



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

**Mental Health Services Act  
Fiscal Year 2013/14 Annual Update**



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# Community Planning and Local Review Process

Mental Health Services Act programs are progressing as described in the approved Plans. 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 Mental Health, Public Health and Social Services (Attachment A). 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 2013/2014 Annual Update planning process was built upon knowledge gained from ongoing input activities and Local Review processes including but not limited to:

- Updated DHHS Mission and Vision
- 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 2012/2013 Update
- 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

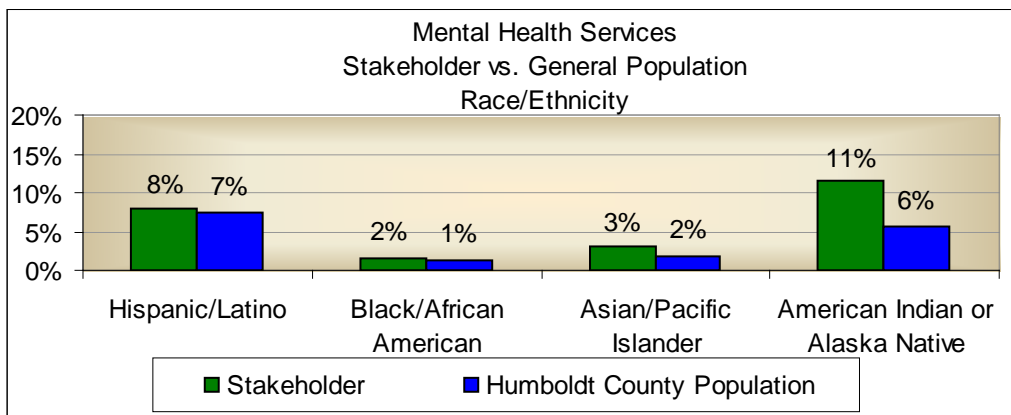
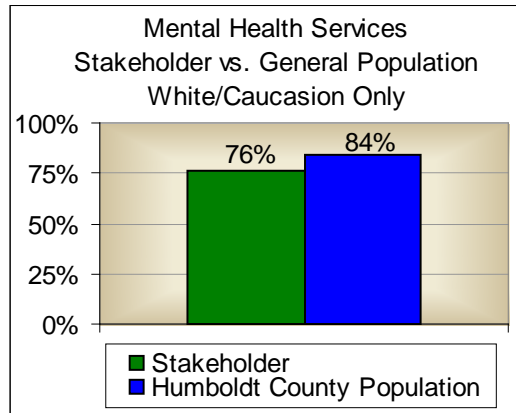
Stakeholder entities involved in the Community Planning Process included, but were not limited to:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Humboldt County Transition Age Youth Collaboration</li> <li>• Humboldt County Department of Health and Human Services - Family/ Community Resource Center</li> <li>• Transition Age Youth, first onset of mental illness</li> <li>• Juvenile Justice Commission</li> <li>• Humboldt County Department of Health and Human Services - Human Services Cabinet</li> <li>• Domestic Violence Coordinating Council, Eureka</li> <li>• Domestic Violence Coordinating Council, Redway</li> <li>• The NET (Community Network)</li> <li>• NAMI (National Alliance on Mental Illness)</li> <li>• Behavioral Health Board</li> <li>• Fetal Infant Mortality Review/Child Death Review Team</li> <li>• CAST (Child Abuse Services Team)</li> </ul> | <ul style="list-style-type: none"> <li>• Hope Center community committee</li> <li>• Hope Center MHSA input committee</li> <li>• Paso a Paso</li> <li>• AIDS Task Force</li> <li>• In-Home Support Services Public Authority Advisory Board</li> <li>• DHHS organizational providers</li> <li>• Positive Indian Families Network</li> <li>• Willow Creek regional MHSA</li> <li>• Redway regional MHSA</li> <li>• McKinleyville regional MHSA</li> <li>• Alcohol Tobacco and Other Drug Prevention Committee</li> <li>• Mental Health all-staff</li> <li>• Mental Health staff meetings</li> <li>• Prevention and Early Intervention Stigma and Discrimination Reduction implementation team</li> <li>• System of Care planning meetings</li> </ul> |
|--|--|

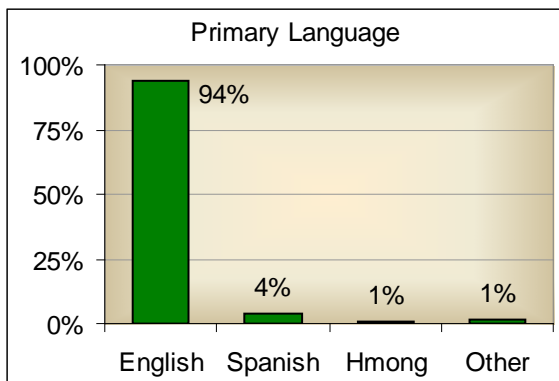
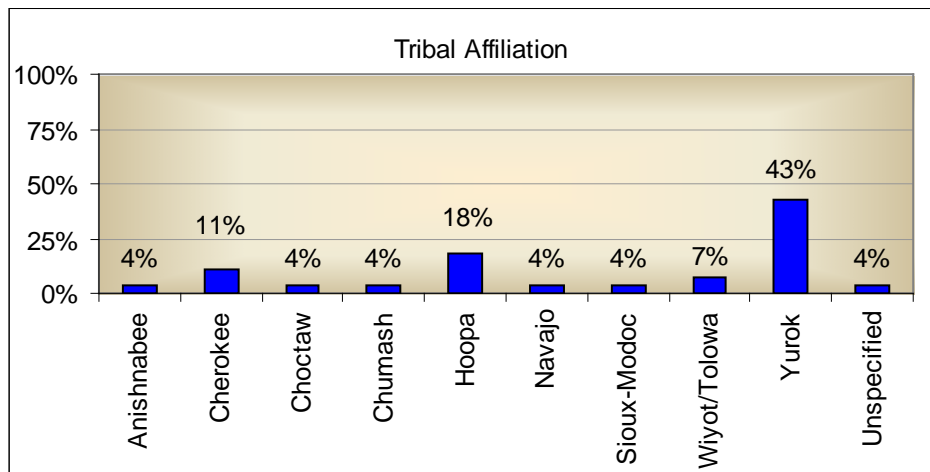
Participants reflect the diversity of Humboldt County including individuals with client and family member experience, current and former foster youth, transition age youth, DHHS administration, providers with program and line staff experience, community-based and organizational providers of local public health, behavioral health, social services, vocational rehabilitation services, and agencies that serve and/or represent unserved, underserved, Native American, and rural communities. The Community Planning Process includes mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, and budget allocations. The Community Planning Process is conducted following the following standards: community collaboration, cultural competence, client driven, wellness, recovery and resilience focused, and an integrated service experience for clients and their families (Attachment B).

A total of 258 individual stakeholders, who provided input from 2008 through 2010, completed the demographic questionnaire. The following graphs, compiled from the questionnaires, demonstrate broad-based input from a diversity of stakeholders.

Progress is continuing in efforts to increase the participation of individuals who identify as a race/ethnicity that has traditionally experienced disparities in mental health services. As these charts illustrate, the percentage of stakeholder participation for Hispanic/Latinos, Black/African Americans, Asian/Pacific Islanders, and American Indian or Alaska Natives is greater than that of Humboldt County's general population.

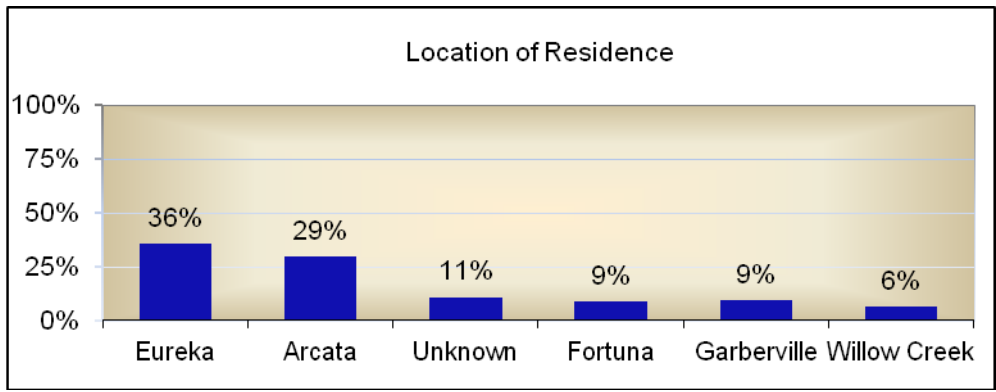


As this chart illustrates, ten tribal affiliations were identified for those individuals who identified as American Indian or Alaska Natives.

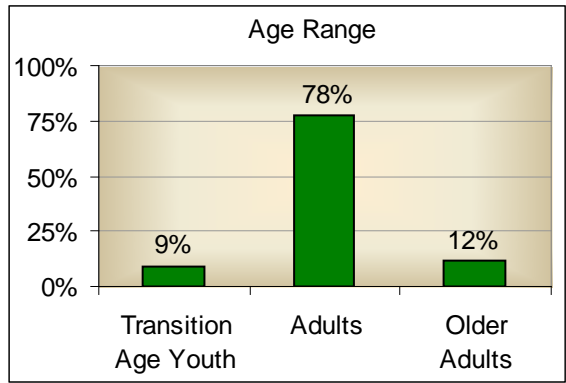


Stakeholders that reported that Spanish is their primary language was 4% and 1% reported Hmong. Spanish is the County's only Threshold Language with almost 6% of Medi-Cal beneficiaries reporting that Spanish is their primary language and 1% reporting Hmong in Fiscal Year 2009/2010.

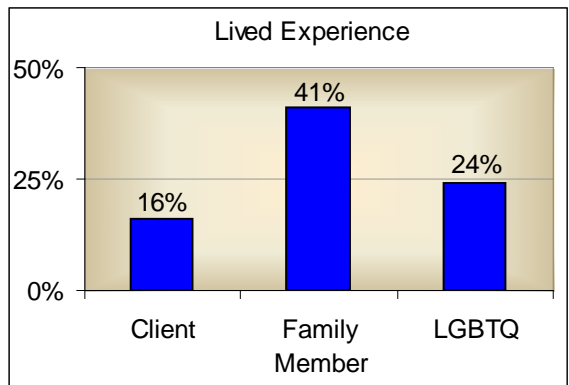
Capturing and tracking the residential location of stakeholders is important as rural communities have been identified as an underserved population. While the majority of people live in the Arcata/Eureka area, almost half of residents live in remote areas of the County.



Capturing and tracking the age range of stakeholders is important as transition age youth have been identified as an underserved population. As this chart illustrates, 9% of stakeholders reporting being transition age youth.



Stakeholders who have lived experience as clients of mental health services and family members of clients are two important populations to capture and track as their direct experience with services is vital to the success of program planning. The LGBTQ community is a traditionally underserved population. Almost a quarter of stakeholders identified as LGBTQ.



## Public Comment and Public Hearing

There was a 30-day Public Comment period from September 16, 2013 through October 16, 2013.

There was a Public Hearing on October 18th, 2013 from Noon to 1:00 pm at the Humboldt County Department of Health and Human Services Rainbow Room located at 720 Wood Street, Eureka, Ca 95501

Copies of the MHSA Fiscal Year 2013/2014 Annual Update are made available to all stakeholders through the following methods:

- Electronic format: the Humboldt County Department of Health and Human Services, Mental Health, 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, 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 C).
- Informational flyers were mailed to over 30 locations around the county, including public libraries, health care clinics, tribes, and senior centers
- 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
- Updates were e-mailed or mailed to all persons who request a copy
- The Mental Health 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.

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

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. Many 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. During the Public Comment period a stakeholder noted that an article about events at the Hope Center was not included and has since been added to the Update.

The Alternative Response Team (ART) program has been further integrated with Child Welfare and Public Health Field Nurse services and is now referred to as the Integrated Child Welfare Prevention and Early Intervention Team.

No programs have been consolidated or eliminated.

# Humboldt County Demographics

Humboldt County is located 225 miles north of San Francisco and 70 miles south of the Oregon Border. It is approximately 150 miles long with a total of 2,000 square miles 80% of which are forestlands, protected redwoods and recreation areas. 49% of residents live in the incorporated areas while over half of residents live in the outlying rural areas of the county.

| Race/Ethnicity         | #       | %    |
|------------------------|---------|------|
| Native American        | 9,146   | 7%   |
| Asian/Pacific Islander | 2,321   | 2%   |
| African American/Black | 1,031   | 1%   |
| White                  | 104,659 | 79%  |
| Hispanic/Latino        | 10,366  | 8%   |
| Multiracial/Other      | 5,271   | 4%   |
| Total                  | 132,794 | 100% |

Humboldt County was formed in 1853. The original inhabitants of the area include the Wiyot, Yurok, Hupa, Karuk, Chilula, Whilkut, and the southern Athabascans, including the Mattole and Nongatl. There are currently eight Indian reservations and rancherias; Big Lagoon Rancheria, Blue Lake Rancheria, Hoopa Valley Indian Reservation,

Karuk Indian Reservation, Rohnerville Rancheria, Table Bluff Reservation, Trinidad Rancheria and Yurok Indian Reservation. 7% of residents are Native American, 2% are Asian/Pacific Islander, 1% are African American, 79% are White, 8% are Hispanic/Latino, and 4% are multiracial or other.

Residents who are foreign born are approximately 4.5%. Approximately half of those who are foreign born are naturalized citizens.

Approximately half of those foreign born entered the United States prior to 1980. Approximately half of those foreign born are from Latin and North America.

| Foreign Born Population by Region of Birth | #     | %    |
|--|-------|------|
| Europe                                     | 1,601 | 28%  |
| Asia                                       | 1,146 | 20%  |
| Africa                                     | 69    | 1%   |
| Oceania                                    | 139   | 2%   |
| Latin America                              | 2,350 | 40%  |
| North America                              | 444   | 9%   |
| Total                                      | 5,749 | 100% |

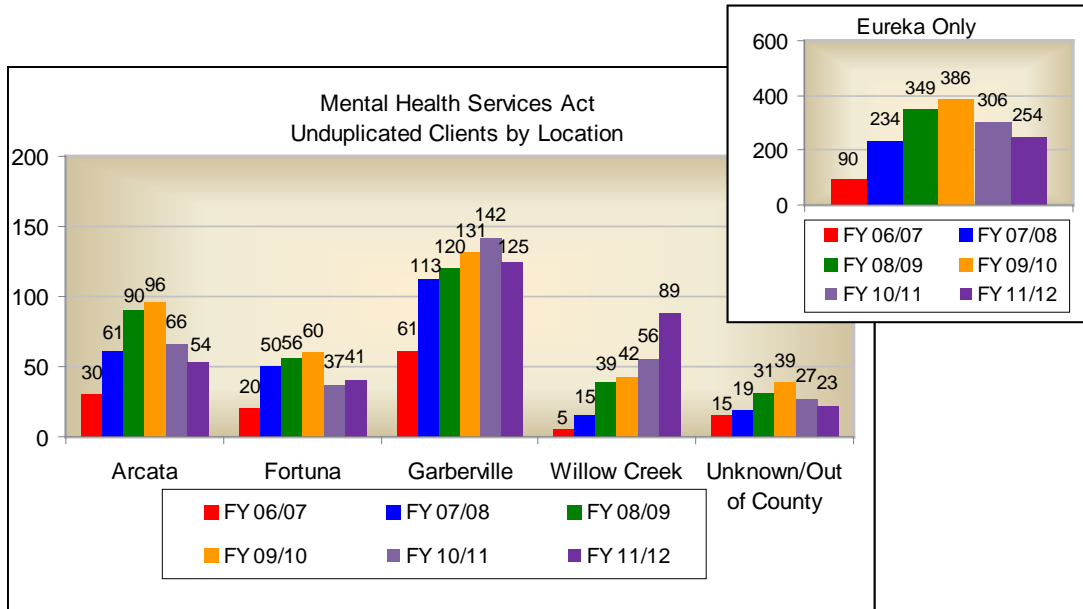
| Language Spoken at Home other than English (over 5 years old) |       |    | Speak English less than "very well" |     |
|---|-------|----|-------------------------------------|-----|
|   | #     | %  | #                                   | %   |
| Spanish   | 5,442 | 5% | 2,142                               | 2%  |
| Other Indo-European   | 2,567 | 2% | 581                                 | .5% |
| Asian/Pacific Islander  | 1,276 | 1% | 643                                 | .5% |
| Total   | 9,285 | 8% | 3,366                               | 3%  |

Residents who do not speak English at home are 8%. Of those who do not speak English at home, 36% (3% of total population) do not speak English "very well". Spanish is the only Medi-Cal threshold language in Humboldt County.

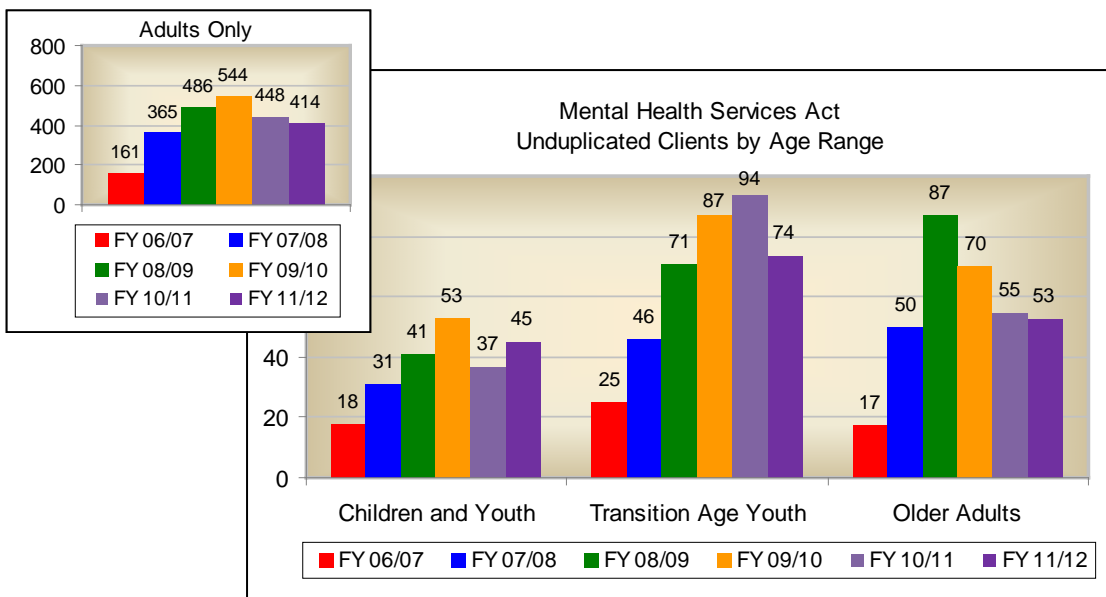


# Implementation Progress Report

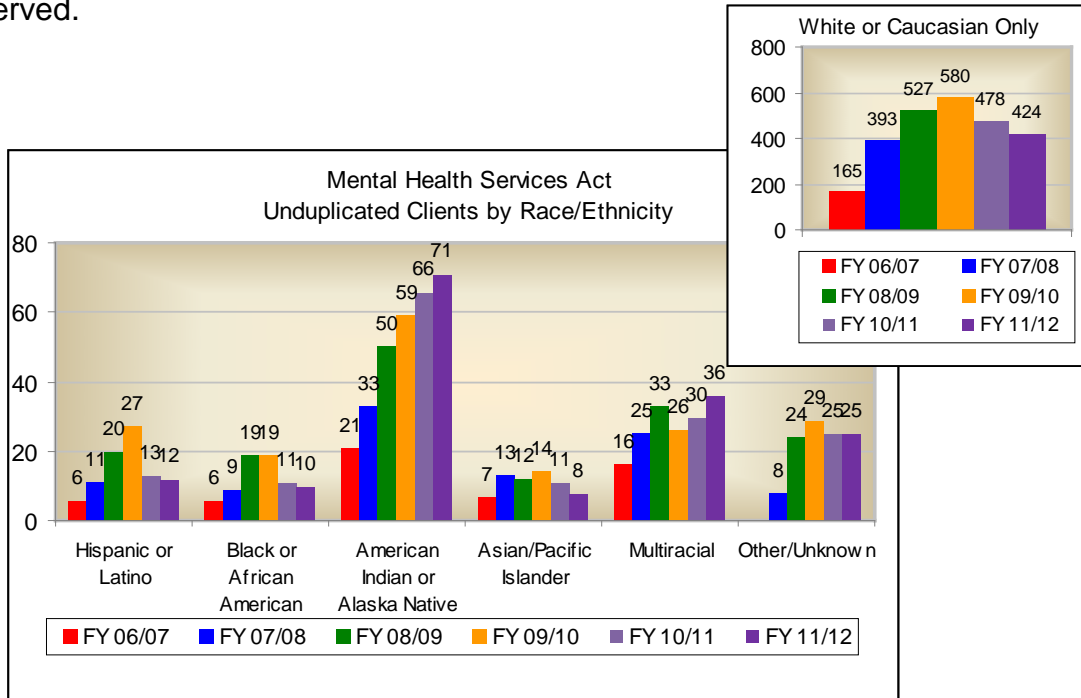
Community Services and Supports programs continue to provide services throughout the County. Individuals residing in the outlying rural areas of the County were identified in the community planning process as underserved and unserved. As this chart illustrates, since the implementation of many MHSAs programs between Fiscal Years 2006/2007 and 2011/2012, there has been a 105% increase in the numbers of individuals served in Garberville and an increase from five to 89 unduplicated individuals served in Willow Creek.



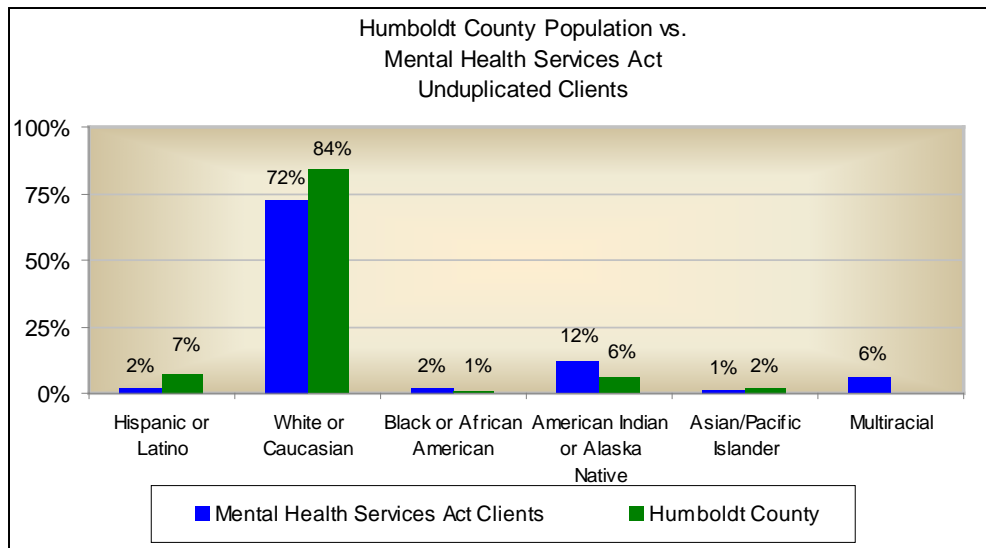
Community Services and Supports programs continue to increase services to individuals of all age groups. Transition age youth, individuals generally between the ages of 16 to 26 years old, were identified in the community planning process as underserved and unserved. As this chart illustrates there has been a 196% increase in the number of individuals who are transition age youth served between Fiscal Years 2006/2007 and 2011/2012.



Community Services and Supports programs continue to increase services to individuals of all race/ethnicities. People who identify as Hispanic or Latino and American Indian or Alaskan Natives were identified in the community planning process as underserved and unserved. As this chart illustrates, between Fiscal Years 2006/2007 and 2011/2012, there has been a 100% increase in the number of individuals who identify as Hispanic or Latino and a 238% increase in the number of individuals who identify as American Indian or Alaskan Natives served.



Mental Health Services Act Community Services and Supports is progressing in its efforts to reduce ethnic and racial disparities. As the chart below illustrates, the percentage of people who are participating in Community Services and Supports programs and identify with a race/ethnicity of Black or African American, American Indian or Alaska Native, Asian/Pacific Islander, or Multiracial meet or exceed the percentage in the Humboldt County general population.



## Rural Outreach Services Enterprise (ROSE)

Rural Outreach Services Enterprise (ROSE) serves all age groups throughout the county including rural, remote, and outlying geographic areas as a part of the DHHS Mobile Outreach Program. The MHSA 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 as a mobile 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.

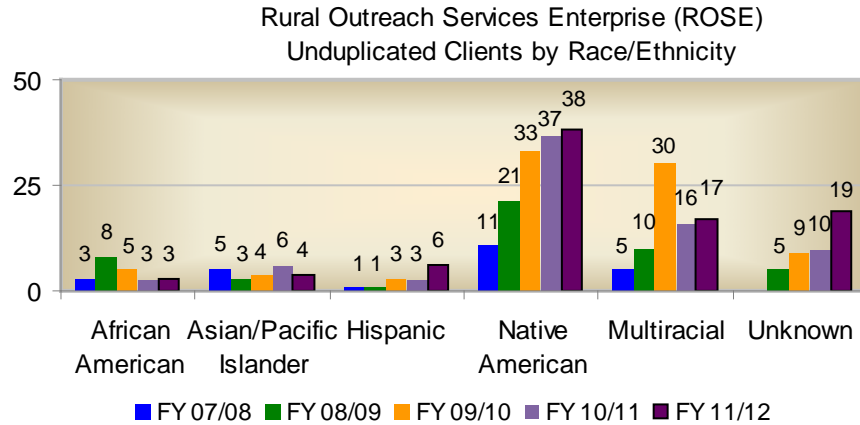
In Fiscal Year 2011/2012, 276 unduplicated individuals were served by ROSE. English was the primary language for 94% of those served.

| <b>Age Group</b> | <b>#</b> | <b>%</b> |
|------------------|----------|----------|
| Child and Youth  | 24       | 9%       |
| TAY              | 37       | 13%      |
| Adults           | 199      | 72%      |
| Older Adults     | 16       | 6%       |
| Total            | 276      | 100%     |

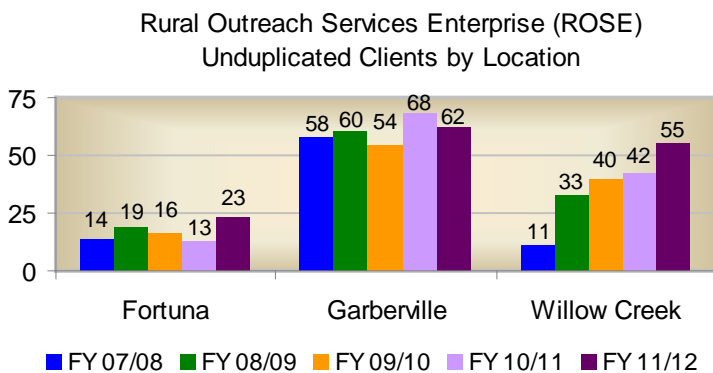
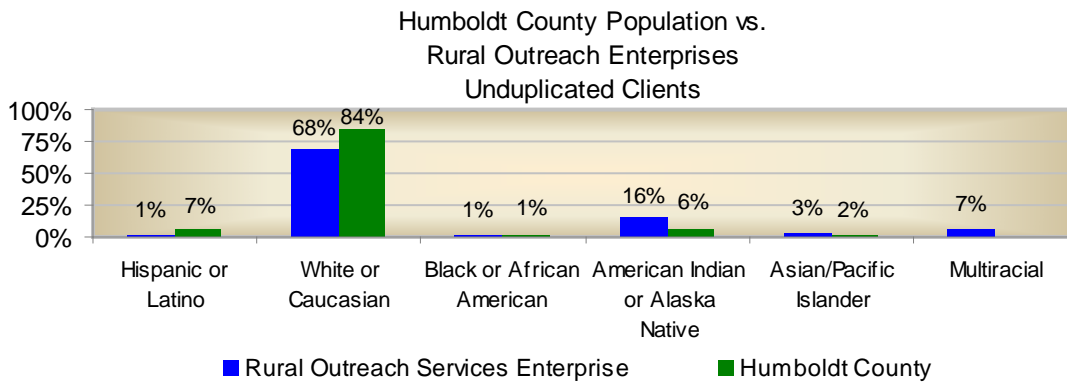
| <b>Race and Ethnicity</b> | <b>#</b> | <b>%</b> |
|---------------------------|----------|----------|
| White                     | 189      | 68%      |
| African American          | 3        | 1%       |
| Asian/Pacific Islander    | 4        | 1%       |
| Native American           | 38       | 14%      |
| Hispanic                  | 6        | 2%       |
| Multiracial               | 17       | 6%       |
| Unknown                   | 19       | 7%       |

By outreaching to ethnically diverse outlying areas in Fiscal Year 2011/2012, 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 38 in Fiscal Year 2011/2012.



Rural Outreach Services Enterprise is progressing in its efforts to reduce ethnic and racial disparities. As the graph below illustrates, 24% 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%.



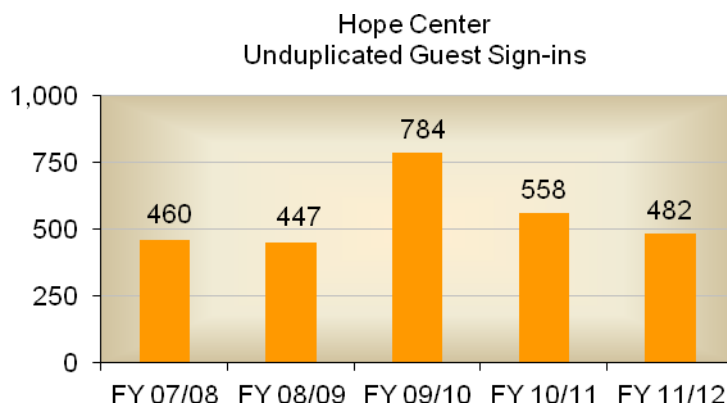
As this graph illustrates, Rural Outreach Services Enterprise provides services in some of the County's most rural areas. 11 unduplicated mental health clients residing in Willow Creek were served in Fiscal Year 2007/2008 which increased to 55 in Fiscal Year 2011/2012.

# 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 two full time and one part time Peer Support Specialists. Staff supervision and consultation is provided by a Supervising Clinician. All Peer Support Specialists are trained and provide Wellness Recovery Action Plan (WRAP) development training. 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.

