Funds	<u>\$ 560,120</u>
FY 2010-11	Unapproved CSS Funds	<u>\$</u>
	Unexpended CSS Funds	<u>\$</u>
FY 2009-10	Unapproved CSS Funds	<u>\$</u>
	Unexpended CSS Funds	<u>\$</u>
FY 2008-09	Unapproved CSS Funds	<u>\$</u>
	Unexpended CSS Funds	<u>\$</u>

**C. Total Amount to Dedicate to the Local Prudent Reserve** **\$ 560,120**

**D. Local Prudent Reserve Balance** **\$ 1,144,479**



# Attachment A





**Friday**  
**July 27, 2012**  
12:00-12:30pm  
**RAINBOW CONFERENCE ROOM**  
**720 WOOD STREET**  
**EUREKA, CA 95501**

**I. Behavioral Health Board Meeting**

- A. Call to order
- B. Roll call, introduction of staff and guests
- C. Adjustments to the agenda
- D. Public Hearing:  
Mental Health Services Act – Fiscal Year 2012/2013 Annual Update
- E. Public comments- two minute limit
- G. Adjournment







## Attachment B





Humboldt County Department of Health and Human Services  
**Mental Health Services Act**

*Provides opportunities to expand and develop innovative  
and integrated mental health services*

*What do you think?*

**Public Comment**  
**June 26<sup>th</sup> – July 26<sup>th</sup>, 2012**

Mental Health Services Act

**Fiscal Year 2012/2013 Annual Update**

Documents are available and comments may be placed in the

**"MHSA Comment Box"**

- Humboldt County DHHS Professional Building:  
507 F Street, Eureka
- Humboldt County DHHS Mental Health Branch  
Children Youth and Family Services:  
1711 3<sup>rd</sup> Street, Eureka
- Humboldt County DHHS Mental Health Branch  
Garberville Office:  
727 Cedar Street
- Humboldt County DHHS Mental Health Branch:  
720 Wood Street, Eureka
- Hope Center: 2933 H Street, Eureka
- website: <http://co.humboldt.ca.us/HHS/MHB/MHSA/>
- Humboldt County DHHS Mental Health Branch  
Willow Creek Office:  
77 Walnut Way

**Public Hearing on July 27th**

Humboldt County Department of Health and Human Services Rainbow Room

720 Wood Street in Eureka from **12:00 to 12:30pm**

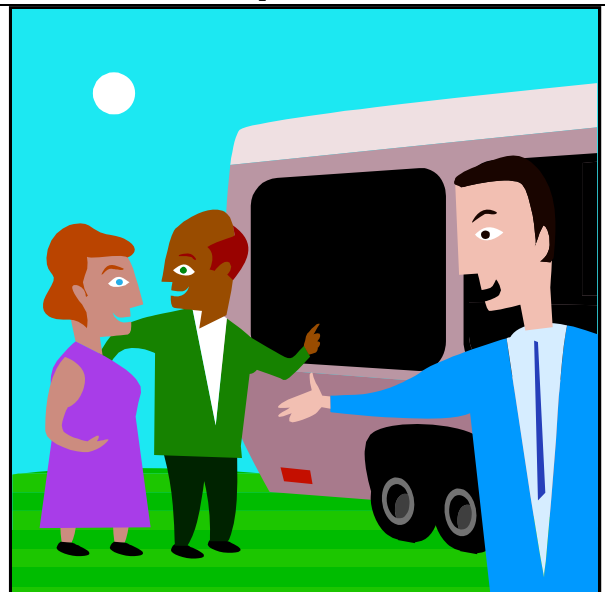
To request documents be sent to you or to make  
a comment please contact us at:

**Phone:** (707) 441-3770

**Toll free:** (866) 320-8911

**Email:** [mhsacomments@co.humboldt.ca.us](mailto:mhsacomments@co.humboldt.ca.us)

**Address:** Department of Health and Human  
Services, Mental Health Branch  
Attn: Jaclyn Culleton  
720 Wood Street  
Eureka, Ca 95501





# Attachment C





Mental Health  
Asha George, PhD, Director  
720 Wood Street, Eureka, CA 95501  
phone: (707) 268-2990 | fax: (707) 476-4049

June 25, 2012

To whom it may concern,

Humboldt County Department of Health and Human Services is committed to stakeholder participation in the development of Mental Health Services Act programs.