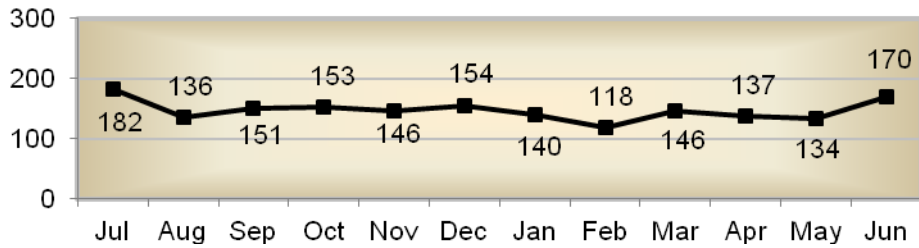
Examples of training opportunities that Hope Center staff and volunteer staff participated in Fiscal Year 2011/2012:

- Remembrance Day Memorial
- Identifying Gifts Talents & Skills
- Digital Stories Creation
- In Our own Voice
- Speakers Collective monthly meeting
- Volunteer Training and Management
- CASRA conference workshops
- WRAP conference and WRAP booster training
- Traveling to and networking with other wellness centers such as Second Home and Milestones



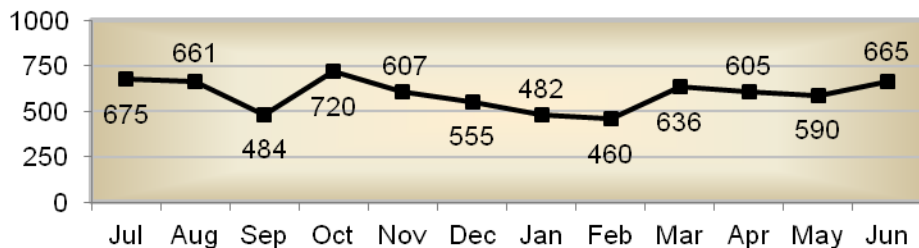
The Hope Center provides peer-to-peer services to previously unserved and underserved populations. As this chart indicates, there was an average of 546 unduplicated participants at the Hope Center from Fiscal Year 2007/2008 through Fiscal Year 2011/2012. The Hope Center is in the planning stages for capturing participant demographic information including race/ethnicity.

Hope Center  
Unduplicated Guest Sign-ins  
Fiscal Year 2011/2012



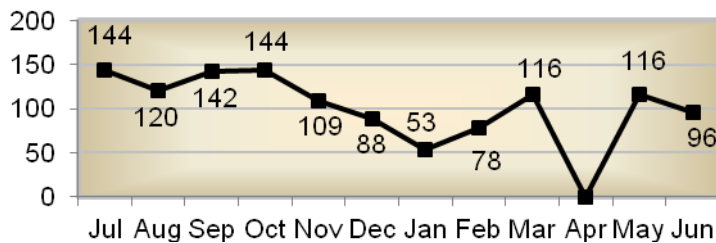
“Guests” include Department of Health and Human Services staff, volunteers, community members, visitors at special events, and people who participate in Hope Center activities such as Wellness Recovery Action Plans (WRAP) or Peer Advocacy. “Unduplicated Guest Sign-ins” is the number of unduplicated individual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

Hope Center  
Guest Sign-Ins  
Fiscal Year 2011/2012



“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 Hours  
Fiscal Year 2011/2012



In Fiscal Year 2011/2012 there was an average of seven volunteer staff per month working at the Hope Center.

Hope Center volunteer staff perform duties such as: providing one-on-one peer support with participants, running the front desk, performing 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.

# Hope Center garden to flourish once again

The Times-Standard

Once-thriving garden just behind the Hope Center is being given new life thanks to the perseverance and care of some of the center's volunteers and staff.

The Hope Center, located within the county's Clark Complex in Eureka, is a peer-run program for people living with mental health challenges. For years, its memorial garden was tended to by green-thumbed clients and volunteers.

"It's had many people come and take care of it over the years," said Kellie Jack, a peer specialist with the Hope Center. "There have been a lot of different people who have helped out."

A few years ago, after one of the more active volunteers died, the garden began to deteriorate. That was until recently, when several new volunteers came forward, eager to help the garden grow.

"They started to show it love once again," Jack said.

The Hope Center is supported by the Department of Health and



SUBMITTED

**Hope Center peer specialists Kelly Jack, left, and Shelly Fitzgerald look at the garden just outside of the Hope Center in Eureka. Community volunteers have organized a garden renovation project which will begin in full force this spring.**

Human Services Mental Health Branch and made possible through funding from the Mental Health Services Act. It offers a variety of free groups and classes, many of which are facilitated by peer volunteers.

Regular activities include a peer advocacy group, wellness recovery program and watercolor class, as well as quilting and swimming.

The new garden renovation project is funded entirely by donations and organized by com-

munity volunteers.

"This garden will benefit the Hope Center by providing a pleasant place to gather, by providing a meaningful activity in working in the garden and by the participants having a sense of pride in their accomplishments," said Val Saunders-Sekhmet, Hope Center program supervisor.

Work is planned to begin in full force this spring. Flowers and trees that were planted as part of the memorial garden will remain where they are planted, with new garden designs built up around them.

"The plans for the garden have been approved," Saunders-Sekhmet said.

Volunteers have already been busy digging up rose bushes that were planted in various spots around the yard and replanting them in a 41-foot-long rose garden bordered by a hand-built rock ledge.

When it's finished, the garden will also feature brick pathways, large planter boxes for vegetable and flower beds and barrels of

flowers. Vegetables grown at the garden will be used for Hope Center snacks and lunches.

"We want to make this a community gathering place for all to enjoy," said Mental Health Branch Deputy Director Asha George. "The garden will reflect a peaceful and caring space on the main Mental Health Branch campus that is being attended to by the members of the Hope Center and community volunteers."

The garden is strictly volunteer run and donation funded, said Saunders-Sekhmet. Donations of time and materials are always needed.

Some of the items on the Hope Center garden "wish list" include weed-barrier landscape fabric, untreated wood for the planter boxes, bark mulch, soil, slug/snail bait, fertilizer, tools and work gloves.

The Hope Center, located at 2933 H St., is open Monday through Friday from 8 a.m. to 4 p.m. For more information and to donate time or materials to the garden, call 441-3783.

## Hope Center class focuses on nutrition and meal planning

The Times-Standard

Using only a microwave, toaster oven, hot plate and some simple ingredients, Humboldt County Public Health Nutritionist Colleen Ogle has been teaching people living with mental health challenges how to make easy, healthy meals on a budget.

"Often when people think about cooking classes, they think of making exotic foods, and this class is not like that," Ogle said. "This class is geared toward the very basics. We prepare foods that are easy to make and easy on the pocket-book. I sometimes use common ingredients found at the food bank."

Ogle, who has worked for the Department of Health

and Human Services for more than a decade, came up with the idea for the curriculum for the "Food, Fun and Family" cooking class a few years ago when she was working with clients in the Women, Infants and Children program.

In the last several months, she has offered the class to students of all ages at Fortuna Community Services and the Eureka Co-op. The class proved a good fit for the Hope Center in Eureka as well.

"We're delighted to have this program assist us with teaching people these important skills," said Val Saunders, Hope Center program supervisor.

The Hope Center, located within the county's Clark

Complex in Eureka, is a peer-run program for people living with mental health challenges.

The center is supported by DHHS' Mental Health Branch and made possible through funding from the Mental Health Services Act, which levies a tax of 1 percent on personal income in excess of \$1 million a year.

The funds are used to support a broad range of prevention, early intervention and other service needs, along with the infrastructure, technology and training necessary to sustain them.

Funding for the center's free six-week cooking program was provided by the Network for a Healthy California. In addition to weekly classes, participants were given a

binder filled with nutrition and food preparation information, such as cooking temperatures for different kinds of foods, refrigeration and freezer guidelines, common kitchen measurements and an ingredient substitution list.

The first session of the "Food, Fun and Family" class focuses on basic kitchen safety. The second looks at the U.S. Department of Agriculture's healthy eating guide known as "MyPlate." The third session shows how to make a weekly menu plan and shopping list.

"So often at the end of the day you go to the store and try to figure out what you're going to eat," Ogle said.



SUBMITTED

Hope Center Peer Specialist Kellie Jack, left, and Humboldt County Public Health Nutritionist Colleen Ogle put chopped vegetables out on a table during a recent cooking class at the Hope Center in Eureka.

■ See HOPE CENTER/B2

### HOPE CENTER: Nutrition

FROM B1

"You're tired, you're hungry. Nobody really wants to go to the store, but you have to go, because you really don't have a plan. Having a menu is having a plan. You go shopping once and you get the things you need to last a week. It saves money, it saves time."

The fourth session involves learning how to read nutrition labels and take an objective look at product packaging.

"I have a big box of labels of actual food packages," Ogle said. "We're not just looking at the nutrition facts part. I like people to look at the entire package and some of the tricky marketing that's out there. For instance, light can be anything from light in color to light in weight to lower in sodium."

Students sometimes take a store tour in the fifth week. If that is not available, a "virtual tour" via a PowerPoint presentation is done. The sixth week focuses on the importance of incorporating fruits and vegetables into a person's diet.

"This might include adding corn and diced chilies to cornbread, adding blueberries to your cereal in the morning or adding a sliced banana or applesauce to the top of a waffle that has peanut butter spread on it," Ogle said.

At the end of each class, participants make a recipe

that incorporates some type of fruit and vegetable, as well as healthy, inexpensive foods. Hope Center participants did all of their own food preparation, with Ogle moderating the workflow.

"I feel the hands-on approach has been well-received," she said. "I had someone tell me, 'I like being able to make the recipes in class.' While they are cooking, they are learning from each other."

A few weeks ago, Ogle challenged the eight Hope Center participants to try something new by topping their potatoes with a touch of Cheddar cheese and a colorful, flavorful blend of chopped tomatoes, green onions, bell peppers and broccoli instead of the usual sour cream or butter. Other dishes made include a simple soup, breakfast pizza on frozen waffles, pizza on English muffins and veggie tortilla roll-ups.

"We're trying to show how they can do the best they can within their means and at the same time make healthy choices," Ogle said. "We want them to get the best bang for their buck."

The next "Food, Fun and Family" class will be held in August in McKinleyville. For more information, call Colleen Ogle at 441-5560 or Kelley Kyle at 441-5080.



## Hope and creativity

Artists from the Hope Center will share their creative gifts and be acknowledged for their imaginative crafts during a holiday art sale and show today from 10 a.m. to 1 p.m. The Hope Center, 2933 H St. in Eureka, is a peer-run program for people living with mental health issues. The sale will take place in the Hope Center's front meeting room, and the public is invited to stop by to view the artwork, meet the artists and enjoy live music and refreshments. Plant starts will also be for sale. Various types of art will be available for purchase, including paintings such as the one at left, plus jewelry, small sculptures, drawings and ornaments. Proceeds will be used for field trips and other special events at the Hope Center. For more information, call 441-3783.

## running around the world for hope

by Kellie Jack,  
The Hope Center



Cho struggles with anxiety and bipolar disorder. He says running helps with his anxiety and gives him the

confidence to dream.

After successfully running across Canada, Wayne Cho began a 16,000-mile run around the world to raise awareness about mental illness. He started his "Love World Run" in Vancouver, British Columbia, on Jan. 1, 2012.

During a question-and-answer session, one Hope Center participant asked Cho, "How do you deal with your mental illness, you know the anxiety you feel and stuff?"

Cho replied, "There are no short cuts, no easy ways out. It's one step at a time — every step you make is a step forward. Just keep going."



Throughout the "Love World Run," Cho wants to share his stories and educate those who are unfamiliar with anxiety and depression. He hopes to inspire those affected by mental illness to achieve what they never thought possible.

He made it to Eureka on March 14.

During his stop in Eureka, Cho visited the Hope Center to share his story with participants there. The Hope Center, located within the county's Clark Complex, is a peer-run program for people living with mental health challenges. The Hope Center is supported by DHHS' Mental Health Branch and made possible through funding from the Mental Health Services Act.

"Mental illnesses are very common and ... we should not be ashamed to talk about these issues," Cho said. "My dream is for the world to see mental illness simply as a fact of life. My goal is to encourage open conversations about mental health."

Cho's journey will take him three years and will span four continents and 22 countries. To follow Cho's run, visit [www.lovetoworldrun.com](http://www.lovetoworldrun.com).

## Bike to Work



A group of DHHS employees participated in this year's Bike to Work Day in Eureka. Employees biked to work the morning of May 17, and then attended a bike rally at noon at the Old Town Gazebo. Pictured at the rally, from left, are Carol Newman, Barbara Howe, Denise George, Gordon Johnson, Maria Bauman, Karen Diers, Kelley Kyle, Joan Levy, Jay McCubrey, Chris Ash, Michelle Postman and Grant Bechler.



Former foster youth and Humboldt County California Youth Connection (CYC) member Ashley Alexander Schauer with Assemblymember Wesley Chesbro on the Floor of the Assembly for CYC Foster Youth Shadow Day, May 24.

## Hope Center potluck



Jesse Katz, a mental health aide at the Hope Center in Eureka, prepares burgers for the Hope Center's annual Mental Health Month barbecue potluck. A crowd gathered for the event, which took place May 18 at Carson Park. The Hope Center, located within the county's Clark Complex, is a peer-run program for people living with mental health challenges. It is supported by DHHS and made possible through funding from the Mental Health Services Act.

## Foster Youth Shadow Day



The Humboldt County Board of Supervisors declared May as Mental Health Month at its May 8 meeting. A proclamation was presented by Supervisor Virginia Bass, far right, to, from left, Kellie Jack, peer specialist with the Hope Center; Tim Ash, chairman of the Humboldt County Behavioral Health Board; Edith Fritzsche, president of NAMI (National Alliance on Mental Illness) Humboldt; and Stan Wong, a Hope Center volunteer. The proclamation was presented to bring awareness to the

behavioral health needs of Humboldt County residents and to recommit to ending stigma and discrimination toward anyone experiencing behavioral health challenges in the community.

The proclamation was read at the end of the Mental Health Walk. People walked from the Hope Center at the Clark Complex to the Community Wellness Center at Seventh and J Streets.



## May is Mental Health Month

## Outpatient Medications Expansion Telemedicine

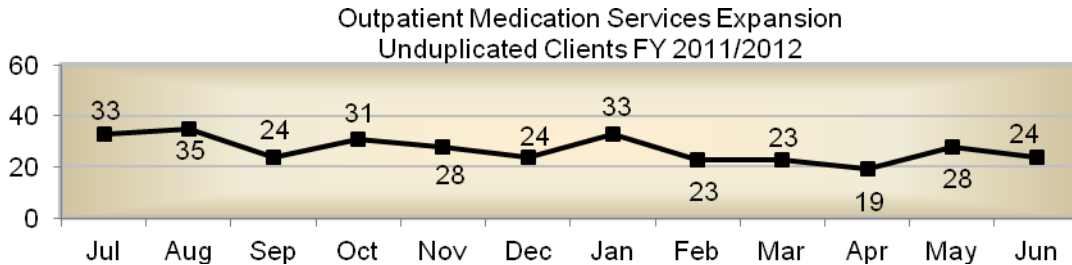
Outpatient Medication Services Expansion - Telemedicine serves unserved and underserved populations residing in rural areas of the county including children, transition age youth, adults and older adults who have a severe mental illness or serious emotional disturbance. Outpatient Medication Services 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 is a barrier in receiving services.

In Fiscal Year 2011/2012, 108 unduplicated individuals were served by Telemedicine. The Program's Nurse Practitioner hours dedicated to telemedicine have increased over time due to an increase in clients requesting these services services.

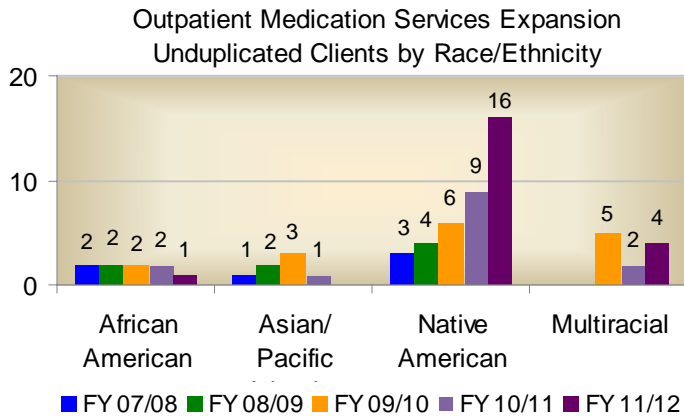
| <b>Age Group</b> | <b>#</b> | <b>%</b> |
|------------------|----------|----------|
| Child and Youth  | 0        | 0%       |
| TAY              | 14       | 13%      |
| Adults           | 83       | 77%      |
| Older Adults     | 11       | 10%      |
| Total            | 108      | 100%     |

| <b>Race and Ethnicity</b> | <b>#</b> | <b>%</b> |
|---------------------------|----------|----------|
| White                     | 85       | 79%      |
| African American          | 1        | 1%       |
| Asian/Pacific Islander    | 0        | 0%       |
| Native American           | 16       | 15%      |
| Hispanic                  | 1        | 1%       |
| Multiracial               | 4        | 4%       |
| Other                     | 1        | 1%       |

In April 2011 telemedicine services expanded to the eastern part of the County. In addition to the Garberville services, 20 unduplicated clients were served in Willow Creek in Fiscal Year 2011/2012 and clinic hours increased from four to six hours a month. In Fiscal Year 2011-2012 there was a total 108 unduplicated individuals served with an average of 27 unduplicated individuals each month.



In Fiscal Year 2011/2012 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 16 in Fiscal Year 2011/2012.

This expansion is progressing in its efforts to reduce racial/ethnic disparities. There is a 250% increase from Fiscal Year 2007/2008 to Fiscal Year 2011/2012 in clients served that report a race/ethnicity other than white.

# Integrated Child Welfare Prevention and Early Intervention

Formerly: Alternative Response Team (ART)

As of July 1, 2012 the Alternative Response Team (ART) program has been further integrated with Child Welfare and Public Health Field Nurse services and is now referred to as the Integrated Child Welfare Prevention and Early Intervention Team.

The Integrated Child Welfare Prevention and Early Intervention 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 who may have or be at risk of developing serious emotional disturbance and their families. The Integrated Child Welfare Prevention and Early Intervention Team is a collaboration of state initiatives including Mental Health Services Act and Child Welfare system improvement activities. Initiated in 1996, the Alternative Response Team was a collaboration between Child Welfare Services and Public Health to engage families by strengthening and preserving their capacity to protect and nurture their children. Newly named, the Integrated Child Welfare Prevention and Early Intervention Team provides prevention services in the home for families with children aged 0-8 years of age. These voluntary 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 September 2006, through Mental Health Services Act funding, a part-time Mental Health Clinician position was added to the interdisciplinary team resulting in a more integrated and holistic service experience to families. Mental health staff provides screening and assessment services, consultation, parent education, and wellness/recovery/resiliency focused clinical services.

In Fiscal Year 2011/2012 this team 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. Previous to this integrated referral and response initiative these families were unserved by mental health. By providing community-based services, 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.

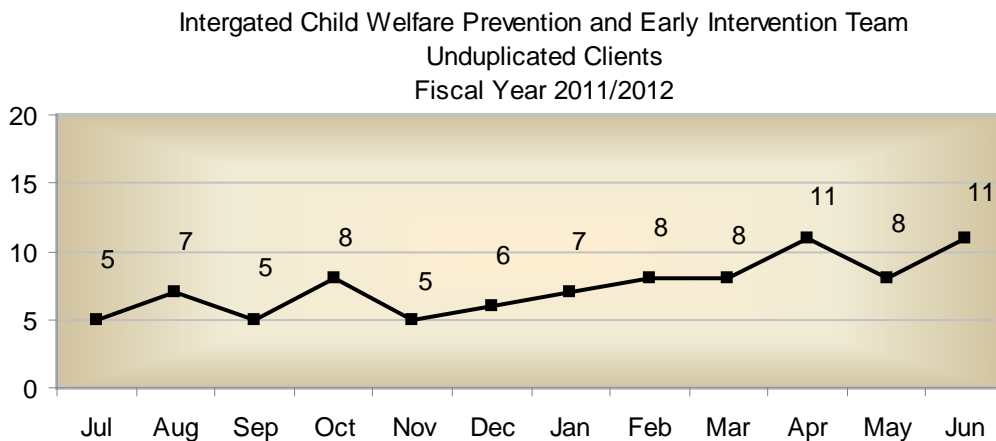
The Integrated Child Welfare Prevention and Early Intervention Team is built around three guiding principles: 1) Children are safer and families are stronger when communities work together. 2) The earlier family issues are identified and addressed, the better children and families do. 3) Families can

resolve issues more successfully when they voluntarily engage in services, supports, and solutions.

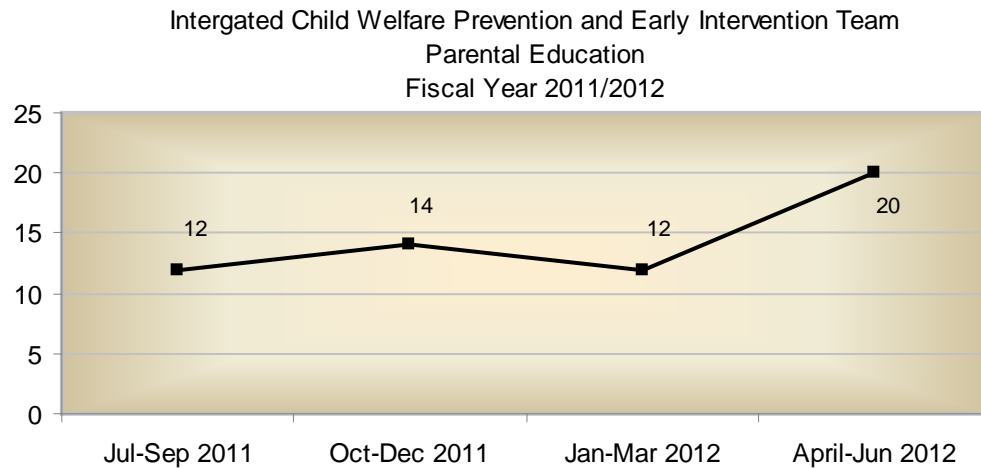
In Fiscal Year 2011/2012, 21 unduplicated individuals were served by the Mental Health Clinician in this program. English was the primary language for 19 of those served.

| <b>Race and Ethnicity</b> | <b>#</b> | <b>%</b> |
|---------------------------|----------|----------|
| White                     | 8        | 38%      |
| African American          | 0        | 0%       |
| Asian/Pacific Islander    | 2        | 10%      |
| Native American           | 5        | 24%      |
| Hispanic                  | 1        | 5%       |
| Multiracial               | 2        | 10%      |
| Unknown                   | 1        | 5%       |
| Other                     | 2        | 10%      |

The Integrated Child Welfare Prevention and Early Intervention Team serves previously unserved and underserved populations. In Fiscal Year 2011/2012 an average of 7 unduplicated clients received mental health services per month over half of which reported a race/ethnicity other than white.



As a multidisciplinary and integrated team, the Integrated Child Welfare Prevention and Early Intervention Team, Mental Health Clinician provided parental education to an average of over 14 unduplicated families being served by the program per quarter in Fiscal Year 2011/2012. Parental education is provided as face-to-face consultation, treatment direction, or instruction by the clinician to a significant person in the child's life and can include parents, guardians or other individuals with a primary care relationship to the client.





## 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.

The Older and Dependent Adults interdisciplinary teams include Social Services Social Workers, Public Health nurses, and beginning in October 2007, Mental Health Clinician and Case Manager. In order to holistically serve this vulnerable and underserved population, the team conducts multi-disciplinary team meetings, provides case management planning, performs investigation into suspected abuse and neglect, and provides linkage to the full range of services. Specifically, mental health staff remove barriers to access and provide mental health screening and assessment services, consultation, education, and wellness/recovery focused clinical services and supports.

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.

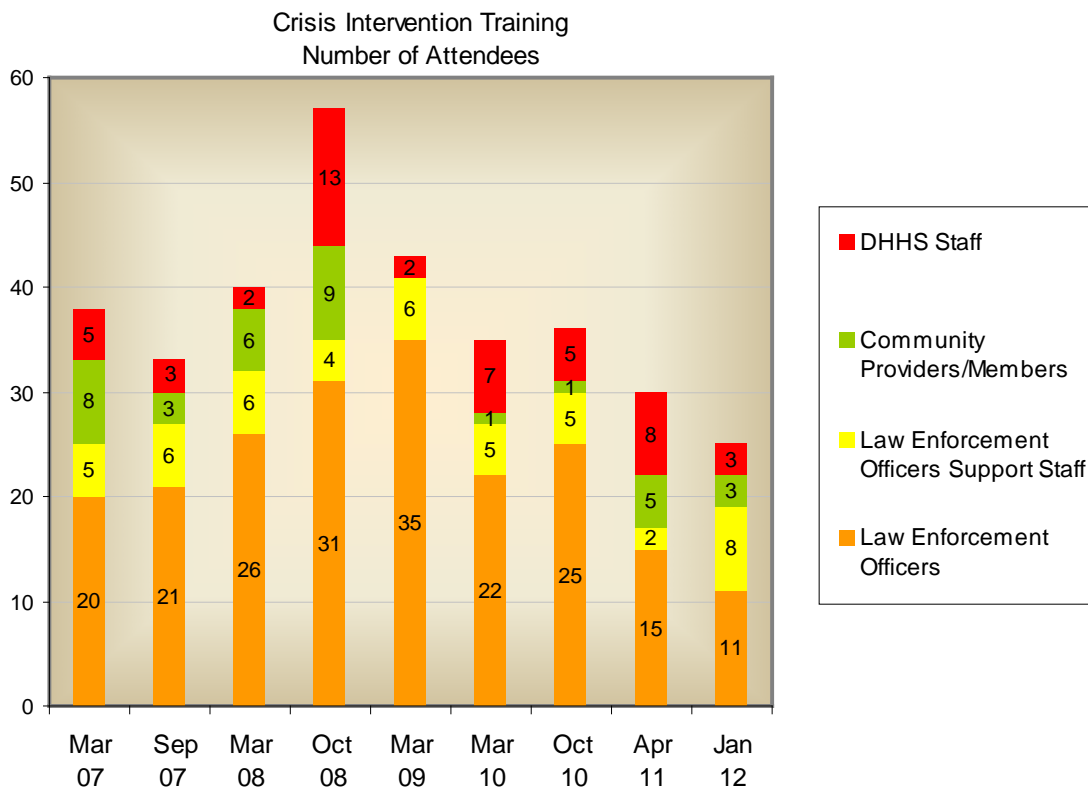
Four individuals were served by a Mental Health Clinician through this program in Fiscal Year 2011/2012. The Mental Health Clinician position was vacant for the first eleven months of Fiscal Year 2011/2012. It was difficult to find a qualified individual, based on education, organization, fit and experience. Fortunately a Mental Health Clinician began working with the team in June of 2012.



# Crisis Intervention Training

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 Staff trained in the Crisis Intervention Team model have sponsored and provided local training. To date, nine sessions of the four day training have trained 253 law enforcement officers and support staff, 36 community providers/members, and 48 Department of Health and Human Services staff.



## 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 2011/2012, 6 unduplicated individuals were served by Crisis Intervention Services.

| <b>Age Group</b> | <b>#</b> | <b>%</b> |
|------------------|----------|----------|
| Child and Youth  | 0        | 0%       |
| TAY              | 2        | 33%      |
| Adults           | 3        | 50%      |
| Older Adults     | 1        | 17%      |
| Total            | 6        | 100%     |

| <b>Race and Ethnicity</b> | <b>#</b> | <b>%</b> |
|---------------------------|----------|----------|
| White                     | 4        | 67%      |
| African American          | 1        | 17%      |
| Asian/Pacific Islander    | 0        | 0%       |
| Native American           | 1        | 17%      |
| Hispanic                  | 0        | 0%       |

## Hostage Negotiation

There are five staff who have been trained in hostage negotiation. These team members participate in quarterly trainings with the Sheriff's department and are available to go out on calls at law enforcements request. The forty hour hostage negotiation course provides these staff with the necessary knowledge and skills of a crisis negotiator. The course includes: the philosophy and techniques of crisis negotiations, the team concept of crisis negotiations along with the roles and responsibilities of the team members, the various types of critical incidents and subject types in negotiations events, the working arrangements and potential conflicts between the command, tactical and crisis negotiation teams, and the concept and methods of continual threat assessment during crisis negotiation incidents.



## Crisis Intervention Team training

by  
**Mark Lamers,**  
Supervising Mental Health Clinician

The most recent Crisis Intervention Team (CIT) training was completed Feb. 3 by 25 law enforcement officers and participants from the Mental Health and Social Services branches. CIT is a national model that promotes partnerships between law enforcement, mental health systems and clients of mental health services and their family members.

CIT training is a collaborative, 36-hour Police Officer Secondary Training certified program that is put on by Humboldt County Mental Health, the Eureka Police Department and the Humboldt County chapter of the National Alliance on Mental

The following are a few of the training modules conducted over the course of the week:

- 5150 and the Law
- A Patient's Rights
- Question, Persuade, Refer: Suicide Prevention
- Coordination of Care: Emergency Rooms and Mental Health
- Veteran's Mental Health
- Assessing Older Adults
- SOS-Street Outreach Services
- Responding to a Disordered Juvenile
- Communication Between Local Psychiatric Hospital and Law Enforcement
- Recovery and Wellness.

Prior to the concluding graduating ceremony for this training, Eureka Police Officer Chris Jenkins was presented with a CIT Recognition of Merit Award. Officer Jenkins is a previous CIT training



Illness (NAMI). This training was co-moderated by Officer Amber Cosetti of the Eureka Police Department and me. To date, nine CIT training sessions have been provided to a total of 257 law enforcement officers and staff, 41 community providers/members and 41 Humboldt County DHHS staff members.

One of the highlights of the training was a day-long presentation by retired Detective Joel Fay and Deputy Joshua Todt from Marin County. They talked about their many experiences in community policing and providing supportive services to mental health consumers. Another particularly well-received presentation conducted by NAMI was a moderated panel of family members of consumers with mental illness. The presentations were geared to provide law enforcement personnel with specific tools and takeaway points to enable them to improve their interactions with mental health consumers in the community.

graduate who frequently demonstrates the principles of understanding and collaboration that are promoted in CIT training. In his work as a patrol officer and as the Community Service Officer at Eureka High School, Officer Jenkins consistently acts to decrease stigma and improve access to supportive services for mental health consumers in our community. He is very deserving of this recognition.

Due to the hard work of all the participants, this CIT training was successful in its mission to continue to improve training in mental health issues to law enforcement personnel in our community. We are already beginning the process of planning our next CIT training. We are grateful to be able to continue this worthwhile project of developing better relationships among law enforcement agencies and personnel, mental health agencies and staff and the consumers for whom we provide services in our community. ●

## Eureka man arrested after 7-hour standoff; man surrenders to officers after overnight negotiations

Luke Ramseth/The Times-Standard Eureka Times Standard  
Posted: 11/02/2012 02:29:55 AM PDT

Times-Standard.com

A seven-hour standoff between law enforcement and an armed man on Cooper Lane off the 3000 block of E Street in Eureka ended Thursday morning without incident, the Humboldt County Sheriff's Office said.

Jeffrey Wood, 36, was arrested by Eureka Police Department officers after exiting the home while speaking with negotiators on a cell phone.

According to Sheriff's Office Lt. Steve Knight, the standoff started after Wood called the Eureka Police Department at 2 a.m. Thursday, saying someone was attempting to burglarize his home. He told a dispatcher he heard people in his basement, and that he had armed himself, a sheriff's office press release said.

After EPD responded, Knight said officers heard shots fired and yelling and screaming inside the building. Additional law enforcement units with the Humboldt County Sheriff's Office, an Arcata mobile command unit, a SWAT team and hostage negotiators were called in. The Humboldt County Mental Health Crisis Unit also sent two members to the scene.

The man continued to yell at officers and refused to leave the home for more than seven hours.

Negotiations with Wood -- who was the only person in the home -- started at about 3 a.m. Knight said law enforcement determined Wood had handguns and a "high-powered rifle at his disposal." The standoff ended at about 10 a.m. Thursday morning.

"He was very agitated at first," Knight said, adding Wood's agitation level decreased as the negotiations continued. One of the sheriff's deputies knew the man from high school, Knight said, which helped with the negotiations.

Knight said the SWAT and negotiation teams used a PA system to communicate for a while, in addition to a small robot with a speaker connected to it.

A neighbor across the street, who asked not to be named, said she didn't get much sleep Thursday morning due to the standoff.

"It was a mess," she said. "I wasn't able to get to work. It's been a long night for me."

The woman said the suspect that kept her awake, not the law enforcement response.

"He was screaming incessantly," she said. She said the man continued to scream most of the night. "He was still going at it at 7 this morning."

The woman said it's a well-known problem house in the neighborhood.

"It's one of those houses," she said. "Every neighborhood seems to have one these days."

Other neighbors also told Eureka Police Department Sgt. Bill Nova it was a problem house.

Wood was arrested on suspicion of discharging a firearm in a grossly negligent manner, the sheriff's office press release said.

As of press time Thursday, a search warrant of the home had turned up two handguns and ammunition, Nova said.

Luke Ramseth can be reached at 441-0509 or [lramseth@times-standard.com](mailto:lramseth@times-standard.com).

## Integrated Services and Supports

The MHSA enhancement units, described below, allow for a system of shared resource development by drawing on the unique skills and strengths of each unit to identify service gaps, potential funding sources and facilitate program development for Department of Health and Human Services and programs. Each unit conducts unique and complimentary activities in support of increasing client access to effective, integrated programs and services to targeted populations within the community.

The Training, Education & Supervision (TES) unit increases the capacity to provide cross branch education and training opportunities targeted toward improving and increasing the system's ability to provide culturally appropriate services and reduce disparities. Trainings are available for agency staff, community partners, and community members. Education and outreach activities for ethnic and other cultural populations, including clients and families with lived experience, are provided through TES.

In support of the Department's mission to deliver services with proven outcomes and what that entails, TES coordinates Evidence Based Practice Orientation training for newly hired staff to help them gain the fundamentals of Evidence Based Practice and awareness of the Evidence Based Practice offered in Humboldt County.

Workforce development and capacity building are critical for the continued growth and transformation of the Department's ability to consistently provide effective and appropriate services to the community over time. The Department maintains a commitment to developing and increasing the workforce capacity through the Training, Education & Supervision unit. TES builds this capacity through activities such as:

- Pre-licensure supervision to help Associate Social Workers (ASWs) and Marriage and Family Therapy Interns (MFTIs) meet the Board of Behavioral Sciences requirements of 104 weeks of individual and group supervision needed prior to taking the licensure exam.
- Pre-licensure supervision includes individual sessions lasting one hour and group sessions lasting two hours with a licensed Clinical Social Worker who mentors and supervises ASWs and MFTIs working toward becoming licensed. As of Fiscal Year 2011/2012 more than 56 individuals have received supervision services through TES. Of these, 25 are still actively working toward licensure. Twenty-two individuals have completed supervision for a cumulative total of 832 weeks. Six employees have passed their licensure exams after completing their licensure supervision through TES. Supervisees received a total of 308 hours of individual supervision during the Fiscal Year 2011/2012.

TES continues to build system capacity by developing, coordinating, and integrating resources to provide cross Department training and education. TES provides core and continuing education and training opportunities to staff, client/consumers, parents, families, community partners, and providers. This includes coordinating in-house and outsourced trainings to ensure trainings are consistent with the Department's values.

- TES coordinated 97 trainings during the year. A total of 2,378 individuals participated in TES coordinated trainings in Fiscal Year 2011/2012.

A primary focus of the Office of Client & Cultural Diversity (OCCD) is to increase and improve the system's capacity to deliver culturally and linguistically competent, consumer driven services to Department of Health and Human Services populations throughout the county. OCCD provides cross branch leadership for policy and program development, and collaborates with Mental Health, Public Health, and Social Services to promote attitudes and practices that support this focus.

The Office of Client & Cultural Diversity actively works to emphasize client-centered, family-focused, and community-based services that are culturally appropriate, linguistically competent, and provided in an integrated setting. The Office strives to increase awareness, opportunity, and understanding of the importance of a culturally relevant service system reflective of community values through a wide variety of activities. Examples of these activities include:

- Sponsored a cultural awareness workshop on Hmong culture in April 2012. More than 70 providers participated in this workshop presented by guest speaker Chong Lor who spoke about the Hmong journey to the United States. This workshop highlighted Hmong language, educational values, religious beliefs, and cultural etiquette in an effort to help social workers, counselors, and others provide services in a culturally sensitive manner.
- Collaborating with TES, OCCD developed a cultural training series to provide staff the opportunity to increase cultural awareness and competency while meeting necessary training requirements. The first training of this series was presented in February 2012. Trainings included viewing documentaries focusing on events that sparked the civil rights movement in the United States, Mexican American civil rights, as well as presentations of personal stories about trauma and mental health from the Seeds of Understanding Speakers Collective. Forty-nine individuals participated in this training series in Fiscal Year 2011/2012.

The Research & Evaluation (R&E) unit provides Department of Health and Human Services with the ability to collect and track data and outcomes across

systems in order to improve and increase the Department's ability to provide culturally competent, values driven, and evidence based services and supports. R&E also provides training, consultation, and technical assistance to each integrated service, unit, and program, helping Department of Health and Human Services maintain service integrity and quality. R&E core activities are the evaluations of Evidence Based Practices implemented in Humboldt County.

Research & Evaluation supports outcome and evaluation capacity by managing routine operations and regularly occurring tasks, as well as branch requested special projects when resources allow. Both task areas are designed to assist the Department's commitment toward increased outcome and evaluation capacity, as well as provide access to effective Evidence Based Practices. An overview of regularly occurring tasks includes:

- Evaluation planning and implementation for seven Evidence Based Practice programs, including five program logic models and four customized evaluation plans used to help launch new Evidence Based Practice evaluations.
- Attending monthly Evidence Based Practices Team meetings to advise, as needed, on issues of data collection, outcomes, and evaluation strategies.
- Participating as a trainer in quarterly Evidence Based Practices Orientation Training since 2007.
- Quarterly reliability testing and quality assurance of randomly selected Evidence Based Practices data to ensure accuracy in reporting and data management techniques.
- Data collection and data flow procedures for new and existing Evidence Based Practices. R&E provides monthly participant rosters for seven Evidence Based Practices to help ensure efficient data processes are in place.
- Developing and maintaining Evidence Based Practices program specific databases. Seven Evidence Based Practices databases were built and maintained by R&E.
- Data analysis testing for statistical significance on outcomes for six Evidence Based Practices programs.
- Providing quarterly and semi annual written evaluation reports for Evidence Based Practices programs.



## 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 member staff, 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. 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

Services include medication management, crisis intervention, case management, peer support, family involvement, and education and treatment for co-occurring disorders such as substance abuse. It also provides for non mental health services such as food and housing. The term "Full Service Partners" refers to the commitment on the part of the client, the family, and their service providers to determine the needs of the client and family and to work together to support the client in their recovery.

The Full Service Partners are provided 24 hour, seven days a week crisis response service. The Psychiatric Emergency Services provides this crisis response after hours. When the client in crisis needs acute care treatment, they are able to access Sempervirens, Humboldt County's psychiatric health facility. The staff works closely with inpatient staff to address discharge planning needs in order to support the client's return to the community and to avoid hospitalization. The average cost per Full Service Partner was \$17,997 in Fiscal Year 2011/2012.

In Humboldt County, an average of five percent of Full Service Partner clients was admitted for 23 hour Psychiatric Emergency Services from July 2010 to September 2012. An average of four percent of Full Service Partner clients were admitted to Sempervirens Hospital in that same time period, and less than half of one percent of clients were readmitted to Sempervirens Hospital within 30 days during that same time period.

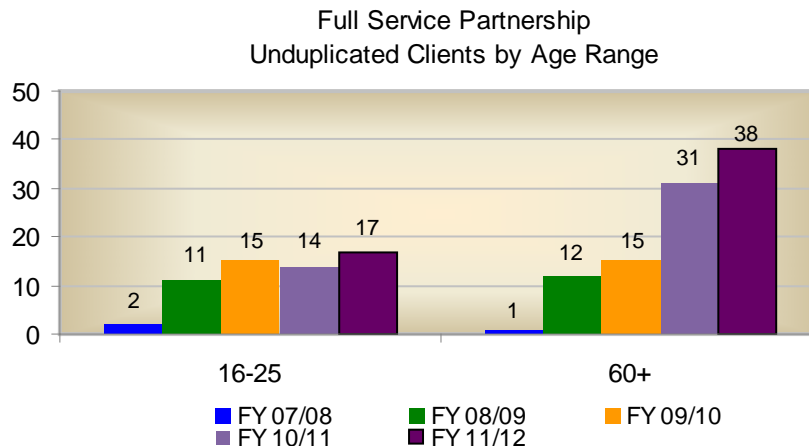
In Fiscal Year 2011/2012, unduplicated individuals were served by the Full Service Partnership Program. English was the primary language for all of those served.

| Age Group    | #   | %    |
|--------------|-----|------|
| TAY          | 17  | 10%  |
| Adults       | 117 | 68%  |
| Older Adults | 38  | 22%  |
| Total        | 172 | 100% |

| Race and Ethnicity     | #   | % |
|------------------------|-----|---|
| White                  | 152 |   |
| African American       | 6   |   |
| Asian/Pacific Islander | 3   |   |
| Native American        | 11  |   |

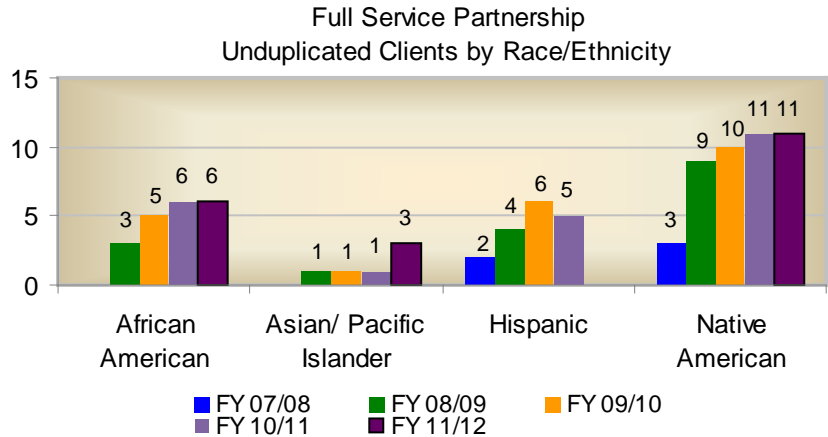
Full Service Partnerships are progressing in their efforts to reduce disparities and increase cultural competence for partners who are Transition Age Youth and Older Adults, previously unserved and underserved populations.

From Fiscal Year 2008/2009 to Fiscal Year 2011/2012 mental health services for Transition Age Youth and Older Adult clients have increased 55% and 217% 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 2011/2012.



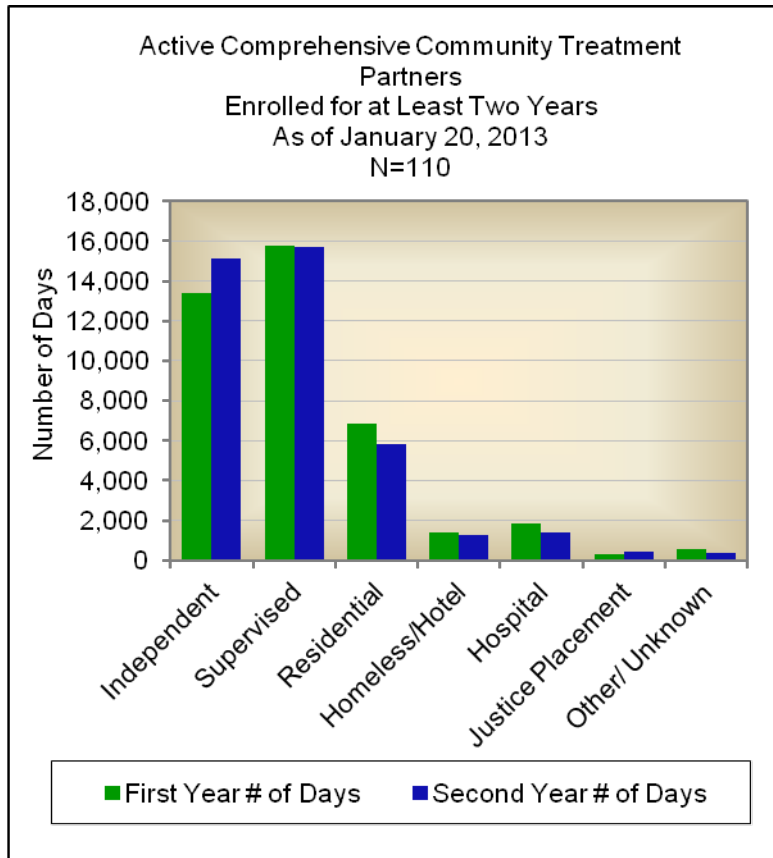
This chart reflects the number of days 110 Full Service Partners in the Comprehensive Community Treatment program resided in each situation type in the first year of their enrollment in the program and the number of days those same 110 individuals resided in each situation type in the second year of their enrollment in the program.

There was a 23% decrease in the number of days spent in a Hospital.

Independent residential situations include living with parents or other family, or living alone. There was a 12.5% increase in Independent days from year one to year two of enrollment. This is a result of most clients maintaining or gaining independence in their residential situation.

As this chart indicates Homeless/Hotel days decreased 9% from year one to year two of enrollment. The definition of Homeless used in this chart includes hotels because they are not considered a permanent residence. These clients and any other clients experiencing homelessness continue to access services and receive support to obtain long term housing.

Residential days decreased 15% in year two, and Supervised days also decreased, by a half percent. This indicates a shift for clients to a residence in the community that includes supervision from a residential treatment facility where clients experience a higher level and intensity of supervision and monitoring of medications.



## Program Highlight

### The Comprehensive Community Treatment (CCT) Program

by the CCT Team and Val Saunders

#### *Who Participates in the CCT Program?*

Adults who have severe and persistent mental illness which seriously impairs their ability to function and participate fully in community living are considered the "Full Service Partners" who participate in the CCT Program.

#### *Who we are:*

The clients who receive our "full services" are at the heart of our CCT team. The team members are part of a multi-disciplinary team, with responsibility with responsibility for the provision of the majority of treatment, rehabilitation, and support services to our full service partners.



Lea Nagy

Cassie Lethin

Joe Nagy

Lucas Kibble

Jennifer Kayes Thomas Okazaki

Continued on following page

## Program Highlight, continued

CCT Program, continued from page 4



*Services are provided within community settings, such as a person's own home and neighborhood, local restaurants, parks and nearby stores.*

CCT team members work with their clients, assisting and coaching them to participate actively in their treatment, and work on their recovery to both live independently and engage in the community.

With the active involvement of the client, CCT staff include the client's natural support systems (family, significant others) in treatment and education. They incorporate cultural knowledge and adapt services to meet a client's individual needs.

A unique component of the CCT program is the Family Liaison who actively supports families, caregivers, and anyone who has a person with mental illness in their family. Education about serious mental illness and weekly support groups are also available for people who are interested. Families often discover they may need these services to keep connected to their loved ones, express their feelings and concerns, and develop empathy to support CCT clients in their recovery journey.

The CCT team helps clients become less socially isolated and more integrated into the community by encouraging, coaching and teaching participation in community activities as well as employment of their choice. CCT offers groups such as Recovery and Wellness, Independent Living Skills, Sewing and Nature Connections that help clients develop their strengths and improve their ability to live independently. We assist clients in learning skills to live as independently as possible in the community.

The mission of our program is to help clients stay out of the hospital, to develop skills for living in the community and to provide services to an individual, which are tailored to meet his/her specific needs. Each team member understands the significance of building relationships with the clients and its positive implication for client outcomes. They know that attention to this relationship has the power and potential to bring about healing and transformation. It is within this relational context that barriers are removed and trust is built and where words and actions communicate our own sense of hope and optimism about our client's potential for recovery and which can help ignite the client's own hope and optimism.

The CCT program has had positive impact on reducing our client's need for utilization of intensive and restrictive residential services, and with the support of CCT many of our clients are able to live in their community, with support from their family, loved ones and their supportive treatment team.

## 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. Two examples are the Dual Recovery Program and the Seeking Safety evidence based practice.

Shortages in mental health personnel continue to be Psychiatrists, Nurse Practitioners and Substance Abuse Counselors. An increase in stipend and loan assumption programs that specifically target small and rural counties is one strategy to address these shortages. Additional assistance needs from education and training programs include psychiatric training for nurses and training for service delivery staff in evidence based practices.



## About the Dual Recovery Program

• In June 2011, the Dual Recovery Program (DRP) was introduced by Humboldt County's Department of Health and Human Services (DHHS) to better address the treatment needs of people with co-occurring mental health and substance abuse disorders. Modeled after the evidence based program Integrated Dual Diagnosis Treatment (IDDT), DRP utilizes an integrated dual diagnosis treatment approach for clients needing both substance abuse and mental health services. The program uses the principles and practices of IDDT as the foundation, motivational-based treatment designed to engage participants in the recovery process through individualized case planning and time unlimited service. The core value of DRP is shared decision making among critical stakeholders.

## Program Target Population

• The target population for participation in DRP are adults diagnosed with a severe and persistent mental illness and a secondary diagnosis of a substance abuse disorder. In addition, participants must meet medical necessity with a Global Assessment of Functioning (GAF) score of 50 or below.

## Program Goals and Outcomes

• The primary goal of the program is to help participants reach and maintain recovery goals in order to lead safe, healthy lives. This is demonstrated by:

- Participant engagement in DRP
- Improvement in psychiatric symptoms
- Reduced alcohol use
- Reduced substance abuse
- As a result, it is anticipated that DRP participants will experience:
  - Fewer emergency services for psychiatric needs
  - Fewer hospitalizations admissions for psychiatric needs
  - Fewer arrests leading to incarceration
  - Increased housing stability
  - Improved quality of life

At this stage of the evaluation, measuring progress toward all program goals is not feasible. The program has not been implemented long enough to adequately monitor long term goals and participants have not been enrolled long enough for adequate data to be collected for any sort of inferential analysis. Analysis of goals will be included in future reports.

## Program Participation and Engagement

• Data presented represents clients participating in DRP based on information received by the Research and Evaluation (R&E) unit for the period June 1, 2011 to February 28, 2013.

| Participant Status        | Total     |
|---------------------------|-----------|
| In Program                | 45        |
| Completed                 | 3         |
| Dropped Out               | 5         |
| Withdrew No Fault         | 1         |
| Transfer to AOD           | 2         |
| Left Area                 | 1         |
| Referred to Higher Care   | 1         |
| Unknown                   | 7         |
| <b>Total Participants</b> | <b>65</b> |

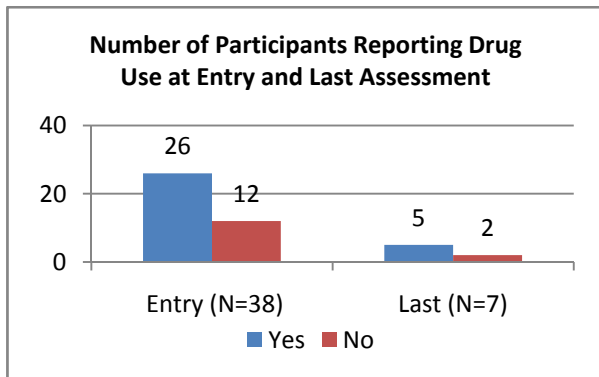
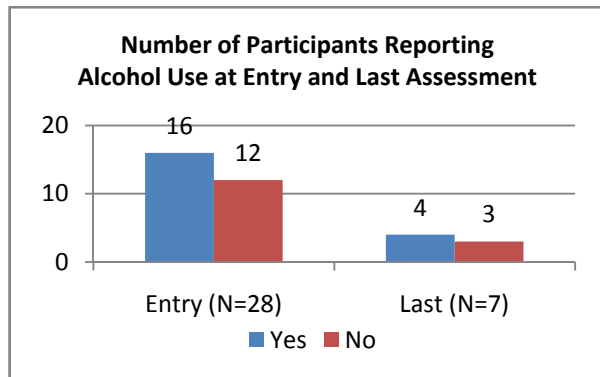
**Engagement Rate:**

**74%**

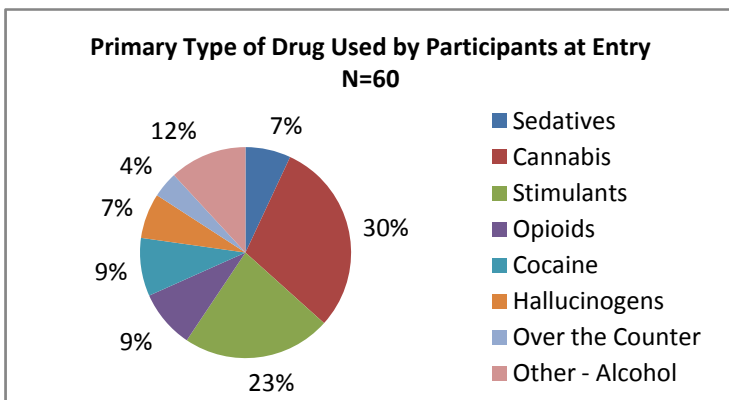
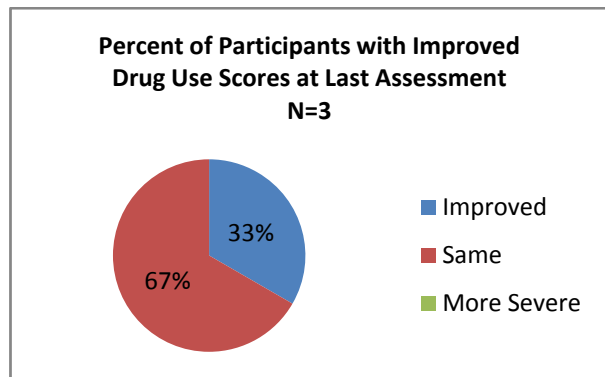
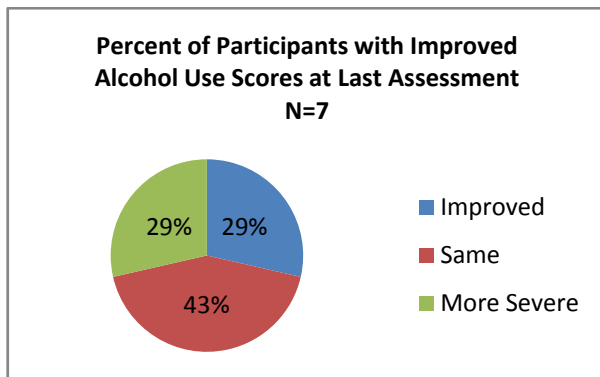
**of participants  
remained in the  
program or  
completed the  
program.**

## Program Goals: Reduced Alcohol & Substance Abuse

- DRP uses the following assessments to measure participant alcohol and drug use:
  - Alcohol Use Scale-R (AUS-R)** - single-item clinician rated indexes of alcohol abuse measured on a 5-point scale (from no problems to extremely severe).
  - Drug Use Scale-R (DUS-R)** - single-item clinician rated indexes of drug abuse measured on a 5-point scale (from no problems to extremely severe).
- As DRP is time unlimited, progress toward goals is measured by the participant's first assessment and the last assessment completed, as of the end of the reporting period. The length of time between the first and last assessment will vary from participant to participant, based on their length of engagement in services.
- As of this reporting period, there are insufficient paired results for statistical analysis. The results in the charts below represent preliminary indicators of program impact.



Almost **43%** of respondents reported no alcohol use at entry as well as at the most recent assessment, **32%** reported no drug use at entry and **29%** at last assessment.

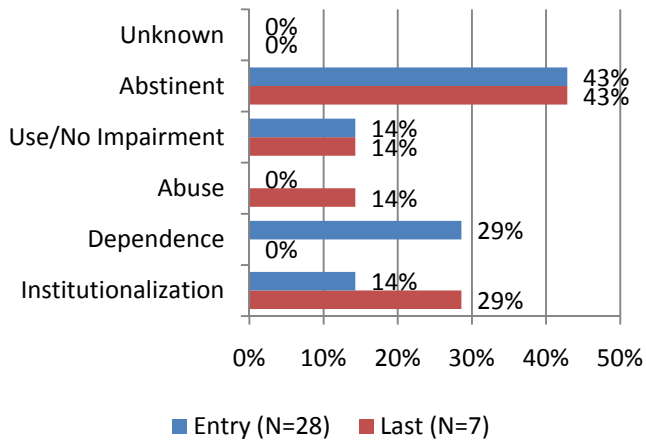


**68%** of Cannabis users also used other drugs.

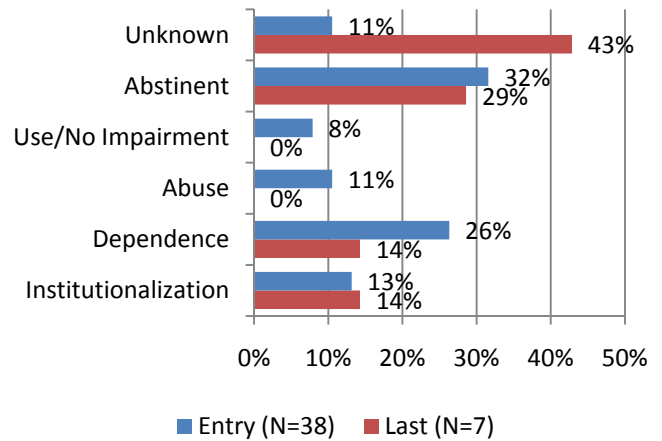
**66%** also listed stimulants as a primary drug

Program Goals: Reduced Alcohol & Substance Abuse continued

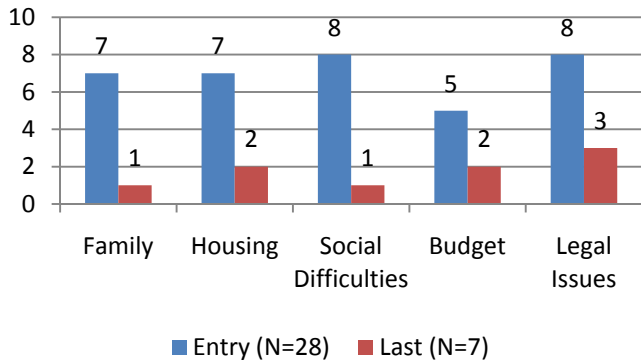
**Severity of Participant Alcohol Abuse at Program Entry and Last Assessment**



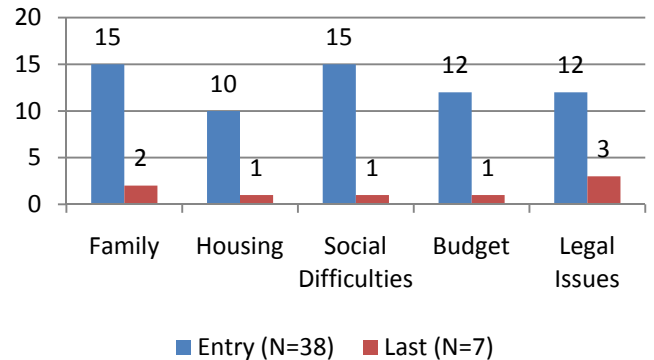
**Severity of Participant Drug Abuse at Program Entry and Last Assessment**



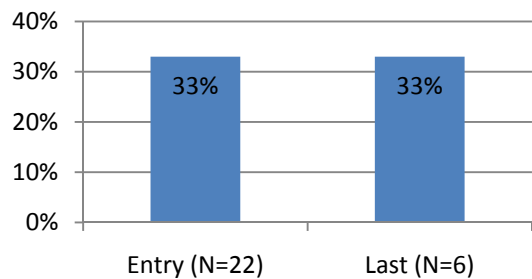
**Number of Participants Reporting Problems Related to Alcohol Abuse by Problem Type**



**Number of Participants Reporting Problems Related to Drug Abuse by Problem Type**



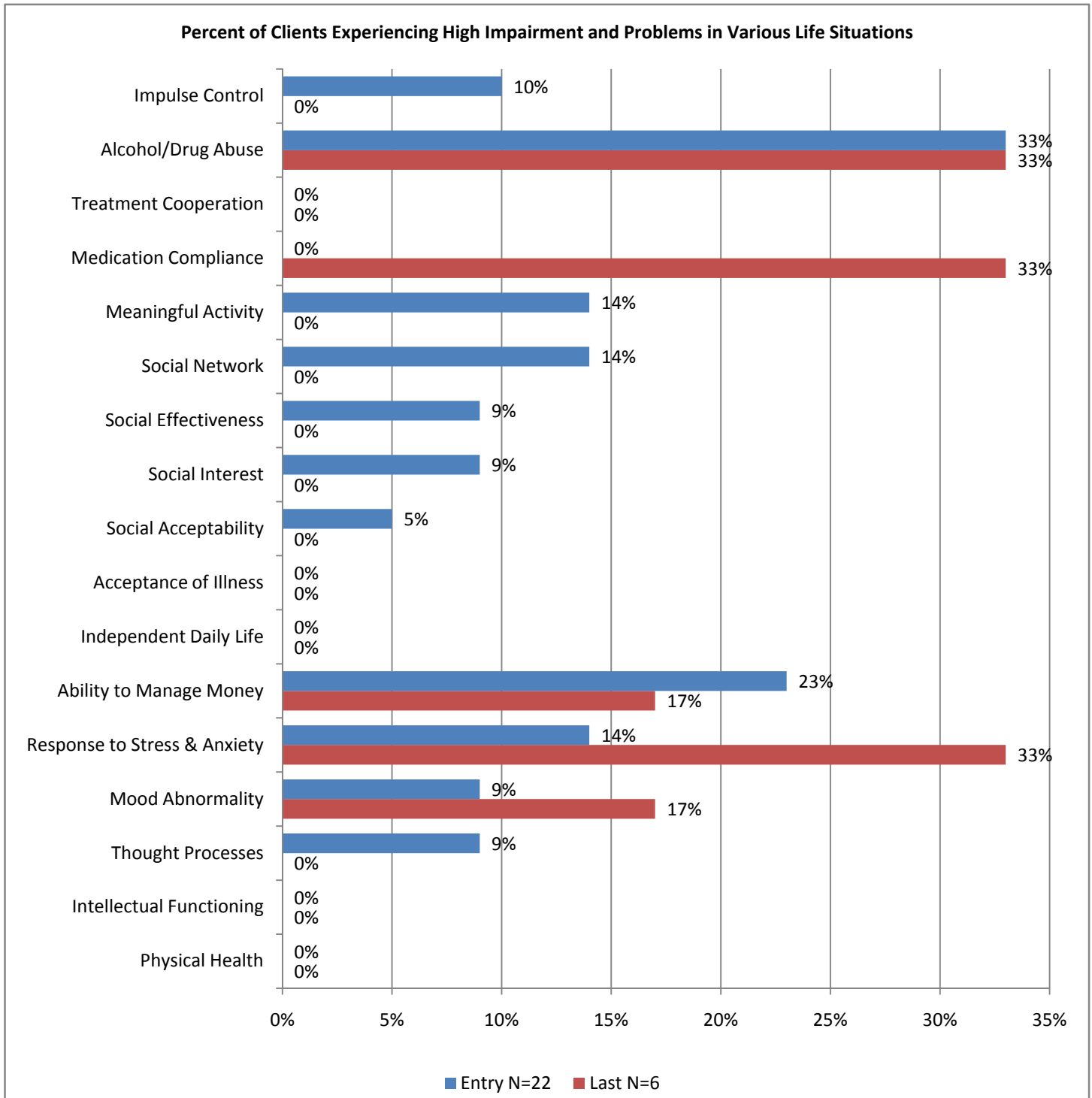
**Percent of Clients Rated as Frequently Abusing Alcohol/Drugs on the Multnomah**



**Harm Reduction:** An important goal of DRP is the reduction of negative consequences related to substance abuse. Many consumers of mental health services who struggle with substance abuse are not ready to endorse abstinence early on in their treatment and may even lack the motivation to reduce their use of substances. However, significant gains in treatment can be made in the early stages of treatment by focusing treatment on reducing the negative consequences of substance use, an approach often referred to as harm reduction. At the heart of this approach, the emphasis is on protecting consumers from the most severe consequences of their substance use while developing a therapeutic alliance that can motivate clients to more actively address their substance abuse, endorse abstinence from substances, and create a plan to address relapses.