The Mental Health Services Act, legislation passed in 2004, provides funding to counties to expand and develop innovative and integrated mental health services.

Currently there are Humboldt County Mental Health Services Act documents available for Public Comment from June 26, 2012 through July 26, 2012.

There will also be a Public Hearing on July 27, 2012 from Noon-12:30 at the Department of Health and Human Services Rainbow Room at 720 Wood Street in Eureka.

Enclosed please find a flyer that contains information on where to access these documents and how to make comments.

If possible and appropriate please make these materials available to your staff and the people you serve. Also, please remove the materials after the Public Comment period ends on July 27, 2011.

Please contact us with any questions you may have.

Thank you in advance for your help in this effort,

Jaclyn Culleton  
Mental Health Services Act Coordinator  
Humboldt County Mental Health Branch  
720 Wood Street, Eureka, CA 95501  
Phone: 707 441-3713  
Email: [jculleton@co.humboldt.ca.us](mailto:jculleton@co.humboldt.ca.us)



DHHS Administration  
phone: (707) 441-5400  
fax: (707) 441-5412

Public Health  
phone: (707) 268-2121  
fax: (707) 268-2126

Social Services  
phone: (707) 476-4700  
fax: (707) 441-2096



## Attachment D



**From:** Culleton, Jaclyn  
**Sent:** Tuesday, June 26, 2012 2:11 PM  
**Subject:** Public Comment Period for Mental Health Services Act

Hello,

*Please forward to interested parties!*

The Draft Mental Health Services Act – Fiscal Year 2012/2013 Annual Update

*Is open for*

Public Comment  
June 26<sup>th</sup> through July 26<sup>th</sup>, 2012

**There will be a Public Hearing:** Friday, July 27<sup>th</sup> from 12:00 - 12:30pm  
Humboldt County Department of Health and Human Services - Mental Health Branch  
Rainbow Room, 720 Wood Street, Eureka

Documents are available and comments may be placed in the  
"MHSA Comment Box"

- DHHS Professional Building  
507 F Street, Eureka
- DHHS Mental Health Branch  
720 Wood Street, Eureka
- DHHS Children Youth and Family Services  
1711 3rd Street, Eureka
- website: <http://co.humboldt.ca.us/HHS/MHB/MHSA/>
- Hope Center  
2933 H Street, Eureka
- DHHS Garberville Office  
727 Cedar Street
- DHHS Willow Creek Office  
77 Walnut Way

To request documents be sent to you or to make a comment please contact us at:

Phone: (707) 441-3770

Toll free: (866) 320-8911

Email: [mhsacomments@co.humboldt.ca.us](mailto:mhsacomments@co.humboldt.ca.us)

Address: Department of Health and Human Services, Mental Health Branch  
Attn: Jaclyn Culleton  
720 Wood Street  
Eureka, Ca 95501

Thanks,  
~jaclyn

---

Jaclyn Culleton  
Program Manager  
Humboldt County Mental Health Branch  
Department of Health and Human Services  
Phone: 707 441-3713 / 707 268-2808  
Fax: 707 476-4049



# Attachment E



Humboldt County Department of Health & Human Services - Windows Internet Explorer

http://dhhsbulletinboard/SitePages/Home.aspx

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Humboldt County Department of Health & Human Ser...