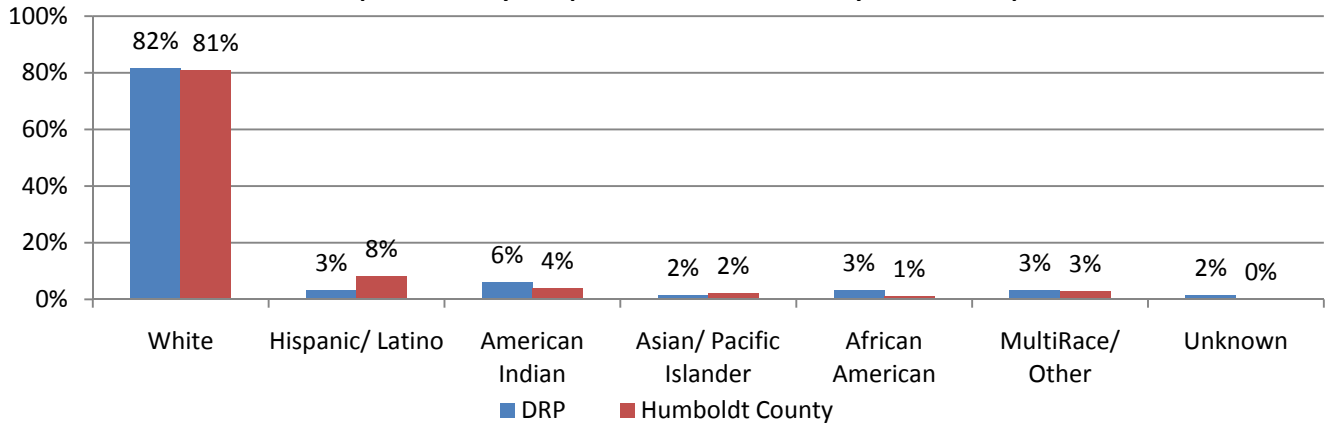
## Program Goal: Improved Quality of Life

- The following assessment is used to measure progress toward improved psychiatric functioning overtime:
  - Multnomah Community Ability Scale



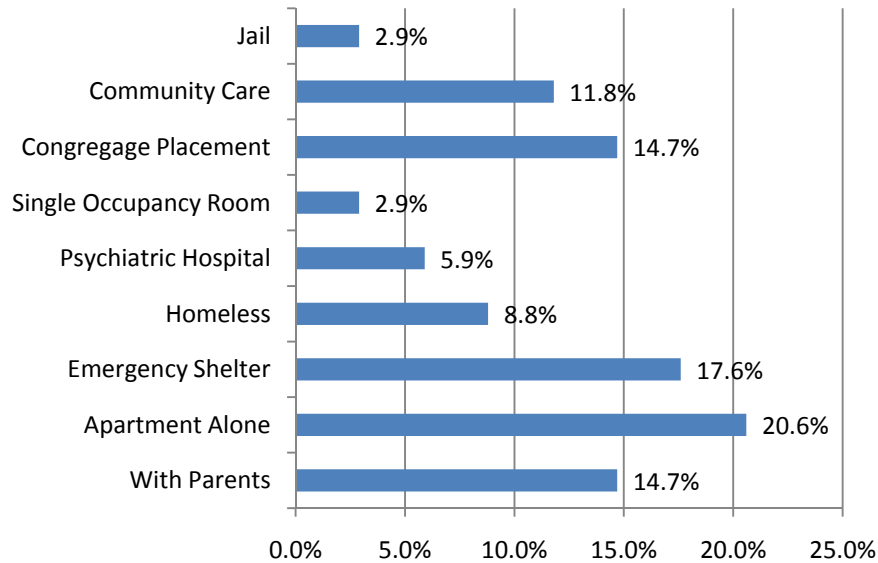
## Client Characteristics & Demographics

**Participant Ethnicity Compared to Humboldt County's General Population**



**Where Person Resided the Day Before Entering Program**

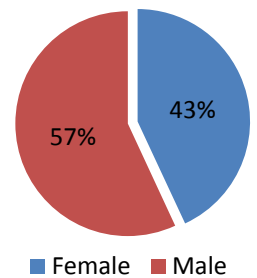
N=34



Before entry to DRP, 26% of participants were either homeless or in an emergency shelter.

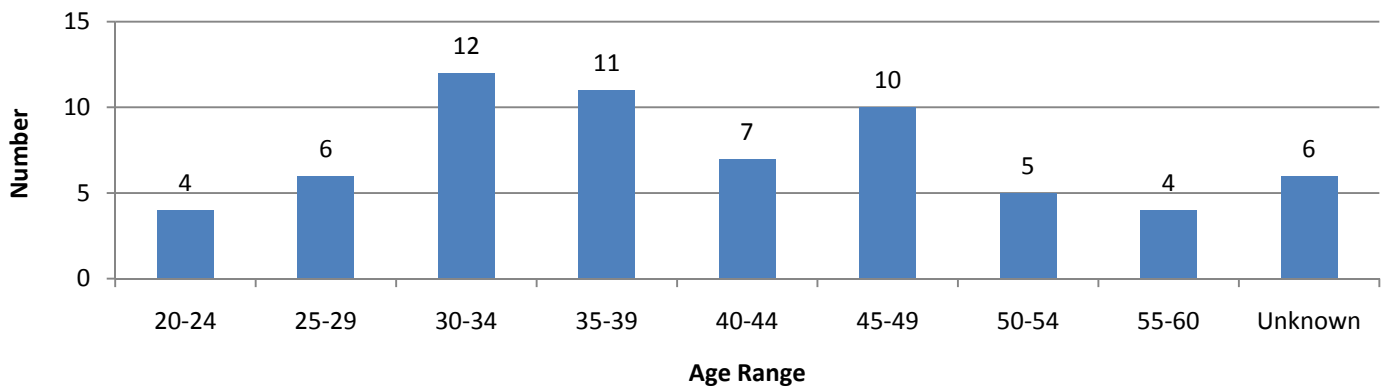
**Participant Gender at Program Entry**

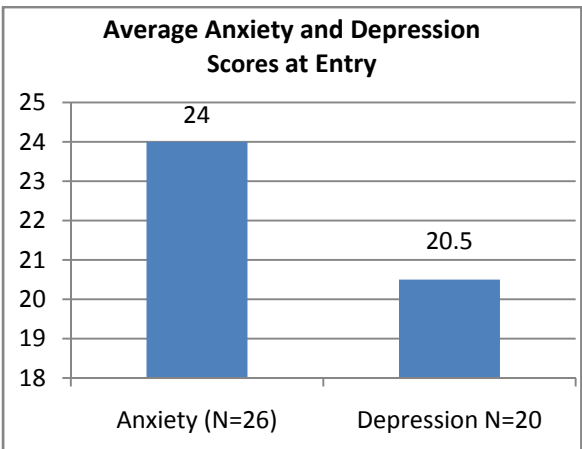
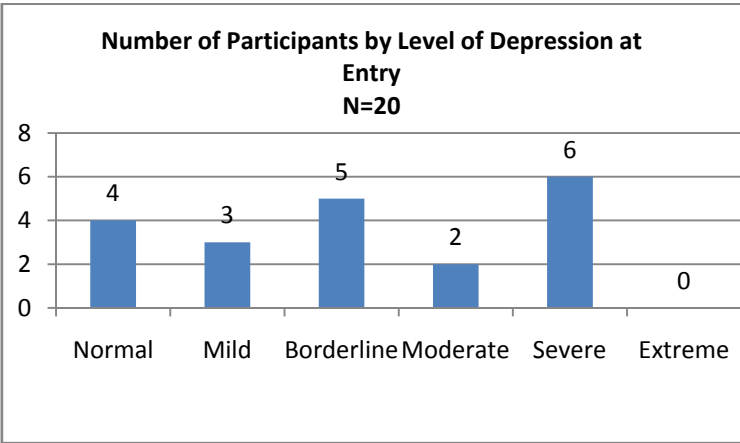
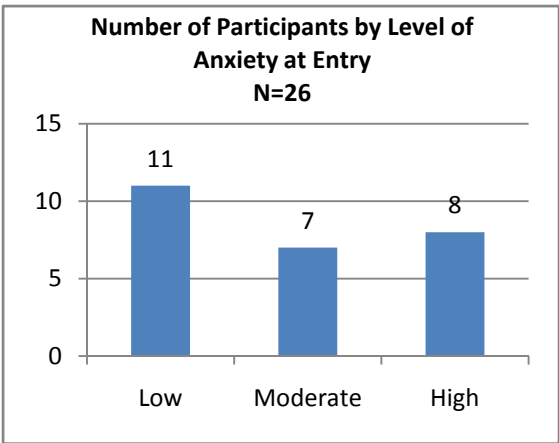
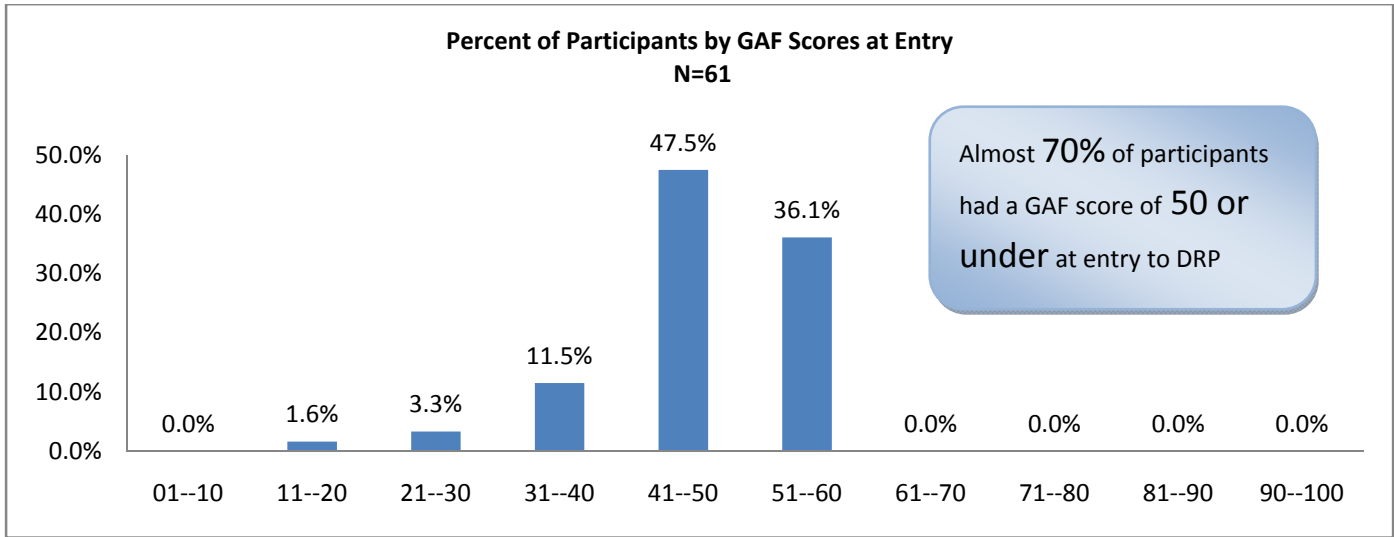
N=65



**Participant Age at Program Entry**

N=65





| Primary Referral Source | Total     |
|-------------------------|-----------|
| AOD                     | 10        |
| C.M.CCT                 | 4         |
| CWS                     | 2         |
| H.C. Parole             | 1         |
| H.C. Probation          | 1         |
| M.H. Evaluation         | 1         |
| Med Clinic              | 1         |
| Out Patient M.H.        | 2         |
| S.V.                    | 1         |
| Self                    | 4         |
| Unknown                 | 38        |
| <b>Total</b>            | <b>65</b> |

## Seeking Safety Quarterly Data Dashboard December 1, 2010 to February 28, 2013

### About Seeking Safety

- Seeking Safety is an evidence-based program developed specifically for individuals with Post Traumatic Stress Disorder (PTSD) and substance abuse problems. Treatment for the two disorders is integrated and flexible and consists of 12 cognitive behavioral group therapy sessions that teach people with PTSD and substance abuse problems new ways to deal with trauma related symptoms through a range of different coping skills. Participants engaged in Seeking Safety learn how to:
  - Recognize the warning signs for high risk situations for substance use
  - Ask others for help
  - Self care
  - Cope with symptoms of PTSD

### Seeking Safety Target Population

- The target population for Seeking Safety is adults ages 18 through 55 who have a history of trauma and substance abuse. Seeking Safety is offered to participants involved in Healthy Moms and Mental Health Outpatient services.

### Program Goals

- The primary goal of the program is to help participants reach and maintain recovery goals in order to lead safe, healthy lives. This is demonstrated by:
  - Participant engagement in program
  - Improved psychiatric functioning
  - Reduced alcohol use
  - Reduced substance abuse
  - Fewer hospitalizations for psychiatric needs
  - Fewer emergency services

### Program Participation and Engagement

- Data presented represents clients participating in Seeking Safety based on information received by the Research and Evaluation (R&E) unit for the period December 1, 2010 to February 28, 2013.

| Participant Status     | Healthy Moms | Out Patient | Total | Topics Completed | Healthy Moms |
|------------------------|--------------|-------------|-------|------------------|--------------|
| In Program             | 9            |             |       | 1 - 3            | 9            |
| Completed Tx           | 13           |             |       | 4 - 6            | 3            |
| Transferred to Alt. Tx | 3            |             |       | 7 - 9            | 10           |
| Withdrew               | 15           |             |       | 10 - 12          | 9            |
| Total                  | 40           | 14          | 54    | Total            | 31           |

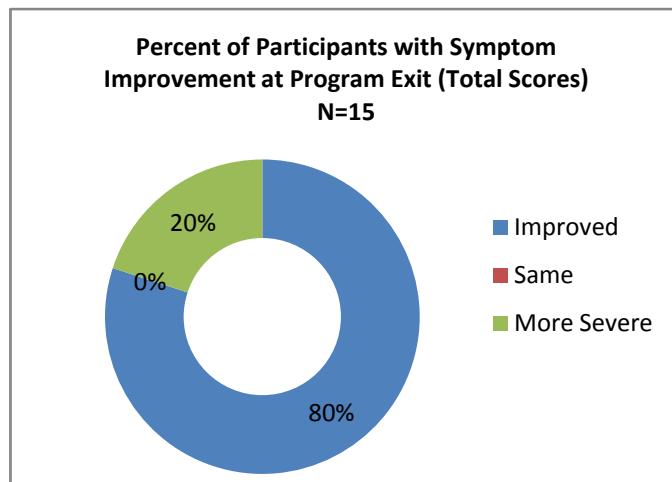
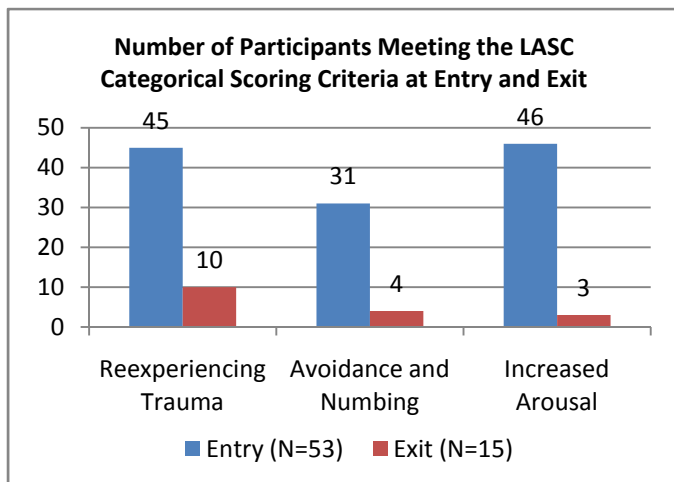
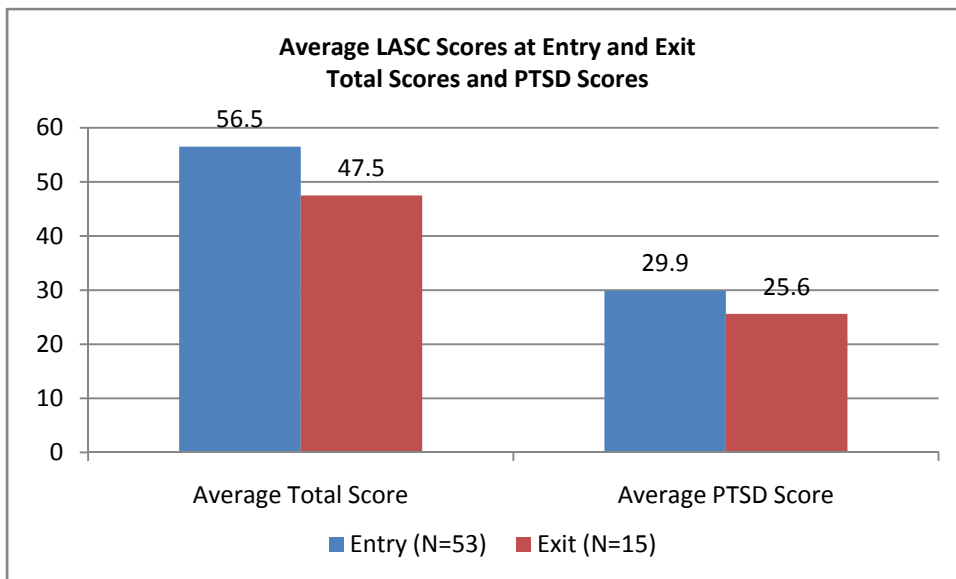
Participants completed an average of 7 topics by the time they exited Seeking Safety.

Of the Healthy Moms participants who have exited the program, 52% have completed the program or transferred to alternative treatment.

Future reports will include participation status and topics completed data for Outpatient participants as well.

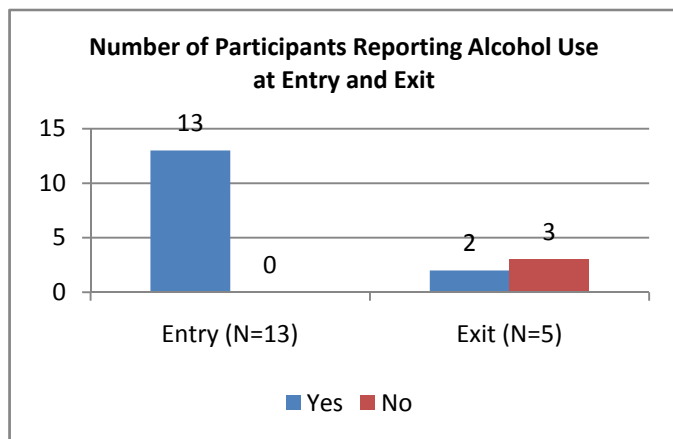
## Program Goal: Improved Psychiatric Functioning

- The following assessment is used to measure progress toward improved psychiatric functioning for all Seeking Safety participants:
  - Los Angeles Symptom Checklist (LASC)** - 43-item measure of PTSD and associated features that are rated on a 5-point scale ranging from 0 (no problem) to 4 (extreme problem).
- As of this reporting period, there are insufficient paired results for statistical analysis. The results in the charts below provide preliminary indicators of program impact.

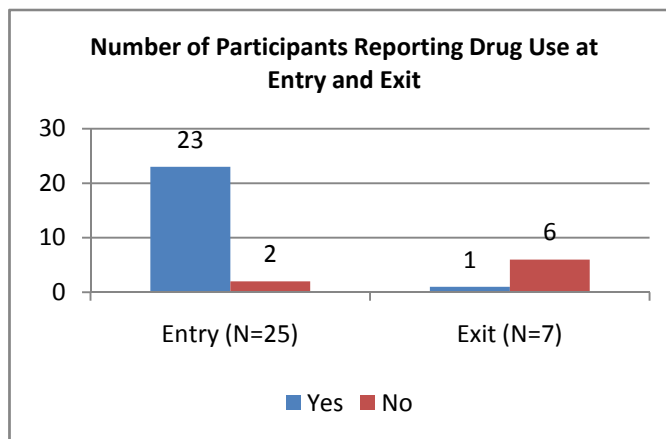


## Program Goals and Outcomes: Substance Use

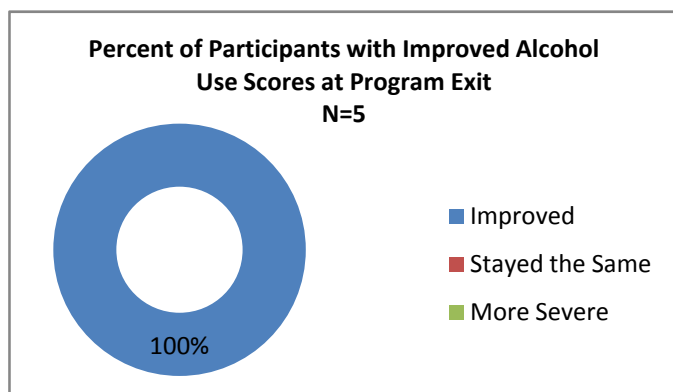
- **Healthy Moms** uses the following additional assessments to measure participant alcohol and drug use at entry and exit to the Seeking Safety program:
  - **Alcohol Use Scale-R (AUS-R)** - single-item clinician rated indexes of alcohol abuse measured on a 5-point scale, from no problems (abstinence) to extremely severe (dependence with institutionalization).
  - **Drug Use Scale-R (DUS-R)** - single-item clinician rated indexes of drug abuse measured on a 5-point scale, from no problems (abstinence) to extremely severe (dependence with institutionalization).
- Healthy Moms participants complete either the AUS-R or the DUS-R, depending on their substance abuse issue. Therefore each assessment will have fewer completions than other outcome tools used in this evaluation.
- As of this reporting period, there are insufficient paired results for statistical analysis. The results in the charts below represent preliminary indicators of program impact.



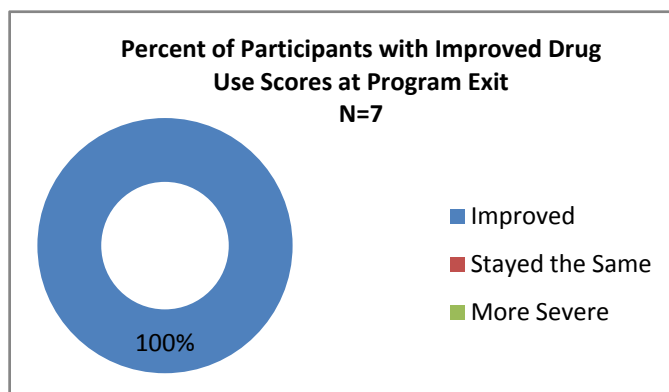
Sixty percent reported no alcohol use at exit.



Eighty-six percent reported no drug use at exit.



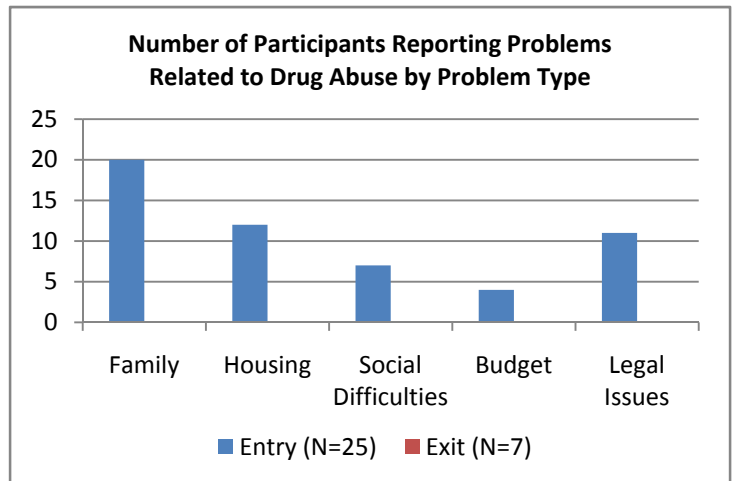
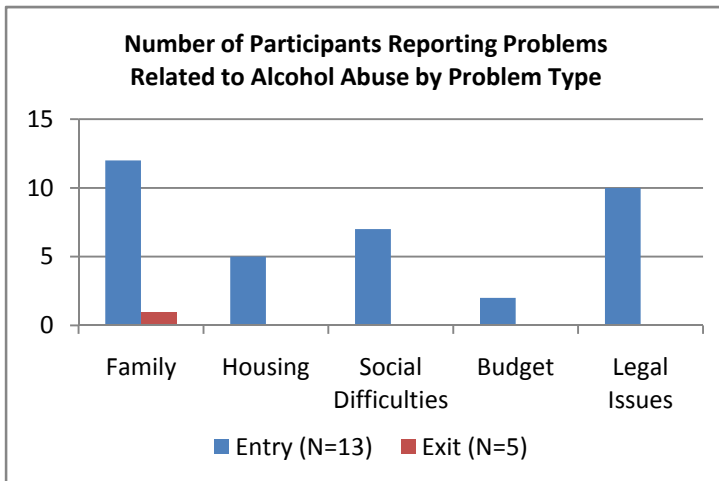
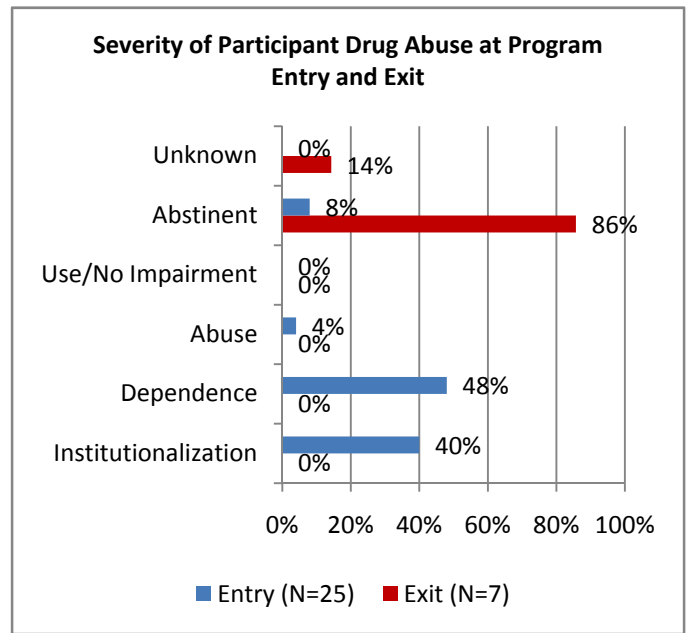
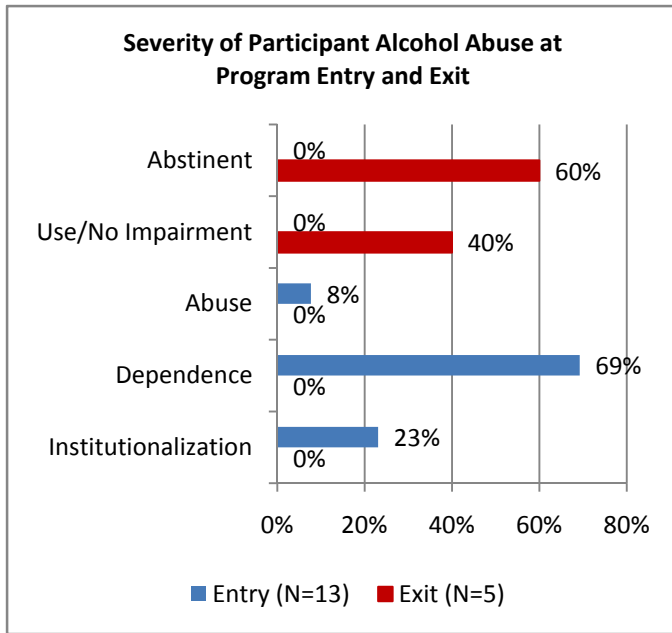
Of the five clients with a completed AUS-R at exit, 100% had received the second highest alcohol use rating at Entry and all five (100%) had an improved score at Exit.



Of the seven clients with a completed DUS-R at exit, 71% had received the highest drug use rating at Entry and all seven (100%) had an improved score at Exit.

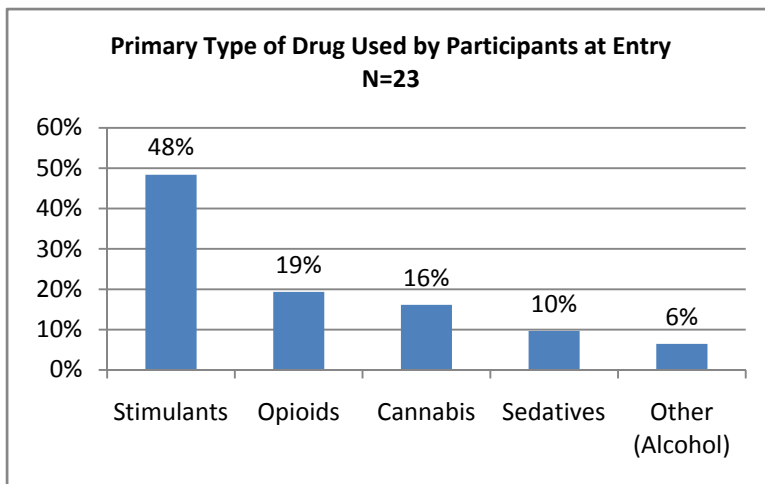
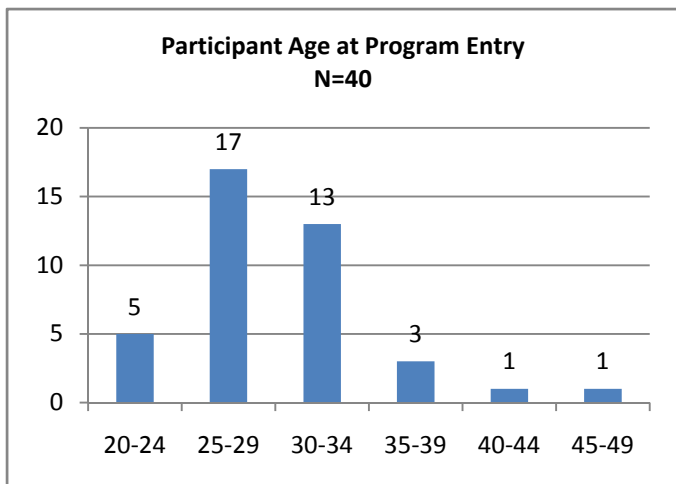
## Program Goals and Outcomes: Substance Use Continued

- **Healthy Moms** uses the following assessments to measure Seeking Safety participant alcohol and drug use:
- **Alcohol Use Scale-R (AUS-R)** - single-item clinician rated indexes of alcohol abuse measured on a 5-point scale, from no problems (abstinence) to extremely severe (dependence with institutionalization).
- **Drug Use Scale-R (DUS-R)** - single-item clinician rated indexes of drug abuse measured on a 5-point scale, from no problems (abstinence) to extremely severe (dependence with institutionalization).



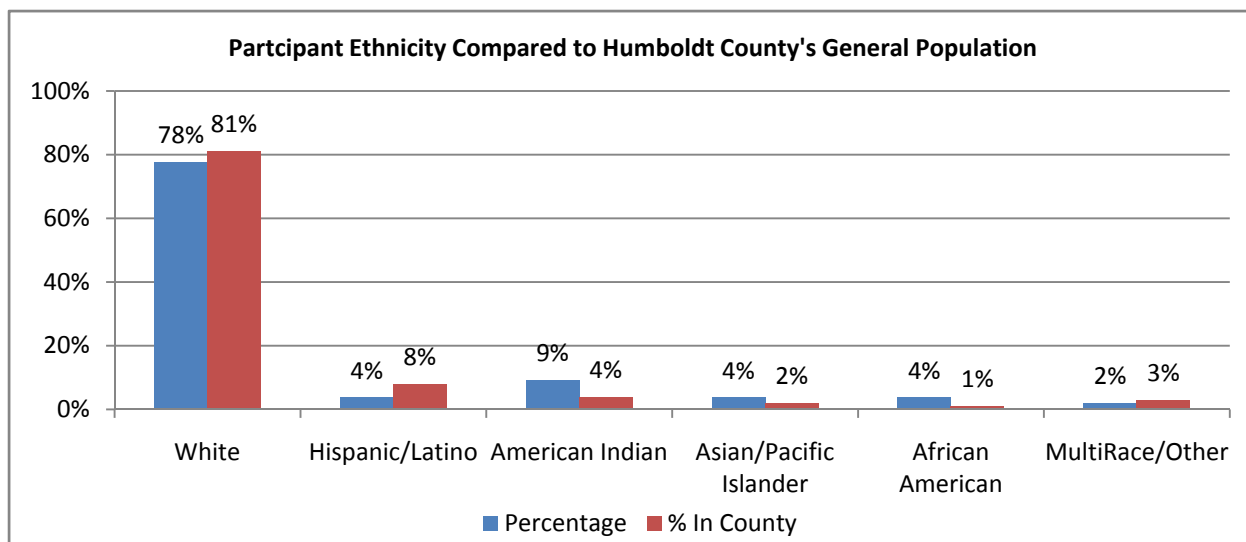
## Client Characteristics

- This section profiles the ages and ethnicities of Seeking Safety participants, and compares Seeking Safety participants to the Humboldt County general population.
- This section also shows data on the types of drugs used by Seeking Safety Healthy Moms participants at Entry.



Seventy-five percent of Seeking Safety participants were between the ages of 25 and 34.

The average age at Entry was 29.8 years.

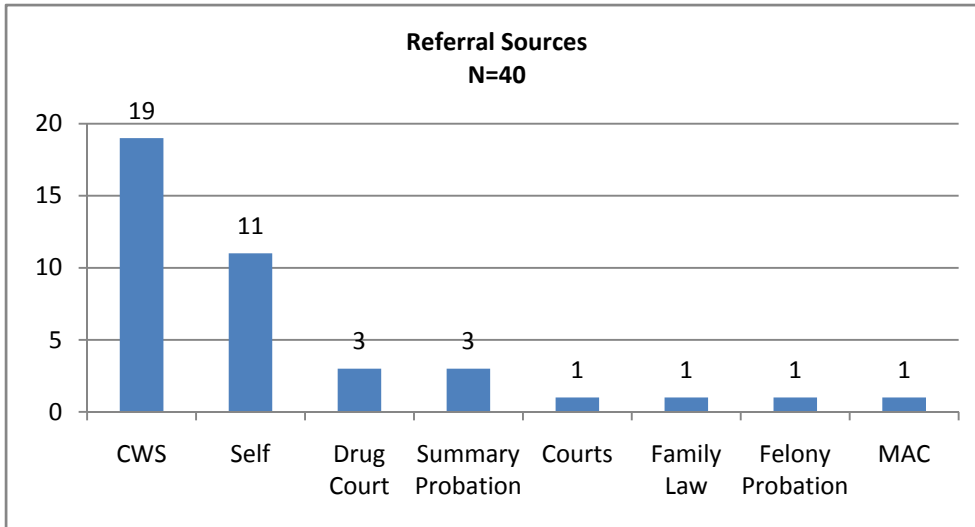


| Primary Treatment Type         | Healthy Moms |
|--------------------------------|--------------|
| Outpatient Treatment           | 17           |
| Intensive Outpatient Treatment | 23           |
| Total                          | 40           |

Fifty-eight percent of participants were receiving intensive outpatient services.

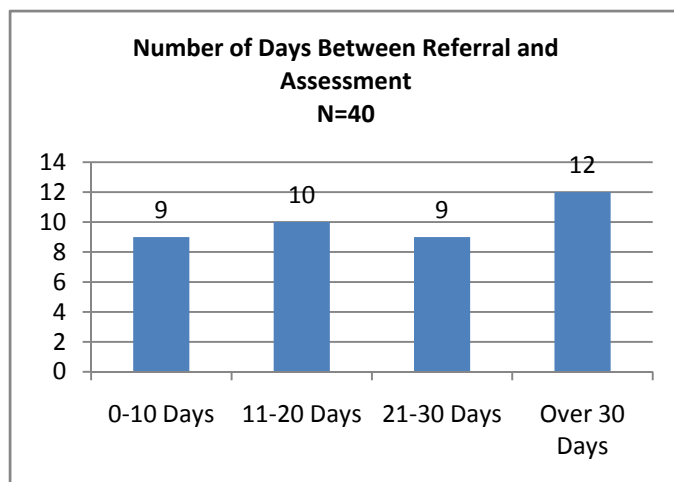
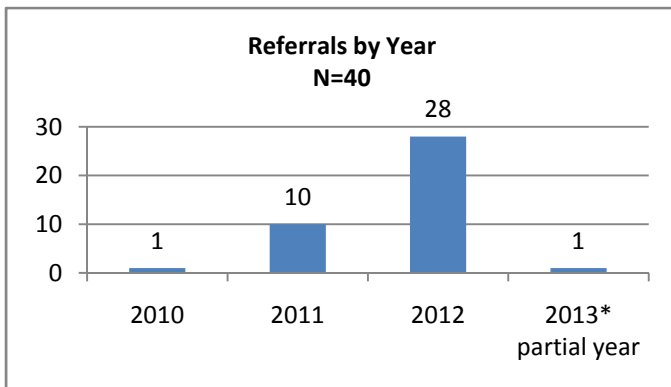
## Program Fidelity and Process Evaluation

- This section shows referral data for Seeking Safety participants as well as days between referral date and assessment date.
- This section will also show program fidelity results. Program fidelity for Seeking Safety will be measured using the **Seeking Safety Adherence Scale**, which will be administered on an annual basis. Program fidelity data was not available at the time of this report.



Referral data was available for 40 participants, all of which were Healthy Moms clients.

During this reporting period, 48% of the referrals to Seeking Safety came from CWS and 28% were self referrals.



The average length of time between the date referred and the assessment date was 25 days and the median length of time was 22 days.

## Additional Outcome Areas

- Data on the additional outcome areas were selected for inclusion in the ongoing evaluation of Seeking Safety:
- Global Assessment of Functioning (GAF) scores (Entry/Exit)
- Number of Hospital Admissions (Entry/Exit)
- Number of Emergency Services (Entry/Exit)
- A data collection process is being put in place to collect data on the above outcome areas and this data will be included in future reports.



## Suicide Prevention

A total of 775 individuals participated in Prevention and Early Intervention Suicide Prevention activities in Fiscal Year 2011/2012 with 492 individuals (65%) providing demographic information.

| <b>Age Group</b> | <b>#</b>   | <b>%</b>    |
|------------------|------------|-------------|
| Child and Youth  | 57         | 12%         |
| TAY              | 143        | 29%         |
| Adults           | 242        | 49%         |
| Older Adults     | 48         | 10%         |
| Unknown          | 2          | 0%          |
| <b>Total</b>     | <b>492</b> | <b>100%</b> |

| <b>Primary Language</b> | <b>#</b> | <b>%</b> |
|-------------------------|----------|----------|
| English                 | 465      | 95%      |
| Spanish                 | 13       | 3%       |
| Other                   | 9        | 2%       |
| Unknown                 | 5        | 1%       |

| <b>Race and Ethnicity</b> | <b>#</b> | <b>%</b> |
|---------------------------|----------|----------|
| White                     | 331      | 67%      |
| African American          | 9        | 2%       |
| Asian/Pacific Islander    | 16       | 3%       |
| Native American           | 35       | 7%       |
| Hispanic                  | 40       | 8%       |
| Multiracial               | 9        | 2%       |
| Unknown                   | 52       | 11%      |

| <b>Location</b> | <b>#</b> | <b>%</b> |
|-----------------|----------|----------|
| Arcata          | 114      | 23%      |
| Eureka          | 208      | 42%      |
| Fortuna         | 36       | 7%       |
| Garberville     | 6        | 1%       |
| McKinleyville   | 67       | 14%      |
| Trinidad        | 5        | 1%       |
| Willow Creek    | 4        | 1%       |
| Out of County   | 12       | 2%       |
| Unknown         | 40       | 8%       |

| <b>Service Provider</b> | <b>#</b> | <b>%</b> |
|-------------------------|----------|----------|
| Education               | 70       | 14%      |
| Mental Health           | 35       | 7%       |
| Health Care             | 36       | 7%       |
| Social Services         | 48       | 10%      |
| Law Enforcement         | 32       | 7%       |
| Family Resource Ctr     | 6        | 1%       |
| Employment              | 8        | 2%       |
| Media                   | 1        | 0%       |
| Other                   | 77       | 16%      |
| Unknown                 | 179      | 36%      |

| <b>Sexual Orientation</b> | <b>#</b> | <b>%</b> |
|---------------------------|----------|----------|
| Heterosexual              | 410      | 83%      |
| Homosexual                | 19       | 4%       |
| Bisexual                  | 30       | 6%       |
| Other                     | 15       | 3%       |
| Unknown                   | 18       | 4%       |

Of the 492 individuals who participated in Suicide Prevention Activities in Fiscal Year 2011/2012, 14% were employees of the Humboldt County Department of Health and Human Services, 23% had been diagnosed with a mental illness, 56% were a family member of someone who had been diagnosed with a mental illness, 18% had experienced homelessness, 38% had experience with the juvenile justice system, 20% had experience with child welfare services, 3% were veterans.

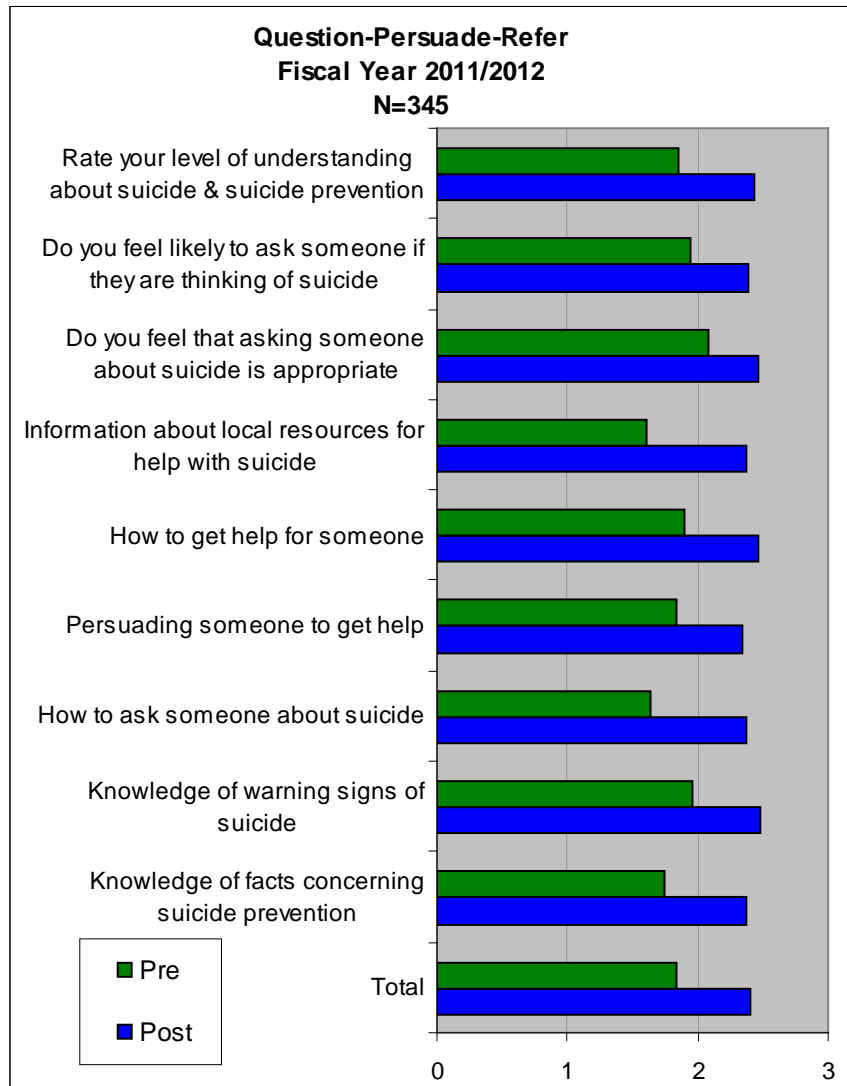
Prevention and Early Intervention programs staff provided 26 trainings during Fiscal Year 2011/2012. 20 were Question, Persuade, and Refer (QPR) trainings and six were Applied Suicide Intervention Skills for Trainers (ASIST). Suicide Prevention program staff also hosted a day-long community training workshop, *Building Community Capacity to Prevent Suicide*, which was attended by 85 individuals. Suicide Prevention program staff also conducted six educational presentations reaching 82 individuals.

QPR is a simple educational program that teaches individuals how to recognize a mental health emergency and how to get a person at risk the help they need. It is also an action plan that can result in lives saved. QPR is the most widely taught gatekeeper training program in the United States, and more than one million adults have been trained in classroom settings in more than 48 states. QPR trainings are currently provided at no cost to participants.

QPR trainings were provided at the following locations:

- College of the Redwoods
- Humboldt State University-Masters of Social Work students
- Gatekeepers Team
- North Coast Preparatory Academy
- Eureka Senior High School
- CAL SOAP Tutor Advisors
- Employment Development Division
- Spare Change Peer Educators
- Arcata High School
- United Indian Health Services
- Crisis Intervention Team
- Humboldt State University-Ecology of Family Violence
- North Coast Youth Summit
- Faith Center Four Square Church
- Church of the Joyful Healer
- Unity of the Redwoods
- Church of Jesus Christ-Latter Day Saints
- Humboldt State University- Queer and Ally Group
- Crestwood Behavioral Health
- College of the Redwoods-Alcohol and Drug and Social Work students

Of the 465 participants, 345 completed pre/post knowledge tests. Training participants were asked to rank their level of knowledge on a scale of 1 to 3 (1=Low, 2=Medium, 3=High) before and after completing the QPR training.



ASIST is a two-day intensive, interactive and practice-dominated course designed to help caregivers recognize risk and learn how to intervene to prevent the immediate risk of suicide. The workshop is for all caregivers (any person in a position of trust). This includes professionals, paraprofessionals and lay people. It is suitable for mental health professionals, nurses, physicians, pharmacists, teachers, counselors, youth workers, police and correctional staff, school support staff, clergy, and community volunteers.

The ASIST evaluation asked participants to rate ASIST on a scale of 1 to 10 (1=did not like it at all, 10=liked it a lot). Of the 92 responses, the average rating given was 9.02. The evaluation also asked participants to rate their level of preparedness to help a person at risk of suicide and the average rating given was 8.55. Participants were asked to explain why they would recommend ASIST to others and a few responses are highlighted below:

- “It’s easy to understand and explain and use.”
- “It’s something that anyone can learn to do- it’s universal and important.”
- “It’s simple and effective. It breaks down barriers to wanting to discuss suicide.”
- “The more people who are trained the more people who can be saved.”
- “It clarifies a procedure to deal with people considering suicide.”

Prevention and Early Intervention programs established a multidisciplinary ASIST Interagency Training Team during Fiscal Year 2011/2012 to enhance workforce skills to effectively respond to persons at risk of suicide. Trainers include representatives from: Juvenile Corrections, Social Service Older Adult Division, United Indian Health Services, Veterans’ Medical Clinic, Public Health Branch, and Mental Health Branch. All team members met the minimum requirements to achieve registered trainer status.

Prevention and Early Intervention programs also provided 6 presentations during Fiscal Year 2011/2012. A total of 82 people were reached by the presentations.

The presentations were delivered to the following audiences:

- Mad River Hospital Grand Rounds- Perinatal Mood Disorders
- St. Joseph’s Hospital Grand Rounds- Perinatal Mood Disorders
- Humboldt State University’s Sexual Diversity class
- Clergy for Choice
- McKinleyville High School staff
- Mad River Hospital Grand Rounds- Geriatric Depression

Prevention and Early Intervention programs conducted outreach at 10 events during Fiscal Year 2011/2012. A total of 4200 people were impacted by these outreach efforts.

| <b>Suicide Prevention<br/>Community Outreach<br/>Fiscal Year 2011/2012</b> |                   |
|--|-------------------|
| <b>Name of Event</b>   | <b># Attended</b> |
| Humboldt PRIDE Festival  | 750               |
| HSU Wellness Fair  | 500               |
| Walking Toward Awareness   | 75                |
| North Coast Stand Down   | 1000              |
| Healing Breakfast  | 50                |
| Academy of the Redwoods Teen Health Expo                                   | 250               |
| Arts Alive   | 1000              |
| HSU Healthy Bodies, Healthy Minds  | 75                |
| K'ima:w Health Fair  | 500               |

Prevention and Early Intervention programs also coordinated a campaign for Suicide Prevention Week in September, 2011. Along with the Walking Toward Awareness event, the following activities were implemented:

- Radio interview on KHSU Homepage, news release, public service announcements on local radio stations
- Board of Supervisors Proclamation
- Webcast- *Suicide in the U.S.: Finding Pathways to Prevention*
- ASIST training at Humboldt Area Foundation

Prevention and Early Intervention programs staff have coordinated and participated in a variety of workgroups to increase community capacity to prevent suicide.

| <b>Suicide Prevention Workgroups<br/>Fiscal Year 2011/2012</b>   |  |
|--|--|
| <b>Workgroup</b>   | <b>Outcomes</b>  |
| Community Grief Support Workgroup  | <ol style="list-style-type: none"> <li>1. Developed asset grid of community resources</li> <li>2. Developed a "Grief Support Continuum of Care"</li> <li>3. Identified access points for survivor support</li> </ol>   |
| Ko'l Ho Koom Mo (Working Together) Suicide Prevention Workgroup, United Indian Health Services         | <ol style="list-style-type: none"> <li>1. PEI staff provided technical assistance</li> <li>2. Implemented American Indian Life Skills training</li> <li>3. Implemented Native HOPE training</li> <li>4. Co-sponsored ASIST training with UIHS staff</li> </ol> |
| Suicide Prevention Workgroups at Arcata High School, McKinleyville High School, and Eureka High School | <ol style="list-style-type: none"> <li>1. Developed protocol, policy and procedures on suicide prevention and postvention</li> <li>2. PEI staff provided trainings &amp; technical assistance</li> </ol>   |
| Support After Suicide Workgroup  | <ol style="list-style-type: none"> <li>1. Created and displayed quilt</li> <li>2. Planned and implemented Suicide Prevention Week activities</li> </ol>  |
| Older Adult Suicide Prevention Workgroup   | <ol style="list-style-type: none"> <li>1. Implemented Grand Rounds training on geriatric depression &amp; suicide</li> </ol>   |
| ASIST Interagency Training Team  | <ol style="list-style-type: none"> <li>1. Implemented ASIST trainings</li> </ol>   |

## Suicide prevention training teaches people to 'Question, Persuade and Refer'

### Tri-City Weekly

Every 15 minutes, someone in the United States dies by suicide, according to the Centers for Disease Control and Prevention (CDC).

A new report released by the CDC finds that for every person who dies, there are many more who think about, plan or attempt suicide.

A Humboldt County Department of Health and Human Services (DHHS) Public Health Branch training program called "Question, Persuade and Refer" (QPR) is helping to break down the stigma surrounding suicide and, at the same time, is teaching community members about the warning signs of suicide and about what to do if someone they come in contact with is exhibiting these behaviors.

"Suicide is a community problem," said Susan Buckley, the DHHS Public Health Branch director. "We have to work together as a community to find a solution."

The CDC study, released in late October, is the first to present state-by-state data specifically focused on suicidal thoughts and behavior

among U.S. adults. It is based on findings from the 2008-2009 National Survey on Drug Use and Health.

The CDC report reveals that suicidal thoughts and behaviors vary broadly by region. Of the 92,264 people polled, the number of adults who said they had had serious thoughts of suicide ranges from 1 in 50 in Georgia (2.1 percent) to 1 in 15 in Utah (6.8 percent). For suicide attempts, the range is from 1 in 1,000 adults in Delaware and Georgia (0.1 percent) to 1 in 67 in Rhode Island (1.5 percent).

According to the CDC, in California, 1 in 29 adults (3.4 percent) surveyed said they had seriously thought about suicide. One in 111 (0.9 percent) reported that they had gone on to create a suicide plan and 1 in 250 (0.4 percent) of the adults questioned said they had attempted suicide.

According to the CDC, suicide rates are consistently higher in the western states than other areas around the country. The "County Health Status Profiles 2010" report, put out by the California Department of Public Health every year, shows that the

2010 suicide rate in Humboldt County was 24.8 suicides per 100,000 persons, which is comparable to other small rural counties.

"Suicide is a tragedy for individuals, families and communities," said Dr. Thomas M. Frieden, CDC director. "This new report by the CDC highlights that we have opportunities to intervene before someone dies by suicide. Most people are uncomfortable talking about suicide, but this is not a problem to shroud in secrecy."

Humboldt County's "Question, Persuade and Refer" training is designed to help raise awareness about warning signs around suicide. A simple educational program, QPR teaches ordinary citizens how to recognize a person at risk. The program is funded by Mental Health Services Act-Prevention and Early Intervention Suicide Prevention.

"The idea behind this training is to empower people to reach out and assist someone who may be thinking about suicide," said Kris Huschle, a Public Health Branch health education specialist who

presents QPR trainings locally.

Just as people trained in CPR help save thousands of lives each year, she said, people trained in QPR can save lives, too.

"In CPR, the public is educated about the classic signs of a heart attack and how to respond," Huschle said. "In QPR, the public is educated about the warning signs of a suicide crisis — expressions of hopelessness, depression, giving away prized possessions, talking of suicide, securing lethal means — and how they can respond."

QPR stresses the importance of good communication and listening skills when dealing with a crisis situation.

"Asking questions can really help us identify where that person is on the spectrum of suicide ideation," Huschle said. "It helps us know what we can do: Do we call 911 or, more likely, help the person in distress identify people in their life that care and will listen and be there for them? It helps us gauge what that person needs and how we can best get them to seek the help that they need."

To date, more than one million Americans have been trained in QPR by certified instructors like Huschle. About 500 people have been trained in Humboldt County since the program started in November 2009.

QPR training is available to anyone in the community. For more information about scheduling a QPR training for your workplace, organization or group, call Huschle at 441-5554. The training session runs about 90 minutes, although Huschle can present

a shorter or longer program depending on a group's specific needs and interests. Early morning, evening and weekend presentations can be arranged.

"This is a community program and the community doesn't always operate on an 8 to 5 schedule, so I am available to give presentations at different times," Huschle said. "The most important thing here is to get the word out. We can all make a difference and through the QPR training, possibly save someone's life."



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# Classes teach how to prevent suicide

County's program outlines how to broach subject with others

Megan Hansen  
TIMES-STANDARD

Talking about suicide is taboo to some members of society, but the Public Health Branch of the Humboldt County Department of Health and Human Services is working to end any stigma and help

community members learn to cope with suicidal people.

Kris Huschle, a Public Health Branch health education specialist, has been educating county residents for two years on how to identify suicidal people and the proper way to go about helping them. The program she's taught — called "Question, Persuade and Refer" — has been heard by more than 500 people and is funded by the Mental Health Services Act.

"Each of us can learn how to help someone in distress," Huschle said. "If it seems like they may be thinking

about suicide, broach the topic."

Every 15 minutes, someone in the United States dies by suicide, according to the Centers for Disease Control

and Prevention. According to a recent report from the California Department of Public Health, titled "County Health Status Profiles 2010," the suicide rate for Humboldt County in 2010 was 24.8 suicides per 100,000 persons.

At the Humboldt County Department of Health and Human Services, the number of requests for mental health services has increased during the current economic downturn. Helene Barney, senior program man-

■ See SUICIDE PREVENTION/A8

## SUICIDE PREVENTION: 'A lot of times, they may not ask for help'

FROM A1

ager with the Mental Health Branch, said the branch received 2,538 requests for mental health services during fiscal year 2009-2010 and 2,908 requests for services during fiscal year 2010-2011 — a 14.6 percent increase in calls during a two-year period.

"In times of economic stress, generally, the number of people experiencing emotional crisis tends to rise," Barney said.

Huschle said the goal of the program she teaches is to educate people about how to connect someone at risk with mental health services and to prevent suicide deaths by teaching people about the warning signs of suicide.

Warning signs include, but are not limited to, talking about wanting to die, talking about feeling hopeless or trapped, increasing the use of alcohol or drugs, looking for a way to kill oneself, sleeping too little or too much, displaying extreme mood swings and withdrawing from people or normal activ-



SHAWN WALKER/THE TIMES-STANDARD

**The Community Wellness Center in Eureka offers information to the community about suicide prevention classes.**

ities, according to the National Suicide Prevention Lifeline.

Huschle said if any of these signs sound familiar, sit down with the person of concern and ask them how they're doing. She said simply listening to a person's emotional pain and talking

with them can be a huge relief for someone who is hurting. "A lot of times, they may not ask for help," Huschle said.

Huschle said she teaches people how to ask whether someone is thinking about killing themselves. She said

it's not helpful to say something like, "You're not thinking about doing something stupid, are you?"

"We want to make sure if people are going to ask about harming themselves, they ask directly," Huschle said. "Ask if it's on their mind."

If it is, she said, the next step is to persuade and encourage that person to get help. People can contact the 24-hour National Suicide Prevention Lifeline at 800-273-8255, call the local Mental Health Crisis Services department at 445-7715 or call the Redwood Community Action Agency Youth Service Bureau's 24-hour youth crisis hotline at 444-2273.

Huschle said she teaches people the importance of linking a suicidal person with family members, friends, coaches or any trusted person that can provide emotional support and a watchful eye. The National Suicide Prevention Lifeline suggests removing any firearms, drugs or sharp

objects from a suicidal person's surroundings and never leaving them alone. Huschle said a circle of support is very important.

"They need to know they're not alone," Huschle said. "Everybody deserves to feel better and have support."

Anyone interested in scheduling a training session with Huschle for their workplace, organization or group can call 441-5554. Each training session runs about 90 minutes, but Huschle can tailor the presentation to specific needs and interests, including evening and weekend presentations.

Megan Hansen can be reached at 441-0511 or mhansen@times-standard.com.

## DHHS News

### International Suicide Prevention Expert Trains Responders from Around the U.S. in Eureka

About 30 participants from around the country spent a week in Eureka learning to recognize and respond to the warning signs of suicidal behavior — and to teach others in their own communities how to do the same.

The Humboldt County Department of Health and Human Services (DHHS) hosted the training. Four of the participants were DHHS employees and another was from Humboldt County Probation. The rest were from various agencies outside the county and the state.

Frank Campbell, PhD., has taught suicide prevention courses throughout the world. Over the past 25 years, methods he uses have been researched, refined and proven to reduce the incidence of suicide. He recognizes the impact that suicide has globally and has expertise with high-risk groups such as veterans and older adults.

“The effort of the department heads in Humboldt County to join their staff members in this process has been a unique and encouraging experience for all of the training team members,” Campbell said. “The investment that began last month will bear fruit beyond the workplace settings each candidate represented.”

This was a training of trainers and is an important piece of the DHHS suicide prevention approach.

Suicide prevention training will be made available to counselors, school staff, medical professionals and any group that has the potential to come into contact with a suicidal person.



Trainer Frank Campbell, PhD. wraps up a five-day suicide prevention training at the Eureka Inn. Participants came from all over the country and will use the information in their communities to train counselors, school staff, medical professionals and others who might come in contact with a suicidal person.

## DHHS News

### Suicide Prevention Activities Planned

“Walking Toward Awareness,” a two-mile walk designed to educate the community about suicide prevention, will be held Saturday, Sept. 17, starting and ending at the Adorni Center on Waterfront Drive in Eureka.