Humboldt County Department of Health & Human Services

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Links and Resources

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Trends Report

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Newsletters

Logos

User Guide

Thursday  
JULY  
26  
2012

DHHS Calendar

July 2012

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

7/26/2012  
12:00 PM -1:00 PM  
DHHS Budget 101:  
Distinguished Lecture

7/27/2012  
12:00 PM -12:30 PM  
MHSa Public Hearing

8/2/2012  
2:00 PM -4:30 PM  
Mobile Engagement  
Vehicle (MEV)

8/3/2012

• Events and Activities  
• MEV/SOS Schedule  
• Training Opportunities  
• Vaccination Clinics  
• Brown Bag Lunches

DHHS Web Log

work after the birth of a baby, the gift bag includes information, signage and care items to support lactating mothers in the workplace. [\[read more\]](#)

**What do you think?**  
Thursday, July 12, 2012

A draft of the Mental Health Services Act (MHSA)-Fiscal Year 2012/2013 Annual Update is open for public comment through July 26. There will be a public hearing July 27 from noon to 12:30 p.m. in the Rainbow Room at DHHS Mental Health, 720 Wood St., Eureka. [\[read more\]](#)

**Share your healthy recipes**  
Wednesday, July 11, 2012

In this month's DHHS newsletter, Jamie Monroe, an administrative analyst

Trusted sites

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Start

Inbox - Microsoft Outlook

Humboldt County Dep...

Screen Shot KMUD - Micr...

9:03 AM



Events and Activities - MHSA Public Hearing - Windows Internet Explorer

http://dhhsbulletinboard/Lists/Events%20and%20Activities/DispForm.aspx?ID=63

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Events and Activities - MHSA Public Hearing

Humboldt County Department of Health & Human Services

Search DHHS...

Culleton, Jaclyn

Site Actions

Version History Alert Me

Edit Item Manage Permissions Delete Item

Manage Actions

Title	MHSA Public Hearing
Location	Rainbow Room
Start Time	7/27/2012 12:00 PM
End Time	7/27/2012 12:30 PM
Description	Mental Health Services Act Annual Update is open for public comment. Documents are available and comments may be placed in the "MHSA Comment Box". Read the update at: <a href="http://co.humboldt.ca.us/HHS/MHB/MHSA">http://co.humboldt.ca.us/HHS/MHB/MHSA</a> To request documents or to make a comment, (707)441-3770, (866)320-8911 or email <a href="mailto:mhsacomment@co.humboldt.ca.us">mhsacomment@co.humboldt.ca.us</a>
Category	Public Hearing
All Day Event	
Recurrence	
Workspace	
Attachments	<a href="#">MHSA Public Comment.pdf</a>

Content Type: Event  
 Created at 7/11/2012 2:17 PM by Hart, Debbie  
 Last modified at 7/11/2012 2:17 PM by Hart, Debbie

Close

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# Attachment F



Humboldt County Department of Health & Human Services - Windows Internet Explorer

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Humboldt County Department of Health & Human Services

people helping people live better lives

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- Links and Resources
- Web Log
- Calendar
- Trends Report
- Budget Bulletins
- Newsletters
- Logos
- User Guide

Thursday JULY 26 2012

DHHS Calendar

July 2012

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

- Events and Activities
- MEV/SOS Schedule
- Training Opportunities
- Vaccination Clinics
- Brown Bag Lunches

DHHS Web Log

Health Services. [read more]

**KMUD interview with Public Health Senior Program Manager Mike Goldsby**  
Tuesday, July 17, 2012

Public Health Senior Program Manager Mike Goldsby talks about the Mental Health Services Act (MHSA) public comment period and public hearing. A draft of the MHSA-Fiscal Year 2012/2013 Annual Update is open for public comment through July 26. There will be a public hearing July 27 from noon to 12:30 p.m. in the Rainbow Room at DHHS Mental Health, 720 Wood St., Eureka.

Click the image above to listen to the interview. [read more]

Done

Trusted sites

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Humboldt County Dep...

9:01 AM