This event is being sponsored by Support After Suicide, the Department of Health and Human Services (DHHS) and other local agencies and businesses. Check-in time is 1 p.m.; the walk starts at 2 p.m. The Support After Suicide Memorial Quilt will be on display. For more information about the walk, call Kathy at 839-3349 or email [sasgroupinfo@yahoo.com](mailto:sasgroupinfo@yahoo.com).

“Walking Toward Awareness” is just one of several events planned this month to increase knowledge of and provide information about suicide prevention, said Kris Huschle, health education specialist with the Public Health Branch of DHHS.

“Suicide is a serious community health problem,” Huschle said. “Suicide and suicidal behavior affect individuals of all ages, genders, races and religions.”

This month’s activities are being held in conjunction with National Suicide Prevention Week, Sept. 4 to 10. Listed below are some of the other events planned:

- Tuesday, Sept. 6  
The Board of Supervisors issued a proclamation in the Supervisors’ Chambers on the first floor of the Humboldt County Courthouse, 825 Fifth St.
- Wednesday, Sept. 7:  
“Suicide in the U.S.: Finding Pathways to Prevention,” a brown bag lunch and webcast from the National Institute of Mental Health, took place at the Community Wellness Center, 908 Seventh St. in Eureka.
- Saturday, Sept. 10  
World Suicide Prevention Day. Resource information on suicide prevention will be available from various agencies and organizations during the Humboldt Pride Festival from noon to 5 p.m. at Halvorsen Park, First and C streets in Eureka.
- Thursday and Friday, Sept. 22 and 23  
“Applied Suicide Intervention Skills Training” will take place from 8:30 a.m. to 4:30 p.m. in Bayside and Eureka. Registration is required. This course is designed to help caregivers recognize suicide risks and learn how to intervene.

## Mental Health News

### Transition Team Report

by Asha George, Ph.D, MHB Deputy Branch Director

In June, the Department of Health and Human Services hosted the training called Applied Suicide Intervention Skills Training, made possible by the Mental Health Services Act -- Prevention and Early Intervention funds. This training focused on "training the trainers," so that long after the training is completed, we will have six trainers who can provide the community with ongoing training on how to identify, respond and activate support systems for those at risk for suicide. The six trainers came from various disciplines: mental health, social services, public health education, juvenile corrections and Veteran's services. Professional and lay caregivers can benefit from the two-day intensive training coming up in September.

Two other trainings that took place were the Wellness Center Roundtable Dialogue and Motivational Interviewing Training, provided by the California Institute for Mental Health -- Working Well Together (WWT), again a program funded by the Mental Health Services Act. WWT works to prepare, hire, train, and support clients and family members as employees in the public mental health workforce.

Thirty-one workshop planners and participants traveled from seven rural northern counties to the Humboldt Bay Aquatic Center. People traveled from Nevada, Shasta, Tehama, Lassen, Lake, Trinity, and Mendocino counties to share their contributions during two days of focused workshops. This training allowed for cross county learning among peers and staff and helped in building skills for entry level staff, clinical staff and community partners.

In this time of uncertainty with the budget and state's priorities, we can reflect on these as some of the ways that the Mental Health Services Act provides the resources for the continued transformation of our communities. By building skills across the spectrum of providers and community partners, we can continue to provide services to those who need them the most.



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new census bureau report finds. The

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# Recognizing the Warning Signs of Suicide

## Help Can Be a Phone Call Away

**PRESS RELEASE**  
Humboldt County Dept. of Health and Human Services

Suicide is a serious public health problem, and its aftermath can have lasting harmful effects on families and communities. According to the National Suicide Prevention Lifeline, suicide warning signs can include:  
Talking about wanting to die

- Looking for a way to kill oneself
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious, agitated or recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings

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# Warning Signs of Suicide

The more warning signs a person displays, the greater the risk of suicide.

If you are concerned that someone you know may be thinking about suicide, the National Suicide Prevention Lifeline suggests the following steps:

- Do not leave the person alone.
- Remove any firearms, alcohol, drugs or sharp objects that could be used in a suicide attempt.
- Take the person to an emergency room or seek help from a medical or mental health professional.

— Call the 24-hour National Suicide Prevention Lifeline at 800-273-8255.

Help is also available locally by calling Mental Health Crisis Services at (707) 445-7715 or the Redwood Community Action Agency Youth Service Bureau's 24-hour youth crisis hotline at (800) 444-2273. ■

## Arrest Reports

The following individuals were arrested and booked into the Humboldt County Correctional Facility. This report is from Nov. 8 - Nov. 17.

- 11/08 - Charles William Abbott JR.** - VC14601.1(A) Drive while license suspended VC4000(A) Registration required VC16028(A) No proof of insurance VC24603(A) Stop lamps required.
- 11/09 - Erroll Daniel Rhodes-** PC594(b) (2) (a) vandalism less than \$400
- 11/11 - Ryan Keith Scott.** - PC243 (e) (1) - Domestic Battery.
- 11/12 - Mark Duane Nelson.** - PC148(A)(1) Resist Peace officer PC240/PC242 Assault and Battery
- 11/15 - Joshua Lee Hernandez** - PC12020(A)(1) Manufacture/sell dangerous weapons or explosives PC12021(A)(1) Felon addict/etc possess firearm PC12025(A) (1) Carry concealed weapon in vehicle w/prior HS11357(B) Possess marijuana 28.5 grams or less PC12031(A)(1) Carry loaded firearm in public under specific circumstances.
- 11/16 - Frank Andrew Benson.** - PC422 Terrorist Threats.
- 11/17 - Fredrick William Scott.** - PC3056 Parole Violation PC148 (a) (1).



wildlife manager at the Hoopa Tribal Forestry Department. Mark Higley, firmly believes in her abilities as the first Hoopa Tribal member wildlife biologist to work for the tribe.

"Dawn's contributions to tribal forestry and wildlife have been extremely important," Higley said. He also wrote a letter of recommendation that was included in her fellowship application. "She already is serving as a role model for younger members of her tribe, but this opportunity could really advance her cause of seeing more tribal members attend college and rise to the level of professional resource managers and scientists." ■

Two Rivers Trib 11/22/11 Page 9

# Stigma and Discrimination Reduction

A total of 331 individuals participated in Prevention and Early Intervention Stigma and Discrimination Reduction activities in Fiscal Year 2011/2012 with 189 individuals (57%) providing demographic information.

| Age Group       | #   | %    |
|-----------------|-----|------|
| Child and Youth | 0   | 0%   |
| TAY             | 21  | 11%  |
| Adults          | 151 | 80%  |
| Older Adults    | 9   | 5%   |
| Unknown         | 8   | 4%   |
| Total           | 189 | 100% |

| Primary Language | #   | %   |
|------------------|-----|-----|
| English          | 181 | 96% |
| Spanish          | 0   | 0%  |
| Other            | 0   | 0%  |
| Unknown          | 8   | 4%  |

| Race and Ethnicity     | #   | %   |
|------------------------|-----|-----|
| White                  | 132 | 70% |
| African American       | 8   | 4%  |
| Asian/Pacific Islander | 2   | 1%  |
| Native American        | 7   | 4%  |
| Hispanic               | 7   | 4%  |
| Multiracial            | 9   | 5%  |
| Unknown                | 24  | 13% |

| Location      | #   | %   |
|---------------|-----|-----|
| Arcata        | 32  | 17% |
| Eureka        | 104 | 55% |
| Fortuna       | 11  | 6%  |
| Garberville   | 8   | 4%  |
| McKinleyville | 7   | 4%  |
| Trinidad      | 6   | 3%  |
| Willow Creek  | 2   | 1%  |
| Out of County | 4   | 2%  |
| Unknown       | 15  | 8%  |

| Service Provider    | #  | %   |
|---------------------|----|-----|
| Education           | 7  | 4%  |
| Mental Health       | 28 | 15% |
| Health Care         | 12 | 6%  |
| Social Services     | 69 | 37% |
| Law Enforcement     | 0  | 0%  |
| Family Resource Ctr | 11 | 6%  |
| Employment          | 6  | 3%  |
| Media               | 0  | 0%  |
| Other               | 23 | 12% |
| Unknown             | 33 | 17% |

| Sexual Orientation | #   | %   |
|--------------------|-----|-----|
| Heterosexual       | 136 | 72% |
| Homosexual         | 6   | 3%  |
| Bisexual           | 14  | 7%  |
| Other              | 9   | 5%  |
| Unknown            | 24  | 13% |

Of the 189 individuals who participated in Stigma and Discrimination Reduction Activities in Fiscal Year 2011/2012, 70% were employees of the Humboldt County Department of Health and Human Services, 22% had been diagnosed with a mental illness, 66% were a family member of someone who had been diagnosed with a mental illness, 29% had experienced homelessness, 38% had experience with the juvenile justice system, 15% had experience with child welfare services, 3% were veterans.

Stigma and Discrimination Reduction programs provided 9 trainings and 5 presentations during Fiscal Year 2011/2012. A total of 466 individuals participated in the trainings and presentations.

Stigma and Discrimination Reduction Trainings:

- Identifying Core Gifts by Bruce Anderson
- Child Abuse Prevention Roundtable on Stigma
- Supporting Resiliency, Recovery & Wellness (2 Sessions)
- Creating Welcoming Cultures in Helping Organizations by Bruce Anderson
- CalWORKS Domestic Violence Training Project (3 Sessions)
- Digital Stories Training by Eileen McGee

Trainings were offered on a variety of topics related to stigma and discrimination reduction. The digital stories training gave a voice to those with lived experiences of stigma and discrimination, and those stories were later featured in the Supporting Resiliency, Recovery & Wellness trainings. The CalWORKS staff received an expanded version of the domestic violence training with messages and personal stories related to stigma and discrimination reduction.

Stigma and Discrimination Reduction programs provided 5 presentations during Fiscal Year 2011/2012. A total of 186 people were reached by the presentations. The presentations were delivered to the following audiences:

- Humboldt State University's Social Justice Summit
- DHHS Mental Health Branch Cultural Competency Subcommittee
- AFACTR AmeriCorps members
- Public premiere of *Voices That Heal* at Arcata Playhouse with speakers' panel discussion
- Youth educators at the RAVEN Project

Participant evaluations from the trainings and presentations were overwhelmingly positive. Some comments from participants are included below:

- "I learned that mental illnesses are curable and not just treatable."
- "I learned about the value of resilience and definitions of recovery."
- "Clients and facilitators were on the same level for a moment."

- “I learned how to reframe my questioning to be about the client/family rather than what I can do.”
- “The strength of the presentation was speaking from the heart. This is rare and opens up/resonates with a special place inside; different from the normal work routine.”

Stigma and Discrimination Reduction programs conducted outreach at 10 events during Fiscal Year 2011/2012. A total of 4200 people were impacted by these outreach efforts.

| <b>Stigma and Discrimination Reduction<br/>Community Outreach<br/>Fiscal Year 2011/2012</b> |                   |
|---|-------------------|
| <b>Name of Event</b>  | <b># Attended</b> |
| Humboldt PRIDE Festival   | 750               |
| HSU Wellness Fair   | 500               |
| Walking Toward Awareness  | 75                |
| North Coast Stand Down  | 1000              |
| Healing Breakfast   | 50                |
| Academy of the Redwoods Teen Health Expo  | 250               |
| Arts Alive  | 1000              |
| HSU Healthy Bodies, Healthy Minds   | 75                |
| K'ima:w Health Fair   | 500               |

Stigma and Discrimination Reduction programs convened May is Mental Health Month planning meetings to coordinate events, activities, and outreach. The multi-agency planning committee planned and implemented the following activities in May, 2012:

| <b>Stigma and Discrimination Reduction<br/>May is Mental Health Month PEI Activities<br/>Fiscal Year 2011/2012</b> |
|--|
| Public premiere of <i>Voices That Heal</i> at Arcata Playhouse with speakers' panel discussion after film          |
| Board of Supervisors Proclamation  |
| Mental Health Walk (sign-making, march & gathering)  |
| <i>Art of Understanding</i> Art Show during Arts Arcata  |
| Hope Center barbeque   |
| DVD presentation by the Prenatal/Postpartum Mood Disorder Task Force   |
| Educational display at Arcata Library  |
| Supported <i>Building Community Capacity for Suicide Prevention</i> Workshop                                       |

Stigma and Discrimination Reduction programs also conducted the 3<sup>rd</sup> annual *Reframe Your Brain* poster contest during Fiscal Year 2011/2012. The flyer was available throughout the community in both Spanish and English. The winner was displayed at a variety of public venues during April-June 2012. The winning entry is also reproduced each fall at the Pastels on the Plaza event in Arcata. Goal Area: Build ongoing relationships with community and other Department of Health and Human Services programs to identify and strengthen existing resources and build local capacity to reduce stigma and discrimination.

Stigma and Discrimination Reduction programs facilitate a weekly Artistic Solutions Workshop at the Hope Center. The Hope Center is a program client driven wellness center. The group made quilts with messages to reduce stigma and discrimination. The quilts were exhibited at special events throughout the year, including at the Humboldt County Fair.

Stigma and Discrimination Reduction programs staff worked collaboratively with Stigma and Discrimination Reduction programs and the community to plan and implement activities related to May is Mental Health Month.

Stigma and Discrimination Reduction programs have also continued to support the Seeds of Understanding Speakers Collective, a group of local individuals with lived experiences of stigma and discrimination. In addition to coordinating training opportunities to build the skills of speakers collective members, Stigma and Discrimination Reduction staff has coordinated monthly meetings and technical assistance to support the group.

Stigma and Discrimination Reduction programs also coordinated children's activities for the LatinoNET Spanish Language Health Fair and participated in planning meetings with LatinoNET.



SUMMITTED

**"Voices That Heal," a documentary about the experience of having been labeled as having a mental illness, will be shown Tuesday at the Mateel Community Center in Redway. It was directed by Alex Goldenberg, back right, and filmed by Amy Demmon, back left, and features six interviews that offer personal insights into the lives of (seated, from left) Bram Goodwin, Idell Wilson, Julia Bernbaum (aka Eve Penn), David Elliott Lewis, Eric W. McClendon and Goldenberg himself.**

## Mateel shows 'Voices That Heal'

The Times-Standard

REDWAY — The documentary "Voices That Heal" will be shown Tuesday at the Mateel Community Center, a free event sponsored by the Department of Health and Human Services and the Mental Health Services Act.

Bay Area director Alex Goldenberg will be available for questions at the event.

Members of the group Seeds of Understanding Speakers Collective will hold a panel discussion after the film.

The collective is a group of community members who have volunteered their time to raise awareness about mental health challenges,

stigma and discrimination.

The film features interviews with six people, including Goldenberg, whose personal stories shed light on mental health and the experience of being labeled as having a mental illness.

Film promoters say the stories reflect on larger human concerns — that mental health is a part of everyone's life and that everyone faces challenges.

"The goal for the film is to show that a particular aspect of our life experience — that is, having been diagnosed with and treated for mental illness — is not only a minute fraction of our humanity and spirit, but also that it need not be a lifelong, chronic condition,"

Goldenberg said. "What allowed me to heal from these issues is when I realized that I have the freedom to choose how I design, perceive and address myself and my life experience, as we all do."

The courage and generosity of sharing the struggles and triumphs over mental health challenges is a transformative experience, for those who participated in the film and those who watch it, said Goldenberg.

The Mateel Community Center is located at 59 Rusk Lane in Redway. Doors open at 6:30 p.m. and the program starts at 7 p.m. For more information, contact Karen Diers at [Kdiers@co.humboldt.ca.us](mailto:Kdiers@co.humboldt.ca.us) or 441-5553.

# Movie premiere will focus attention on mental health

The Times-Standard

ARCATA — As part of the recognition of May as “Mental Health Month,” the world premiere of the documentary film “Voices that Heal” will take place Sunday at the Arcata Playhouse, 1251 Ninth St. The event is being sponsored by the Department of Health and Human Services and the Mental Health Services Act.

Doors open at 3:30 p.m. and the program starts at 4 p.m. There is no charge to attend.

Alex Goldenberg of San Francisco, the film’s director and screenwriter, will be on hand to answer questions. Members of the local Seeds of Understanding Speakers Collective will participate in a panel discussion after the film is shown.

“Voices that Heal” features interviews with six individuals, including Goldenberg, whose personal stories shed light on mental health and the experience of being labeled as having a mental illness. The film also looks at the stigma that surrounds mental illness.

Goldenberg said his goal for the film “is to show how that particular aspect of our life experience — that is, having

been diagnosed with and treated for mental illness — is not only a minute fraction of our humanity and spirit, but also that it need not be a lifelong chronic condition.”

“What allowed me to heal from these issues,” he said, “is when I realized that I have the freedom to choose how I design, perceive and address myself and my life experience, as we all do.”

Goldenberg is the founder of the Embodiment Meditation Center in San Francisco. He is a public speaker for the San Francisco Mental Health Association.

Funding to show the documentary comes from the Mental Health Services Act, also known as Proposition 63, which was passed by California voters in 2004.

The act levies a tax of 1 percent on personal income in excess of \$1 million a year, with funds used to support a broad range of prevention, early intervention and other service needs, along with the infrastructure, technology and training necessary to sustain them.

To view a trailer, visit <http://www.youtube.com/watch?v=atpEzbYOPHY>



SUBMITTED

## ‘For pitties sake’

The Humboldt County Sheriff’s Office Animal Shelter will be holding a discounted pit bull adoption event this month in an effort to reduce population numbers and find caring homes for more dogs. Adoption prices for all pit bulls and pit bull mixes will be discounted by 50 percent for the entire month. As of Wednesday, some of the available dogs include (clockwise from top left): Barkley (6-month-old neutered male); Baby (2-year-old spayed female); Penny (2-year-old spayed female); and Morgan (15-month-old neutered male). Adoption fees for each dog vary based on spay/neuter costs. In 2011, the shelter took in approximately 255 pit bull and pit bull mixes, and pits account for about 75 percent of the current shelter population. Only 27 of the dogs taken in last year had to be euthanized because they were not suitable for adoption. Visit the shelter at 980 Lycoming Ave. in McKinleyville, or check out [www.petharbor.com](http://www.petharbor.com) to see the animals available for adoption.

## Nature center hosts design projects

The Times-Standard

MANILA — Friends of the Dunes invites the public to the Humboldt Coastal Nature Center on Monday from 11 a.m. to noon as

improvements to educational displays to new tools to assist our restoration program,” said Friends of the Dunes Executive Director Carol Vander Meer.

Students in HSU’s Engi-

expertise to guide students in their goals. Local businesses, community members and student teams contributed funds and in-kind donations to make the projects possible.



watch out for the spotted cucumber beetle, *Diabrotica undecimpunctata*. This little beetle with the big name looks like a green lady bug. It gnaws on the leaves and flowers of many young plants, especially beans and sunflowers.

**SPRAY** — Roses, beans and many other garden plants can become infested with aphids as spring time progresses. Powdery mildew and black spot attack roses at this time. Spray with insecticidal soap, *Bacillus subtilis*, or neem every five to seven days if a problem arises.

Green cabbage worms begin consuming broccoli and cabbage this time of year. Tent caterpillars infest fruit trees. Spray with *Bacillus thuringiensis* when you see caterpillars attacking your crops.

**WATER** — As soaking rains diminish, begin watering newly planted shrubs and trees. Mold a basin around the trunks and soak once a week. Soaker hoses and drip irrigation tubes will save water and time. If you are planning to keep the lawn green, this is the month to begin irrigating.

**THINK WILD** — Shop local nurseries for a plethora of flowering perennials that offer food and shelter for the wild things. Butterflies like asters and gaillardias. Hummingbirds like salvias and fuchsias. Bees like lavender, borage and daisies.

**SHOP A GREAT PLANT SALE** — The Humboldt Botanical Gardens Foundation is hosting its annual spring plant sale on the next two Saturdays (May 5 and 12) from 9 a.m. to 3 p.m.

The garden has grown a wide variety of perennials, vegetables, herbs and vines. In addition, many local nurseries and College of the Redwoods horticulture department have donated quality plant material. This important fundraiser helps keep the garden

## Public Health News

### Winning Poster Contest Image is Now Available

by Karen Diers, Health Education Specialist

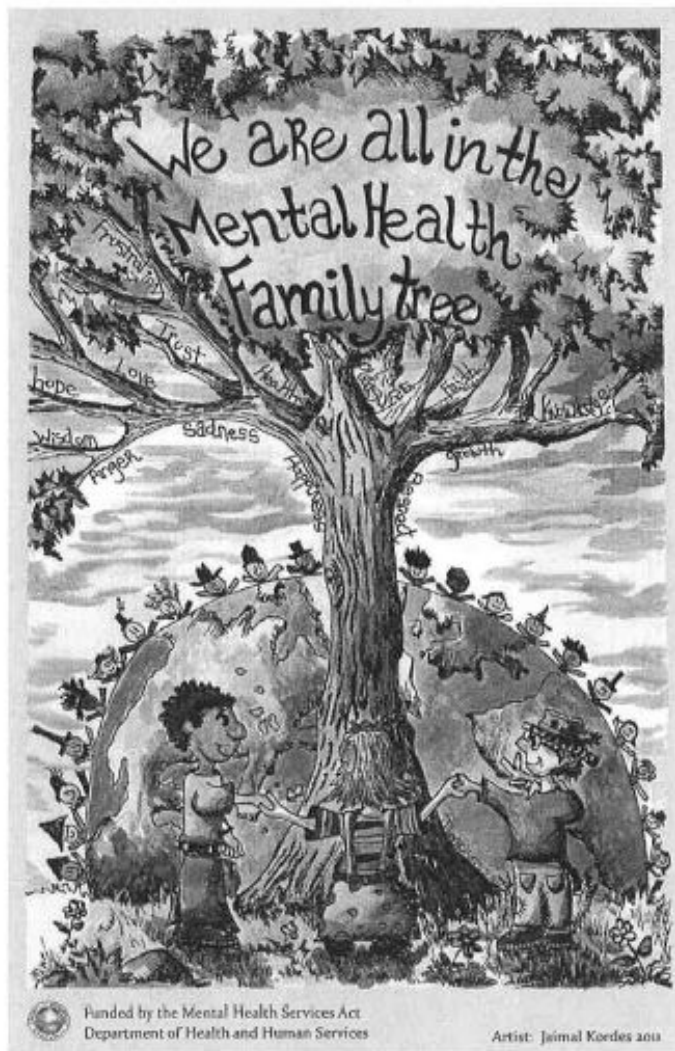
Every spring, the Public Health Branch's Mental Health Services Act Prevention and Early Intervention (MHSA PEI) Program hosts a poster contest to reduce stigma and discrimination. This year's winning image was created by local artist Jaimal Kordes.

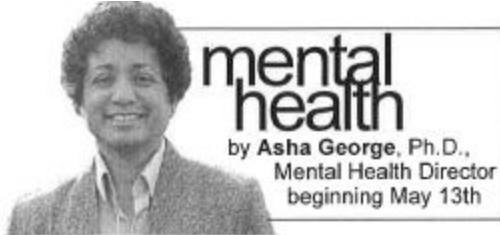
Kordes identifies as having a mental disability and has struggled with major depression, but with family support, appropriate treatment, and active participation as an artist at The Studio in Eureka, he is well and thriving. The

goals of The Studio are to help each person reach their highest level of artistic achievement and to encourage personal growth, self-reliance and self-esteem through the creative process.

The winning poster was featured along with other contest entries in an art show in May for Mental Health Month. The image was also recreated by Kordes at Pastels on the Plaza in September, raising community awareness about mental health and the MHSA PEI program. In his artist statement, Mr. Kordes shares a message of hope for people who face mental health challenges: "Mental Health Services really help people; (they) save people's lives. You are not alone."

The PEI program now has 11" x17" posters available of this image. If your program would like to get the poster or use the image for other events or activities, contact Karen Diers at 441-5553 or [kdiers@co.humboldt.ca.us](mailto:kdiers@co.humboldt.ca.us).





Despite decades of increased research, knowledge and treatment available for mental health and mental illness, the illness continues to be associated with much misunderstanding, stigma and discrimination. There is stigma when a person is devalued because they have a certain attribute. Discrimination occurs when a person is treated differently by other individuals or groups due to this attribute.

This misunderstanding regarding mental illness takes a heavy toll, not only on the individual who is suffering from the illness, but also for our society as a whole. Various statistics indicate that one in five Americans have experienced mental illness in the past year, with the rate of mental illness more than double for 18- to 25-year-olds than those ages 50 and older. Only 20 percent of those with mental illness seek treatment. This month, in addition to being dedicated to increasing our awareness of mental health and illness, we have hopes to raise the number of people who will speak to their medical providers about their mental health concerns that often co-exist with other medical problems.

May was designated Mental Health month more than 60 years ago. One of the benefits of the designation is the evolution of our conversation on this subject moving from simply increasing our awareness of mental illness

“Only 20 percent of those with mental illness seek treatment.”

to the hope regarding recovery from mental illness. This evolution has led to increased awareness of what it means to promote behavioral wellness. A greater emphasis is now on the physical, spiritual and mental health of the whole person, in addition to the need for support from both family members and friends, and finally the need for meaningful work.

The department has many activities planned for May is Mental Health Month (see right), and we encourage you to be a part of the movement that begins with the conversation between family and friends about mental illness and mental health awareness.

## May is Mental Health Month events

### Saturday, May 5

-6 to 9 p.m.: Arts Alive! Tabling at the Gazebo in Old Town Eureka

### Sunday, May 6

-4 p.m. (doors open at 3:30 p.m.): World Premiere of "Voices that Heal" with filmmaker Alex Goldenberg and members of the Seeds of Understanding Speakers Collective. 1251 9th St. Arcata, FREE. For more information, contact Karen Diers at 441-5553.

### Tuesday, May 8

-9:00 a.m.: County Board of Supervisors proclamation

-Noon: May is Mental Health Month Walk. Walk from the Hope Center, 720 Wood St. in Eureka to the Community Wellness Center, 908 7th St. in Eureka.

-12:30 p.m.: Hear the proclamation read. Snacks provided to the first 50 walkers.

### Friday, May 11

-10:30 a.m. to 4 p.m.: Annual Art Sale and Reception 720 Wood St., Eureka, Rainbow Room. See the Art For Life Studio and meet all of the artists. Mingle and munch!

-6 to 9 p.m.: Arts! Arcata reception at Couple of Cups, 1603 G St., Art for Life poster contest entries, Hope Center quilts and more. Art show runs through June 15.

### Friday, May 18

-11:30 a.m. to 3 p.m.: Hope Center BBQ at Carson Park located between Carson and Buhne streets and H and I streets in Eureka. New Location! Bring a chair! Join friends and colleagues for an afternoon of games, food and fun! Bring a potluck dish. Burgers, hot dogs and veggie options provided. For information, contact Kellie at 845-8194 or Shelly at 407-8777.

### Wednesday, May 23

-9 a.m. to 4 p.m.: Building Community Capacity for Suicide Prevention workshop. River Lodge, 1800 Riverwalk Drive, Fortuna. CEUs offered. For information, call 441-5520 or email DHHS\_TES@co.humboldt.ca.us.

### Wednesday, May 30

-Noon to 1 p.m.: Finding Your Way Through Postpartum Mood and Anxiety Disorders presentation. Community Wellness Center, 908 7th St., Eureka. DVD highlights the stories of local families who have successfully found their way through perinatal mood disorder. For more information, contact Nancy at 441-5070.

Activities are being coordinated by the Humboldt County Department of Health & Human Services. Funding is provided by the Mental Health Services Act.

● In years past when you heard the word “recovery,” it was often related to substance disorders treatment, acknowledging that it took time and consistent effort to change the behaviors that led to substance abuse, as well as the need for support from others who had overcome their addictions, to heal and return to a life that was meaningful.

## Recovery: a new definition™

by **Asha George, Ph.D.**,  
Mental Health Branch Deputy Director



With the advent of the recovery movement in mental health, the focus turned to address the multiple needs that stood between a consumer and his or her return to a meaningful life. The emphasis turned to

“A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential.”

look at the positive, the strengths that each consumer brought to bear on his or her own wellness. In keeping with this movement, the Substance Abuse and Mental Health Services Administration (SAMHSA) acknowledged a need to have a coherent definition of recovery. Following a yearlong effort, SAMHSA came up with a new definition of recovery:

A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has also delineated four major dimensions that support a life in recovery:

- **Health:** overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way
- **Home:** a stable and safe place to live
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking or creative endeavors, and the independence, income and resources to participate in society
- **Community:** relationships and social networks that provide support, friendship, love and hope.

This definition acknowledges what we hold true for our clients. In spite of the challenges of a chronic illness, with support from staff, peers and family, clients are able to participate in their recovery in such a way as to live full and self-directed lives. ●

# May is Mental Health Month

Celebrating Wellness and Recovery, Building Community

## Saturday May 5<sup>th</sup>

Arts Alive! Tabling at the Gazebo in Old Town, Eureka 6-9 p.m.



## Sunday May 6<sup>th</sup>

World Premiere of *Voices that Heal* with filmmaker Alex Goldenberg & Seeds of Understanding Speakers Collective members  
1251 9<sup>th</sup> St., Arcata 4 p.m. Doors open at 3:30 p.m., FREE  
For more info, contact Karen Diers, 441-5553

## Tuesday May 8<sup>th</sup>

County Board of Supervisors Proclamation, 9 a.m.



May is Mental Health Month Walk, Meet at 12 Noon  
**Walk from the Hope Center to the Community Wellness Center**  
Meet at 720 Wood Street and walk to 908 7<sup>th</sup> Street

Hear the Proclamation Read at 12:30 p.m. Snacks provided to the first 50 walkers!

## Friday May 11<sup>th</sup>

16th Annual Art Sale and Reception 720 Wood St, Rainbow Rm. 10:30 a.m. – 4p.m.  
Meet the Art For Life Studio and all Artists! Mingle & Munch!

And

Arts Arcata! Reception 6-9 pm, Friday, May 11<sup>th</sup> at Couple of Cups, 1603 G Street with Art for Life, poster contest entries, Hope Center quilts & more! Art Show lasts April 15<sup>th</sup> - June 15<sup>th</sup>

## Friday, May 18<sup>th</sup>

Hope Center BBQ at **Carson Park**, Eureka 11:30a.m. – 3 p.m.

**New Location! Bring A Chair!**

Join friends and colleagues for an afternoon of games, food, and fun!  
Bring a potluck dish. Burgers, hot dogs, and veggie options provided.  
Contact Kellie Jack at 845-8194.



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) 441-5408.

## Transition Age Youth Partnership

A total of 195 individuals participated in Prevention and Early Intervention Transition Age Youth Partnership Program activities in Fiscal Year 2011/2012 with 195 individuals (100%) providing demographic information.

| <b>Age Group</b> | <b>#</b>   | <b>%</b>    |
|------------------|------------|-------------|
| Child and Youth  | 4          | 2%          |
| TAY              | 139        | 71%         |
| Adults           | 48         | 25%         |
| Older Adults     | 4          | 2%          |
| Unknown          | 0          | 0%          |
| <b>Total</b>     | <b>195</b> | <b>100%</b> |

| <b>Race and Ethnicity</b> | <b>#</b> | <b>%</b> |
|---------------------------|----------|----------|
| White                     | 129      | 66%      |
| African American          | 11       | 6%       |
| Asian/Pacific Islander    | 6        | 3%       |
| Native American           | 22       | 11%      |
| Hispanic                  | 19       | 10%      |
| Multiracial               | 7        | 4%       |
| Unknown                   | 1        | 1%       |

| <b>Primary Language</b> | <b>#</b> | <b>%</b> |
|-------------------------|----------|----------|
| English                 | 191      | 98%      |
| Spanish                 | 2        | 1%       |
| Other                   | 1        | 1%       |
| Unknown                 | 1        | 1%       |

32% self identified as LGBTQ, 36% as having ever been diagnosed with a mental illness, 64% as having a family member who has been diagnosed with a mental illness, 43% that have experienced homelessness, 34% that have had experience in the juvenile justice system, and 36% that have had experience with the child welfare system.

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

All three components operate within the recently developed Humboldt County Department of Health and Human Services Transition Age Youth Division.

In February 2012 the Transition Age Youth Division opened its doors to Youth between the ages of 16 to 26. The Transition Age Youth Division has three main units:

The Independent Living Skills Program (ILSP) that assists youth in transitioning from the foster care system into adulthood. It is a voluntary program and services can include: assistance in obtaining a high school diploma and pursuing post-secondary education, career exploration, job placement and retention, daily living skills, including financial skills and management, retrieving copies of vital documents and educational workshops.

The Humboldt County Transition Age Youth Collaboration (HCTAYC) brings together organizations and individuals to improve the services youth receive as they transition into adulthood and become independent. HCTAYC helps to foster and build skills in the areas of youth development, policy change, youth advocacy and community engagement.

The Behavioral Health Unit provides specialty mental health services such as, individual and family therapy, case management, peer support and psychiatric services.

The Division also partners with Public Health, Humboldt County Office of Education, Adolescent and Adult Drug and Alcohol services, Probation and other community partners and organizations.

In 2011 the Transition Age Youth Plus program identified team members including a Supervising Mental Health Clinician, a Mental Health Case Manager, a Mental Health Clinician, three TAY Partners/Peer Mentors and a Vocational Counselor. A Public Health Nurse was added to the team in 2012.

In February of 2012 the program opened its new location that is close to downtown, and public transportation. The evidence-supported practice, Transition Into Independence Model was identified and training and implementation also began in February of 2012.

Thus far the Program has provided mental health services to 59 Transition Age Youth and 32 are currently engaged in the program.

| <b>Race and Ethnicity</b> | <b>#</b> | <b>%</b> |
|---------------------------|----------|----------|
| White                     | 15       | 47%      |
| African American          | 7        | 22%      |
| Asian/Pacific Islander    | 1        | 3%       |
| Native American           | 5        | 16%      |
| Hispanic                  | 2        | 6%       |
| Multiracial               | 2        | 6%       |

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. Staff assigned to this program are a Training Project Director, a Youth Organizer, TAY Partner and an Administrative Assistant.

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.

## DHHS News

### Training, Education and Supervision (TES) Update

by Cathy Rigby, TES Program Manager

Below is a list of DHHS trainings for August 15-September 30, 2011. For details about the trainings, go to the DHHS Training Calendar, located at <http://dhhsweb/> or contact TES at [DHHS\\_TES@co.humboldt.ca.us](mailto:DHHS_TES@co.humboldt.ca.us) or call 441-5520. If you need help accessing the Training Calendar, or if you have an upcoming training you'd like to see listed in the newsletter, let us know.

|           |       |  |
|-----------|-------|--|
| August    | 18    | Environmental Prevention: Strategies for Engaging Youth<br>(Center for Applied Research Solutions training)* |
|           | 19    | County Counsel Training (Social Workers only)  |
|           | 24    | Orientation to Client Diversity and Inclusion*   |
|           | 25    | Distinguished Lecture (topic to be determined)   |
| September | 9     | IDDT Video Conference (by invitation only)*  |
|           | 16    | County Counsel Training (Social Workers only)  |
|           | 20-21 | Trauma Focused CBT (by invitation only)*   |
|           | 22    | Autism 101 (Distinguished Lecture)*  |



\* Continuing education credit is available



The Humboldt County Transition Age Youth Collaborative presented a training for DHHS and probation staff. They showed their digital stories, explained how they were made and the importance of making them.

Abby Lubowe, left, talks about her digital story as Tia Richardson, Cody Hoyt and Qaiel Peltier listen. This was the first time the training was offered in Humboldt County. It was presented at a statewide conference earlier.

## Program Side by Barbara La Haie

### Humboldt County Transition-Age Youth Collaboration Rolls out Housing Recommendation



youth.

Many of you are aware of the numerous activities the Humboldt County Transition Age Youth Collaboration is involved in. HCTAYC engages youth, trains DHHS staff and community members, and brings a strong youth voice to our program and planning efforts. In addition, HCTAYC selects focus areas for review and evaluation and makes recommendations for future direction. This past year, one of the areas they identified was housing for transition age

On Sept.1, they formally presented the following recommendations to the Humboldt Housing and Homeless Coalition:

#### HCTAYC Homelessness Recommendations

##### **1. Developing Appropriate Programming and Services for Homeless Youth**

- a) Extend age of eligibility for transition aged youth (TAY) homeless services through 25.
- b) Evaluate existing programs and services to ensure youth-friendly environments that meet the needs of homeless TAY and identify gaps where additional services are needed. Existing programs should be evaluated to ensure they offer adequate transitions to community, appropriate structure, specialized mental health services, a youth-friendly environment, adequate hours, access to public transportation, alcohol and drug services, employment services, housing assistance, peer staffing, staff training and support for relationship building and accommodation for pets.
- c) Develop a TAY center with services housed together.
- d) Develop services for homeless parenting youth.
- e) Create additional resources to assist homeless youth in meeting basic needs by providing food resources, offering areas to bathe, and storage for belongings in all areas of county.
- f) Partner with local transportation department to provide extended service areas, bus hours and subsidies so homeless TAY can access services.
- g) Provide training and education for DHHS staff and others who work with TAY on understanding the unique needs and experiences of homeless youth.

##### **2. Supporting Education of Homeless Youth**

- a) Work with local schools and school districts to address needs of homeless youth students, ensure ability to complete education and reduce stigma.

continued on following page

## **Program Side, continued**

### **3. Ensuring Access to Services for Homeless Youth**

- a) Provide outreach to homeless youth on available services by targeting areas where youth hang out, creating a website, and utilizing DHHS street outreach to offer information on services.

### **4. Assisting Homeless Youth in Getting Off the Street**

- a) Develop affordable housing resources for TAY that include increasing housing stock with rent less than \$300, developing emergency transitional housing and rental assistance funds, and identifying landlords willing to rent to TAY.
- b) Partner with youth to explore creative housing ideas for TAY, such as creating a campus dorm with services or a green social enterprise program.
- c) Develop employment resources for homeless youth to assist youth in obtaining employment that pays a living wage through cultivating relationships with and educating employers and assisting in job placement and support.
- d) Work with law enforcement to build sensitivity and develop new approaches to serving homeless youth, such as providing resource information, rather than criminalizing homeless youth.

### **5. Advocacy for Homeless Youth**

- a) Provide advocacy to homeless youth on understanding and applying for public benefits, obtaining needed documents, credit issues, addressing any criminal background issues, and legal issues like emancipation.

### **6. Preventing Homelessness**

- a) Offer services together to youth and parents to prevent and address problems causing homelessness, such as substance abuse and domestic violence.
- b) Focus on providing vulnerable TAY early and thorough transition planning and independent living services to plan for independence.
- c) Create an in-county housing first model substance abuse/mental health program for youth run by youth development specialists.



## Transition Age Youth opens new offices

by Julie Freitas, Supervising Mental Health Clinician; Chiho Sakamoto, Social Worker IV; and Delores Hickenbottom, TAY Case Manager



On Feb. 8, 2012, as Transition Age Youth (TAY) staff and other partners were being trained in the Evidence-Supported Practice known as TIP (Transition to Independence Process), Facilities staff were busily moving desks, boxes and equipment into the new TAY building at 550 I St. We will have an official launch party soon, after everything is completed in the building. In the meantime, you are welcome to stop by and take a walk through. Please excuse our dust as we settle the remaining move-in issues.

The Transition Age Youth Division has three main units: The Independent Living Skills Program (ILSP) that assists youth ages 16 to 21 in transitioning from the foster care system into adulthood. ILSP

is a voluntary program and the ILS coordinators provide a variety of services including assistance in obtaining a high school diploma and pursuing post-secondary career, career exploration, job placement and retention, daily living skills, including financial skills and management, retrieving copies of vital documents, fun and educational workshops and so much more.

The Humboldt County Transition Age Youth Collaboration (HCTAYC) brings together organizations and individuals to improve the services youth receive as they transition into adulthood and become independent.

HCTAYC helps to foster and build skills in the areas of youth development, policy change, youth advocacy and community engagement. HCTAYC services youth ages 16 to 26.

The third unit of the TAY division is the Behavioral Health Unit which provides specialty mental health services such as individual and family therapy, case management and psychiatric services for youth ages 16 to 26. The TAY division also partners with

the Public Health Branch, Humboldt County Office of Education, Adolescent and Adult Drug and Alcohol Services, Probation and other community partners and organizations.

The TAY division will be using a youth-driven TIP



TAY staff in front of their new office at 550 I St.

model to best serve youth and young adults. The TIP model focuses on teaching youth how to become self-sufficient in areas such as employment, education, housing, personal relationships, life skills and creating supportive social networks within their communities. The TAY team is committed to helping youth successfully transition from adolescence into adulthood.

For more information, call Julie Freitas at 476-4917 or the general voicemail at 476-4944. You can also fax us at 476-4925. Referral forms are available and we can fax them to you. ●



# Innovation

People who participate in this project are 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, and are currently either referred, interacting or actively working with the Transition Age Youth Division.

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 (TAY partner). This Project will address the issue of improving outcomes for older transition age youth with severe mental illness. 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 addressing the Transition to Independence transition domains: Employment and Career, Living Situation, Community Life Functioning, Educational Opportunities and Personal Effectiveness and Wellbeing.

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

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
- The Transition Age Youth Division
- 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

Our TAY partners have received the following training: Core Training (for all Child Welfare staff), Transition into Independence model, HIPAA, AB12, YOUTH Training Project, Word/Excel classes, Educational Advocacy workshop, CPR, Suicide prevention workshop, CHMACY, Beyond the Bench. The TAY partners are also involved in or sit on multiple committees:

- Behavioral Health Board
- Educational Dream Luncheon – An annual retreat with the Presidents and administration of both the local university and community college to work

together in supporting TAY with foster youth experience and mental health issues to reach their educational goals.

- WRAP
- Street Outreach Services
- Juvenile Justice Delinquency Prevention Committee
- Disproportionate Minority Stakeholder and Steering Committee – A Probation Department initiative to reduce disproportionate system impact on minority youth.
- Humboldt Housing and Homeless Coalition
- System of Care Central Team and Core Team
- Youth Transition and Action Team – A team composed of representatives from agencies that serve the TAY population across the county
- Bike Kitchen – A program that teaches youth bike repair skills, and in return you receive a bike
- Prevention and Early intervention projects
- Point in Time homeless count
- AB12 workgroup – Extended Foster Care for non-minor dependents
- California Partners for Permanency

Based on data gathered through our electronic medical records system, and tracked in a Transition Age Youth Division database, clients assigned to a TAY Partner at the time of their hospitalization or psychiatric emergency visit experienced a significant reduction in psychiatric re-admissions. Of the 32 clients being served by TAY partners for at least six months, only one has experienced a psychiatric emergency visit. Also, of the 32 clients being served by a TAY Partner, six were homeless at the time of enrollment and none experienced homelessness post enrollment. Two experienced incarceration post enrollment.

## 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 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.

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. The Department 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 with Netsmart Technologies for the My Avatar electronic health record system. In March of 2012 My Avatar became available and Department staff began the configuration process.



## MHSA Housing

Humboldt County Department of Health and Human Services Mental Health selected Humboldt Bay Housing Development Corporation (HBHDC) as its development and property management partner following the Request for Qualification (RFQ) process approved by the Humboldt County Board of Supervisors. The Mental Health and HBHDC completed the application process and 30 day notice for a Shared Housing project and submitted it to California Housing Finance Agency (CalHFA) for approval. The application was approved and CalHFA issued the Final Commitment Letter for MHSA Housing Program Financing for the project –“Crossing Bridges”- on April 3, 2012.

The CalHFA approval allowed the partners to purchase and renovate houses with multiple bedrooms to be shared by persons with serious mental illness that were also eligible for Mental Health services. Because it was a Shared Housing project, the financing of purchase, renovation and operating expenses for 20 years could be done using only the \$1.9 million set aside for Humboldt County. There was no requirement for additional funding to be committed to the project beyond that provided by the MHSA.

After receiving approval for Shared Housing, HBHDC was presented an opportunity by the City of Arcata to develop a multi-family project of considerable size that would provide affordable housing for low and very low income persons. If Mental Health desired to do so, the MHSA funding could be used to support this and in return receive 15 Single Occupancy efficiency apartments and space for supportive services at the project site. Each apartment, although small, would have its own bathroom and small kitchen area. The project would also feature laundry facilities on-site, recreational space and a large communal kitchen.

The project design would change from Shared Housing to Rental Assistance. This change requires the project to obtain funding beyond that provided by MHSA. After discussion with staff and current clients, the Mental Health agreed to temporarily suspend the Shared Housing effort and allow HBHDC to see if they could raise the additional funds required and obtain the property from the City of Arcata. By the end of 2012, HBHDC had secured some of the funding needed and a nod from the City that the property would be transferred to “Crossing Bridges”. A funding gap remained and HBHDC decided to pursue tax credits to close the gap and make the project possible. The project change will also require a change in the Commitment Letter from CalHFA and additional input from stakeholders in the project.



# MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION<sup>1</sup>

County/City: Humboldt

- Three-Year Program and Expenditure Plan  
 Annual Update  
 Annual Revenue and Expenditure Report

| Local Mental Health Director   | County Auditor-Controller / City Financial Officer  |
|--|---|
| Name: Asha George, Ph.D.<br>Telephone Number: 707 268-2990<br>E-mail: AGeorgephd@co.humboldt.ca.us   | Name: Joseph Mellett, CPA<br>Telephone Number: 707 476-2452<br>E-mail: JMellett@co.humboldt.ca.us |
| Local Mental Health Mailing Address:<br>Humboldt County Department of Health and Human Services Mental Health<br>720 Wood Street<br>Eureka Ca, 95501 |   |

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

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

[Signature] 4/19/13  
Signature Date

I hereby certify that for the fiscal year ended June 30, 2012, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 1/16/2013 for the fiscal year ended June 30, 2012. I further certify that for the fiscal year ended June 30, 2012, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

Joseph Mellett, CPA  
County Auditor Controller / City Financial Officer (PRINT)

[Signature] 5/8/13  
Signature Date

<sup>1</sup> Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)  
 Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)  
 DRAFT for Internal Review 93  
 MHSA Annual Update FY 13/14 99



County: HUMBOLDT

Date: 2/11/2013

**DRAFT**

|  | MHSa Funding |           |           |             |             |                       |
|--|--------------|-----------|-----------|-------------|-------------|-----------------------|
|  | CSS          | WET       | CFTN      | PEI         | INN         | Local Prudent Reserve |
| <b>A. Estimated FY 2013-14 Funding</b>             |              |           |           |             |             |                       |
| 1. Estimated Unspent Funds from Prior Fiscal Years | \$1,309,672  | \$382,619 | \$283,437 | \$1,417,488 | \$894,687   |                       |
| 2. Estimated New FY 2013-14 Funding                | \$3,005,593  |           |           | \$801,492   | \$200,372   |                       |
| 3. Transfer in FY 2013-14 <sup>a/</sup>            |              |           |           |             |             |                       |
| 4. Access Local Prudent Reserve in FY 2013-14      |              |           |           |             |             |                       |
| 5. Estimated Available Funding for FY 2013-14      | \$4,315,265  | \$382,619 | \$283,437 | \$2,218,980 | \$1,095,059 |                       |
| <b>B. Estimated FY 2013-14 Expenditures</b>        | \$4,315,265  | \$263,081 | \$283,437 | \$1,266,256 | \$372,609   |                       |
| <b>C. Estimated FY 2013-14 Contingency Funding</b> | \$0          | \$119,538 | \$0       | \$952,724   | \$722,450   |                       |

<sup>a/</sup>Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

| <b>D. Estimated Local Prudent Reserve Balance</b>           |             |
|---|-------------|
| 1. Estimated Local Prudent Reserve Balance on June 30, 2013 | \$1,144,479 |
| 2. Contributions to the Local Prudent Reserve in FY13/14    | \$0         |
| 3. Distributions from Local Prudent Reserve in FY13/14      | \$0         |
| 4. Estimated Local Prudent Reserve Balance on June 30, 2014 | \$1,144,479 |



## Attachment A





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

**AB 315**  
*Integrated Services Initiative*  
**2011 – 2016**  
*Strategic Plan Update*

**Phillip R. Crandall, Director**

*Released May 2011*

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## **Executive Summary**

The Humboldt County Department of Health and Human Services (DHHS) is an integrated Health and Human Services Agency under the State's Integrated Services Initiative (AB 315 Berg) and includes the former Departments of Mental Health, Public Health, Employment Training, Veterans Services, Public Guardian and Social Services. Since its integration in 2000, Humboldt County DHHS has been engaged in true system transformation and redesign through numerous key strategies, including but not limited to:

- Establishing consolidated administrative support infrastructures;
- Establishing consolidated program support infrastructures;
- Developing governmental "rapid cycle" change management processes;
- Importing evidence based practices and other outcome based approaches to services;
- Developing integrated, co-located and decentralized community based services concurrently;
- Establishing stakeholder inclusion structures and processes that 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 BY 5" approach to program design which is comprised of:

### **Three Concurrent Service Strategies**

**Universal:** Prevention Services

**Selective:** Early Intervention Services for at risk populations

**Indicated:** Focused Treatment Interventions for high risk populations

AND

### **Five Target Populations**

Children, Youth and Families

Transition Age Youth

Adults

Older Adults

Community

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

It is through these transformational strategies that Humboldt County DHHS has planned and implemented its programming over the past decade.

## **Humboldt County AB 315 Strategic Plan Update 2011- 2016**

### **Introduction**

Humboldt County began Phase I of this Health and Human Services Agency authorized Integrated Services Initiative in February 1999 through legislation (AB 1259) introduced by Assembly Member Virginia Strom-Martin. The purpose of AB 1259 was to allow Humboldt County, with the assistance and participation of the appropriate state departments, to implement an integrated and comprehensive county health and human services system. In 2004 AB 1881, authored by Assembly Member Patty Berg, authorized continuation of Humboldt County's transformational work. AB 315 (Berg 2007), made this Integrated Services Initiative permanent.

Since 1999, Humboldt County has strived to maximize its resources, both fiscal and staffing, towards the integration of state department programs and initiatives, to better serve children, families, transition age youth, adults and older adults in the context of their community and culture in a holistic manner.

Towards this goal of integration of siloed parallel programs and state initiatives (e.g. Mental Health Services Act/Child Welfare Services Improvement Projects), Humboldt County has worked across departments and with communities and other stakeholders to eliminate or reduce barriers that despite the state's intent, may result in less than optimal care and costs related to these overlapping and vulnerable populations.

Over the past decade, Humboldt County Department of Health and Human Services has demonstrated that through its integrated health and human services delivery structures and processes significantly higher quality, more effective, less costly, holistic and outcome-based practices can be planned, funded and implemented.

### **Vision**

People helping people live better lives.

### **Mission Statement**

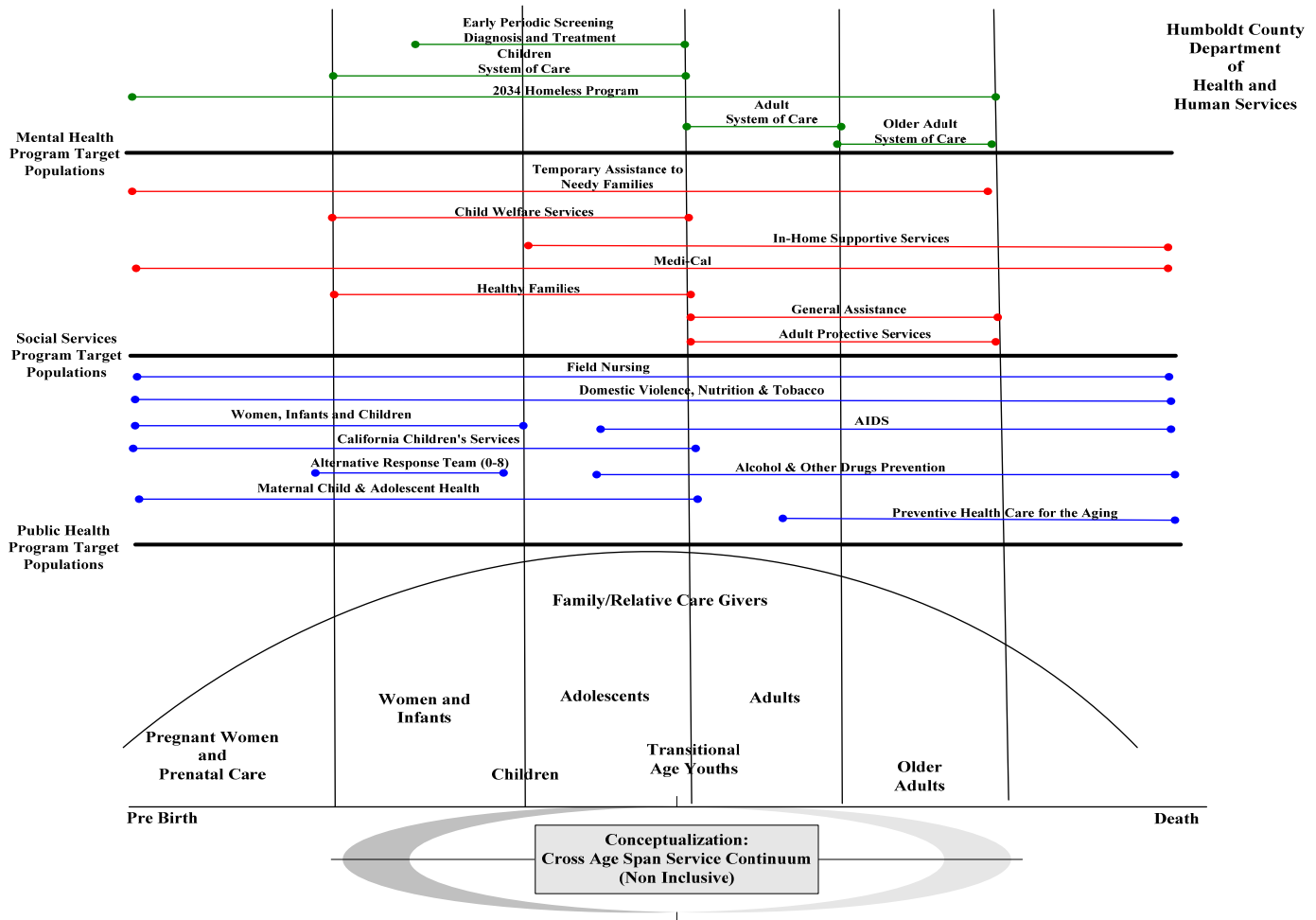
To reduce poverty and connect people and communities to opportunities for health and wellness.

### **Operational Principles: System Values**

- Our integrated programs for children, families and adults deliver coordinated, efficient services.
- These services focus on client and community strengths and emphasize prevention, resiliency, recovery and hope.
- We collaborate with clients in their recovery and tailor our services to fit the values and needs they identify.
- Our programs are evidence-based and outcome-driven to ensure quality and accountability.
- We value and nurture our partnerships with community stakeholders.

## Organizational Transformation: Rationale

Over the past decade there has been a noted increase in state/federal initiatives, legislation and reports related to the need for significant and fundamental changes in health, mental health and social services delivery systems. An underlying theme of these various initiatives/reports is the need for significant system reform that **transcends simply “improving”** health and human services across traditionally separate systems to mutually served clients. An illustrative example of these siloed services across age spans is provided below:



Further, these reform initiatives generally speak to the need to transform health and human services systems in terms of:

- Increased client and community stakeholder involvement;
- Increased culturally relevant and inclusive practices;
- Systems delivery based on Evidenced Based Practices;
- Systems delivery based on community values;
- Systems reformation focused on quality improvement and;
- Systems accountability in terms of outcomes linked to improved community health, individual and family recovery or self sufficiency.

Despite these recommendations, there was not a comprehensive “blueprint” that defined, operationalized and linked health and human services delivery systems transformation initiatives across federal/state/county departments and age spans.

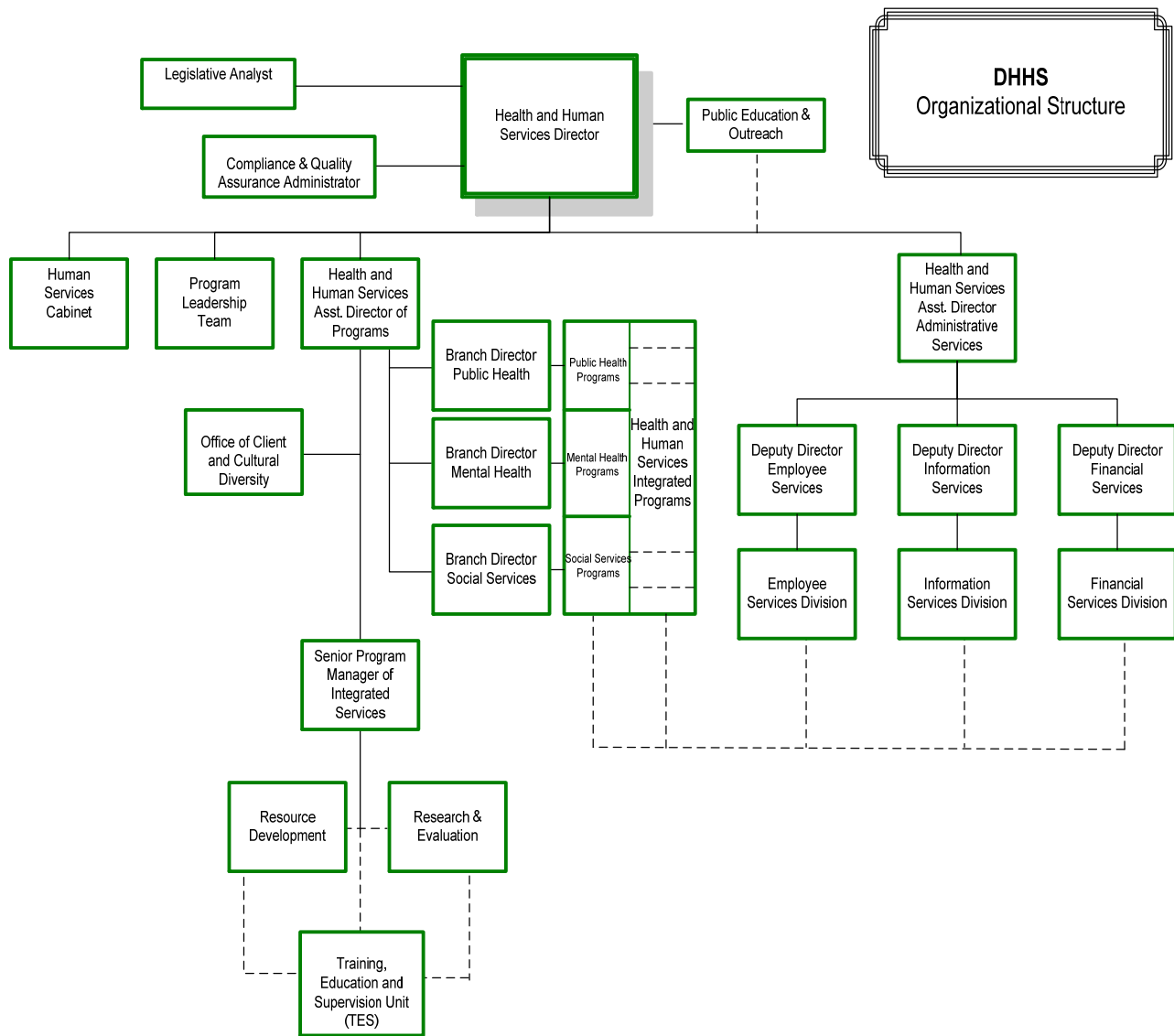
Transformation has been defined by Humboldt County DHHS as more than just restructuring but a quantum change that reflects a radical redesign and new strategic intent for our organization.

Humboldt County’s integrated initiatives over the past decade reflect our developmental efforts to establish and operationalize a defined “road map to transformation” at the County services level.

### **Phase I Implementation**

At the start of the Initiative implementation in 1999, a core strategy contained in Humboldt County's Phase I Strategic Plan was to conduct an assessment of its multi-departmental organizational structure and reorganize to promote increased efficiency in administration and increased access to funding.

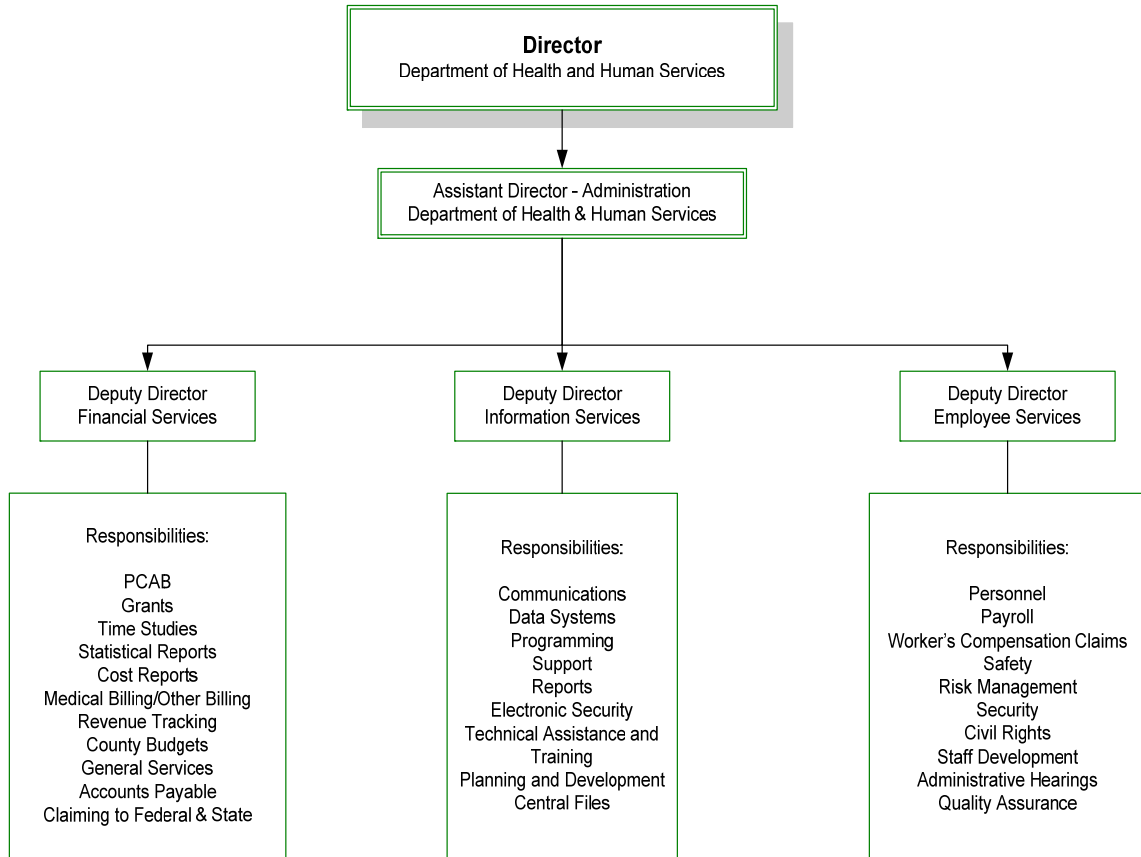
In relation to this organizational restructuring strategy, Humboldt County, over the past 11 years, integrated six departments (Social Services, Mental Health, Public Health, Employment Training, Veterans Services and Public Guardian) to form the Department of Health and Human Services. This reorganization has been efficient in relation to positioning Humboldt County for its various systems transformation processes and programming integrations. An updated chart of this redesigned health and human services organizational structure is contained below. The structure reflected in the chart has been developed to enhance holistic administrative and program support structures required to reduce program and State initiative fragmentation and facilitate integrated service transformation.



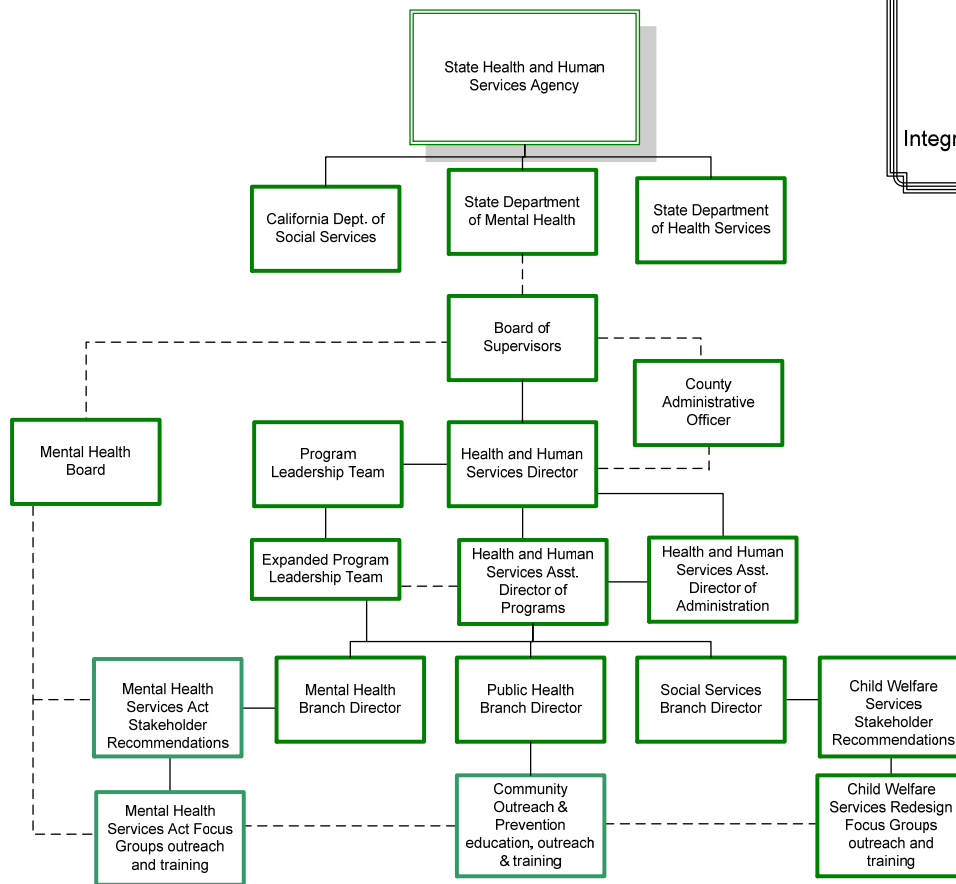
Phase I of Humboldt County’s organizational consolidation (1999-2004) also focused on integration and co-location of Humboldt County’s administrative infrastructure consisting of information services, employee services, and financial services. The organizational chart below provides an overview of the functions of each of these consolidated health and human services administrative divisions:

## Department of Health and Human Services

### ADMINISTRATIVE SUPPORT STRUCTURE



A process flowchart that is descriptive of how Humboldt County Department of Health and Human Services has approached state initiative planning and programming from an integrated services initiative perspective is presented below. The flowchart is an example of how planning and programming for clients and their families involved in multiple service systems and state initiatives (e.g. Child Welfare Services improvement projects/Mental Health Services Act) were integrated.



Example  
 Mental Health Services Act  
 Child Welfare Services  
 Improvement Projects  
 Integrated Planning and Programming

## **Phase II Implementation**

Humboldt County’s Phase II (initiated in 2005) organizational efforts “built” on Phase I administrative restructuring efforts towards increasing the department’s capacity needed for the development of centralized program support structures and processes that were required to support systemic transformations across the department’s three primary Branches (Mental Health, Social Services, Health) and its community stakeholders. These program support structures consist of an integrated:

- Office of Client and Cultural Diversity
- Research and Evaluation Support
- Training, Education and Supervision Support
- Resource Development Support

The program support structures for integrated services include:

**1. Office of Client and Cultural Diversity:**

- Support, guide and encourage implementation of activities that promote client and cultural competence; guided by values of wellness, recovery, inclusion, respect and equality.
- Creating a system that is ready to embrace inclusion of clients, families and youth partners.
- Recommend to senior DHHS staff training and staff development needs for inclusion of improved and culturally competent client and family partnerships in the workplace.

**2. Research and Evaluation Support:**

- Provide data specific to issues/programs as requested by DHHS.
- Conduct/provide literature reviews on Evidence Based Practices (EBP) for approved projects.
- Provide formative and summative outcome data; produce audience specific outcome reports on targeted programming.
- Establish fidelity and outcome measures for approved projects.
- Develop and collect methodology to gather needed client and cultural information.
- Conduct needs assessments on approved projects.

**3. Training, Education and Supervision Support:**

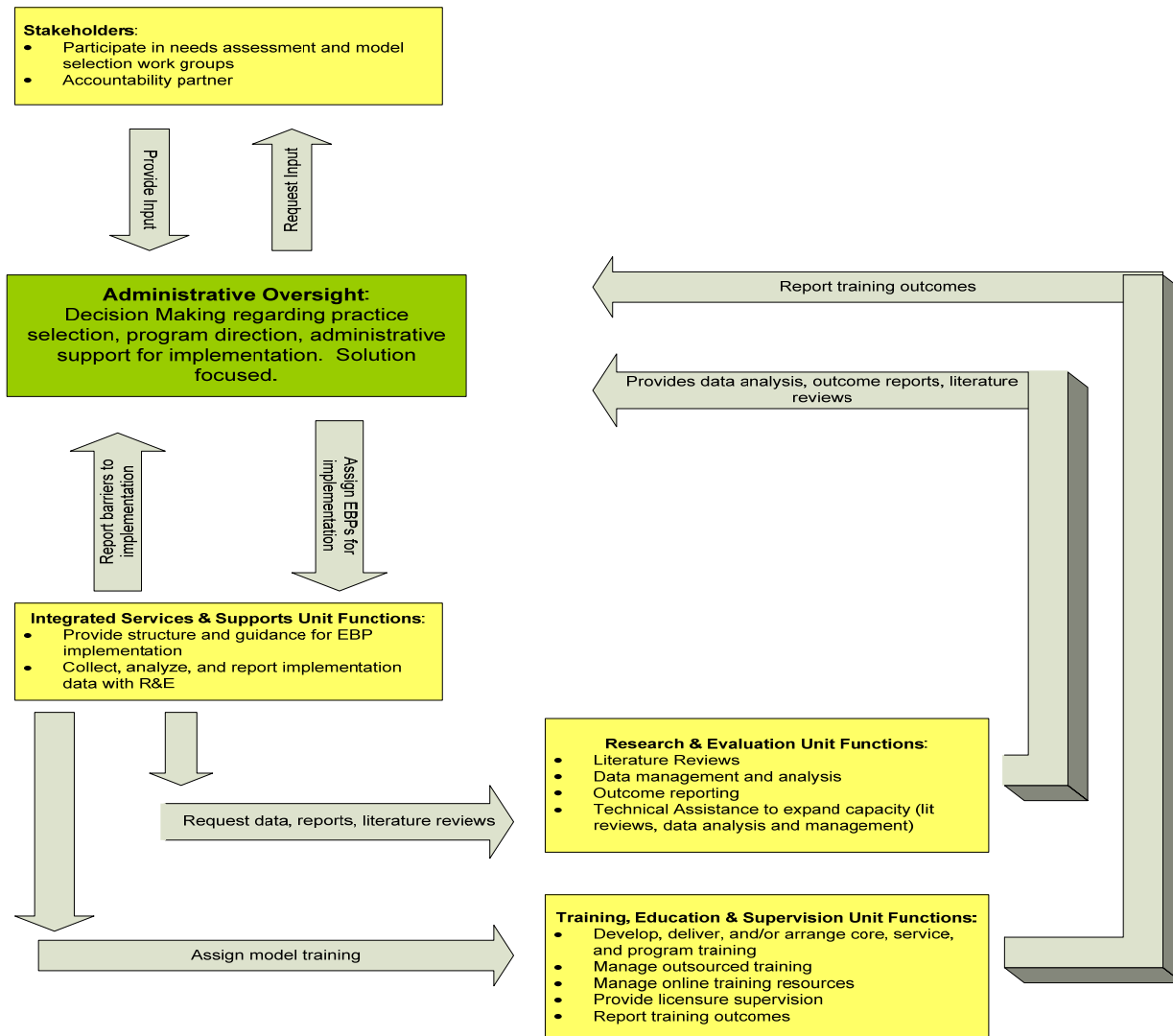
- Provide/contract for pre-launch EBP training and education to branches and stakeholders.
- Provide or coordinate EBP post-launch or on-going training and education needs.
- Develop training to better understand the complex needs of families, engaging for early intervention and supporting connections in the community.
- Develop training to address client and cultural diversity.
- Develop curriculum to promote clients, families and youth partnerships.
- Provide pre-licensure clinical supervision and work force development support.

**4. Resource Development Support:**

- Track funding and grant initiatives that may target these needs.
- Develop funding applications with integrated development teams.
- Develop integrated information regarding Humboldt County to be used in funding applications by branches and/or DHHS.

In addition to the above structures, interrelated and dynamic processes that link these program support divisions across the Branches have been designed and launched. These processes are a unique approach in terms of our organizational transformational work and represent Humboldt County’s developmental efforts towards the identification of interrelated systematic government sector “Rapid Cycle” processes required to initiate Evidence Based or outcome driven programs required to transform health and human services delivery systems. A flow chart outlining these processes is contained below:

### Humboldt County Rapid Cycle Change Matrix



### Evidence Based Practices

The above “Rapid Cycle” process has evolved in relation to the need to transport and launch Evidence Based Practice Models and focus on outcome driven systems capacity as part of Humboldt County’s service integration efforts. Evidence Based Practices implemented or in process of launch as part of our efforts to develop cross-departmental services are described below:

## **Currently Implemented**

**Incredible Years (IY):** Incredible Years is prevention program in the form of parent training designed to promote emotional and social competence and to prevent, reduce, and treat aggression and emotional problems in young children 0 to 12 years old. Humboldt implemented IY in October 2004. Through June 2010, 371 Caregivers with 523 associated children under the age 18 have been served.

**Functional Family Therapy (FFT):** FFT is a well-established, evidence based family therapy intervention for the treatment of violent, criminal, behavioral, substance use, school, and conduct problems with youth ages 11-18 years and their families. It was implemented in October 2004 and had served 320 youth through December 2010.

**Aggression Replacement Training (ART):** Implemented in February 2005, ART is a comprehensive intervention program designed to teach adolescents to understand and replace aggression and antisocial behavior with positive alternatives using Prosocial Skills; Anger Control; and Moral Reasoning. In Humboldt, ART is implemented for adolescent youth 12 to 18 years old who show or are at risk of aggressive behavior and placed in the North Coast Regional Facility. Informal outpatient ART groups are also occurring with Probation's Healthy Alternatives diversion program (new in late 2010). As of December 2010, 235 youth have participated in ART.

**Family to Family (FtF):** Promoted by the Annie E. Casey Foundation, the Family to Family model provides communities with a framework to improve their child welfare system. Family to Family provides a set of tools to assist with developing family resources. In addition, since May 2005, Team Decision Making have been conducted when key placement decisions are made. The meetings involve birth families, support systems, case workers, foster parents and community members, to ensure a network of support for children and the adults who care for them.

**Parent Child Interaction Therapy (PCIT):** PCIT, launched in October 2004, is an intensive treatment designed to work with parents and children (ages 2-7) together to teach parents the skills necessary to manage their children's behavioral problems. It serves Parents/Caregivers with their children ages two to seven who are risk for maltreatment or exhibiting externalizing behavioral problems. To date, 43 Parents/Caregivers with 39 children have been served.

**Nurse-Family Partnership (NFP):** The Nurse-Family Partnership is an evidence-based home visiting program launched in Humboldt County in July 2009. The Nurse Home Visitors begin seeing pregnant mothers before the birth of their first child and follow the family until the child reaches two years old. This preventive model is available to low income pregnant women (first time mothers) between 16 and 28 weeks of gestation. Currently, 92 women are enrolled with capacity recently expanded to 125.

**Integrated Dual Diagnosis Training (IDDT):** Planning and training for IDDT began in Spring 2010. Integrated treatment means that both psychiatric and substance abuse treatment are provided at the same time, at the same place, and by the same team. Specific IDDT components include: multidisciplinary team; partnership with an Integrated Substance Abuse Specialist; Stage-Wise Interventions; access to comprehensive dual diagnosis services; time-unlimited services; outreach assistance in the community;

motivational Interventions; substance abuse counseling; group treatment designed to address both mental health and substance abuse problems; family education and support on dual diagnosis; participation in alcohol & drug self-help groups; pharmacological treatment; interventions to promote health; and secondary interventions for non-responders such as but not limited to clozapine, naltrexone, or disulfiram or intensive family intervention. The program will serve adults 18+ years with co-occurring disorders.

**Trauma Focused Cognitive Behavioral Therapy (TFCBT):** TFCBT launched in Spring 2010 to serve children four to 18 years of age who have serious emotional disturbance and trauma history. DHHS trained over 20 therapists in addition to supervisors and managers to ensure wide dissemination of this model across the children's system of care. To date, 17 clients have been served through the TFCBT model.

### **Approved for Implementation 2011-12**

**Adolescent Community Rehabilitation Approach with Assertive Continuing Care (A-CRA/ACC):** A-CRA/ACC will serve Adolescents (12 to 22yrs) with substance abuse or co-occurring disorders. It is a behavioral intervention that seeks to increase the family, social, and educational/vocational reinforcers to support recovery; and uses time-out from these reinforcers for substance/alcohol use. Assertive Continuing Care (ACC) includes home visits and case management. It stresses rapid initiation of services after discharge from treatment in order to prevent or reduce the likelihood of relapse. This model has strong research and evaluation results that match local needs, has been the centerpiece for many adolescent substance abuse grants from SAMHSA. Research demonstrates it is a cost effective comprehensive treatment with strong outcomes compared with other models.

**Safe Care:** Safe Care is a home visitation parent training program designed to reduce child abuse and/or neglect of young children between zero and five years old. It fits with DHHS goals of implementing evidence based programs, is based on 30 years of research, and extends an evidence based skill set to paraprofessional staff who are already in roles that support families at risk.

**Risking Connections & Restorative Approach:** These companion models will serve children and youth placed at the Children's Center shelter. In addition, training can expand to allow families and care providers to more effectively maintain youth at home or in less restrictive family settings. Risking Connections is a foundational trauma training curriculum and program rooted in relational and attachment theory. It provides a framework for understanding and healing the wide array of symptoms and behaviors that land traumatized people in a wide range of mental health settings. Restorative Approach is a model for congregate care settings for children and adolescents emphasizing the healing power of the relationship by providing children with the opportunity to make amends and learn skills to avoid future problems. It is a fit within DHHS because nearly all the youth at the shelter have a history of trauma. This model was identified by review of research, feedback from Youth Law Center, recommendation by Child Welfare League of America, and was selected in a review of four models by a committee comprised of Youth, Children's Center staff, Mental Health staff and Child Welfare Social Workers.

## **Awaiting Approval**

### **Partnership for Youth Transition, based on Transitions to Independence Process**

**(TIP) System:** This model will be the core approach to a newly forming Transition Age Youth Division which was designed by youth and DHHS to meet the needs of TAY in a developmentally appropriate way, connecting to adult and children's systems of care where appropriate. The model can serve youth/young adults 14-29 yrs with emotional/behavioral difficulties. It engages youth/young adults in their own futures planning process, providing them with developmentally-appropriate, non-stigmatizing, culturally-competent, and appealing services and supports. It also involves their families and other informal key players. PYT/TIP was selected by a cross discipline team including youth and is a good fit with Humboldt's values and the HCTAYC mission.

### **Other EBPs Used (Not measured or implemented to fidelity)**

**Matrix Model:** Begun in 2007, though not implemented as an EBP with fidelity, the Matrix Model is an intensive outpatient treatment approach for stimulant abuse and dependence. It is currently part of the curriculum for group treatment for all clients in adult outpatient AOD programs and at the Healthy Moms Program, as well as being used in part at the Regional facility and adolescent substance abuse treatment program. For adult programs, the model is being replaced with IDDT and for adolescent programs, the model is in the process of being replaced with A-CRA/ACC, described below, both of which have broader application and will be implemented with fidelity.

**Motivational Interviewing/Enhancement:** Motivational Interviewing has been taught and used for several years across ages and disciplines such as mental health, co-occurring disorders, substance abuse, Child Welfare, Probation, and pregnant/ parenting women. It is imbedded in other EBPs such as IDDT and NFP and is also used in supervision with staff. DHHS and Probation have hosted several trainings in the last 5 years to help staff learn to integrate these skills into daily practice across multiple populations.

Humboldt County Health and Human Services is committed to implementing Evidence Based Practices in targeted Universal (prevention), Selective (early intervention) and Indicated (treatment) strategies. This long-term strategic approach is constantly re-assessed for outcomes and fiscal efficiencies. Evidence Based Practices are viewed as one foundation for successful community and family interventions.

The next challenge is to move the implementation from project-specific practices to a system structure that weaves together the models in a way that widely permeates DHHS staff and community skill sets, maximizing access to research-supported approaches for families throughout the county.

### **Integrated Service Co-Location Strategies**

The department has implemented a two pronged approach towards maximizing program integration and ultimately, service transformation which involves centralization of administrative and program support services as well as co-locations of departmental programs where appropriate; and co-located decentralized services in partnership with community stakeholders in a developmental approach towards service delivery transformation.

The service “decentralization” process is a strategy that is in many ways more complex than departmental co-location as it involves new and diverse community partnerships (e.g. Community Resource Centers/community stakeholder collaboratives, etc.) and combined with EBP’s and the concurrent implementation of Universal / Selective and Indicated approaches represent a fundamental strategic transformation in approaching community health and wellness issues.

For example, Family Resource Centers (FRC’s) are non-profit, community based agencies that provide support and resources to community members. The supports and resources offered by Humboldt County’s 17 FRC’s vary depending on community needs, geographic location and funding. The types of services provided by Resource Centers may include child welfare services, employment services, immunizations, parenting classes, food and clothing distribution, counseling, case management, senior lunches, and community building events.

Resource Centers are key partners in improving the health and safety of Humboldt County. DHHS and the Resource Centers have identified numerous ways to combine efforts to improve outcomes for families. These efforts include DHHS and the Resource Centers’ staff meeting monthly; DHHS assigning liaisons to work with individual Resource Centers; public health nurses and child welfare social workers being geographically assigned to work with individual resource centers; cross training staffs; and Resource Centers offering and participating in DHHS promoted Evidence Based Practice programs.

In addition, DHHS has provided funding for the Resource Centers’ infrastructure, staffing and training to enable the centers to participate in Child Welfare Services Differential Response, health insurance enrollment, CalFresh access and self sufficiency. Currently, the resource centers provide services to families referred from Child Welfare Services who are at risk for child abuse and/or neglect. Resource Center staffs are also participating in the department’s team decision making process. This is a process by which the significant people in a child’s life come together to discuss the best solutions for a child at risk for being removed from their family or being moved to another placement.

Community Resource Centers are also key players in the rollout of our Mental Health Services Act programs. Community Resource centers are our partners on several programs and are key informants as we move forward on prevention and family strength based services.

This strong community collaboration has resulted in improved outcomes throughout our county and a deeper understanding the mission and responsibilities of our department.

## **Challenges and Next Steps**

The Department's Strategic Plan encompasses developmental and complex transformational work that has required gradual systemic change over time.

In addition, the current state budget crisis, the proposed realignment of state programs and the regulatory, statutory and fiscal barriers that impede effective and efficient county system program and planning responses that are required to implement various state initiatives will need continued state department assistance to overcome.

The immediate challenge before the State is to develop and disseminate information about successful transition initiatives such as Humboldt's to support the state proposed realignment in FY 11/12.

### **Strategies**

With Health and Human Services Agency, state department, philanthropic support and technical assistance continue to:

- Design, refine, implement, assess and fund the core transformational organizational program support structure(s) and rapid cycle processes required to facilitate Humboldt County's Integrated Services Initiative.
- Work to enhance State support of Humboldt County's holistic approaches and efforts to achieve organizational integration and cross system strategic plan goals.

### **Strategic Plan Approach**

As a result of ongoing integrated planning the department has established updated Strategic Plan goals which:

- Target integrated programming, evaluation and fiscal planning for all state initiatives.
- Link to its revised health and human services vision, mission and operating principles.
- Are strength based, recovery oriented, client and stakeholder inclusive, responsive to emerging community needs and have a foundation inclusive of evidenced based practices that are consistent with our diverse cultural, ethnic and community values.
- Link to county peer to peer development team approach(s) with similar transformational oriented counties where possible.
- Enhance the department's transformational infrastructure capacities through the development of an integrated and centralized cross-branch:
  - Outcome and evaluation capacity
  - Training capacity
  - Agency resource initiatives and grant response capacity
  - Public education and outreach capacity
  - Quality improvement and quality assurance capacity
  - Stakeholder and cultural diversity inclusiveness capacity

Our 2011-2016 goals have been formatted in age span “categories” to facilitate developing critical integration and transformational structures, processes and outcome driven programming of various initiatives. These categories are listed below:

- Strategic plan goals that are primarily targeted at children and family populations.
- Strategic plan goals that are primarily targeted at transition age youth.
- Strategic plan goals that are primarily targeted at adult.
- Strategic plan goals that are primarily targeted at older adult populations.
- Strategic plan goals that are primarily targeted at community health issues and wellness issues.

## **DHHS Strategic Plan Goals 2011 - 2016**

### **Children and Families**

- Incorporate Evidence-Based Practices (EBPs) as appropriate:
  - Implement Safe Care, to reduce impact of neglect on children 0 to 5 yrs old
  - Identify and implement Alcohol and Other Drug EBPs
  - Further develop Differential Response for children at risk of child welfare intervention.
  - Increase EBPs that increase reunification and decrease child welfare re-entries.

### **Transition Age Youth (TAY)**

- Create a TAY Division that links TAY to job training and support, education support, housing, health and behavioral health services.
- Work with each youth to create an adequate support system structure
- Incorporate Evidence-Based Practices as appropriate:
  - Implement EBPs focused on the behavioral health needs of TAY.
  - Identify and implement an Alcohol and Other Drug EBP appropriate for this population.
  - Identify and implement a TAY peer model to foster hope and improve outcomes.

### **Adults**

- Integrate and decentralize adult services to include the Public Guardian Office, Veterans Service Office, In-Home Supportive Services, Older Adults, Adult Protective Services, Employment Training, General Assistance, Behavioral Health, North Coast AIDS Project (NorCAP) and Public Health Adult Services.
- Implement Integrated Dual Diagnosis Treatment EBP.

### **Older Adults**

- In partnership with our communities, design an integrated system of care to meet the developmental needs of the aging population.

## **Community**

- Expand co-location of DHHS services in outlying communities.
- Build linkages with community's resources across lifespan.
- Expand and strengthen community partnerships to ensure the availability of affordable housing and support for hard-to-house families and individuals.
- Co-lead the creation of a local implementation plan for Health Care Reform.

## **Historical Review Phase II AB 1881 Goals 2007-2010**

### **Goal 1: Implement integrated foster care approaches for Humboldt County.**

#### Progress toward goal

- Merged Child Welfare Services, and Children, Youth and Family Mental Health Services with Public Health foster care services: In March 2010, Children & Family Services was formally integrated, with Phase I of the formation uniting children's Behavioral Health Programs and children's Social Services Programs.
- Expanded foster care behavioral health to include mental health and public health nursing services: This practice was initially focused on children and youth in permanency planning, and now includes family maintenance and family reunification cases. The goal is to provide stability in foster care through holistic, comprehensive services related to permanency, physical health, and mental health. mental health screening is completed for all children with an open child welfare services case.
- Dedicated multidisciplinary team: The integrated case review team includes program managers and supervisors from child welfare services and mental health, and public health. Meetings are conducted weekly to review all youth in the Children's system of care to ensure that there is stability in placement, that their mental health needs are being met, as well as their medical and dental needs.
- Developed logic model and evaluation methodology: Process began with meetings in Spring of 2010. A final product was issued in October 2010. The evaluation methodology is a compilation of several evaluation tools including Division 31 and Efforts to Outcomes. Through these tools we are analyzing stability in placement, high school graduation, obtaining permanent housing, enrolling in a college or vocational school, consistent employment, and obtaining medical, dental, and mental health care.
- Improved Foster Care penetration data per California External Quality Review Organization: From Calendar Year '06 thru Calendar Year '09, our Foster Care penetration rate increased more than 10%, from 56.27% to 61.67%, and is higher than the statewide and mean small county rates.

**Goal 2: Assess and integrate Transition Age Youth services across branches and inclusive of Mental Health Services Act, Transitional Housing Program Plus, Independent Living Skills Program and the Workforce Investment Act.**

Progress toward goal

- Established Humboldt County Transition Age Youth Collaboration in 2008: Co-location in 2009 of Humboldt County Transition Age Youth Collaboration with Independent Living Skills Program. Humboldt County Transition Age Youth Collaboration developed recommendations and has provided evaluation reports for the Children's Center, Semper Virens, and Psychiatric Emergency Services.
- Brought Transition Age Youth membership onto the Mental Health Board in August 2010.
- Wrote and received approval for Mental Health Services Act Prevention and Early Intervention and Innovation plans: Approved in April 2010, our Innovation Plan consists of a peer-based approach to improving mental health outcomes for older transition age youth with severe mental illness, especially those who have experienced foster care. This project will pair each participant with a peer support specialist who is an active participant in a range of youth-driven Department of Health and Human Services initiatives.
- Developed design for a Transition Age Youth division in August 2010.
- Expanded Transitional Housing Program Plus beds in 2009 from six to 14 and received Housing and Urban Development approved funding for 10 beds beginning in 2005. Currently applying for the Family Unification Program vouchers from Housing and Urban Development.
- Joined California Connected by 25 Initiative: California Connected by 25 Initiative began in 2007. This 3-year initiative focuses on K-12 education, employment, post-secondary education, housing, Independent Living Skills Program, permanency, and personal and social asset development of transition age youth.
- Developed Youth Transition Action Team in December 2006: It is an integrated team of professionals from employment, education, housing, probation, Children & Family Services as well as representatives from Humboldt County Transition Age Youth Collaborative, Independent Living Skills Program and Elite. The Youth Transition Action Team is charged with ensuring youth have stable housing, permanent connections, employment, and educational support.
- Enhanced data collection and outcome tracking through the Efforts To Outcomes system in February 2008: This data collection tool measures the number and type of service activities that Independent Living Skills Program youth participate in.
- Implemented youth-focused employment support services at the Job Market.
- In August 2009, implemented an integrated policy for foster youth aging out to make sure they get food stamps and Medi-Cal.

- Began the Humboldt Offers Permanency for Everyone pilot project in 2005, locating family members for foster children in permanency planning and expanded to all youth in the Child Welfare Services system of care in 2008.
- Implemented Nurse-Family Partnership in August 2009: Ninety mothers enrolled as of November 2010. Potential clients are first time, at-risk, often transition age youth, pregnant women.

**Goal 3: Continue to assess methods and outcomes of developing a differential response capacity to at-risk 0-8 children and families inclusive of social services, mental health, public health and community partners.**

Progress toward goal

- Forged stronger relationships with Family and Community Resource Centers in June 2005 for Child Welfare Services' Differential Response and June 2007 for CalWORKs.
- Implemented Eyberg Child Behavior Inventory and Parent Stress Index evaluation tools in Winter 2010.
- Co-located Mental Health, Public Health and Child Welfare Services intake units allowing for integrated early-intervention approaches.
- Empowered line staff to determine integrated response across the three disciplines: In January 2010, the decision as to which partner agency would team with Child Welfare Services on assigned referrals was moved from the supervisor level to the line-level. The social worker consults with co-located line staff from mental health and public health to determine the most appropriate team response.
- Embedded a mental health clinician in the Alternative Response Team in September 2006.
- Implemented Incredible Years in 2004 and expanded trainings with additional facilitators in 2010.
- Implemented Parent-Child Interaction Therapy in 2004.

**Goal 4: Design and implement system changes to assure that children and youth in foster care receive health and mental health access and/or service referrals as indicated upon entry into the foster care system.**

Progress toward goal

- Began utilizing the Mental Health Screening Tool on all children who are in a child welfare services case.
- Achieved Division 31 compliance rate for medical and dental services at 90+ percent.
- Instituted monthly tracking and quarterly reporting of access and penetration for mental health services.
- Implemented Linkages with CalWORKs and Child Welfare Services: Begun in 2005, Humboldt County's Linkages work plan seeks to improve early identification of

mutually served Child Welfare Services/CalWORKs clients and coordination of services, case planning, training and evaluation of outcome measures.

- Implemented Trauma-Focused Cognitive Behavioral Therapy in 2010.
- Public Health Nursing began using Ages and Stages Questionnaire for screening tool in 2009.

**Goal 5: Design a systems approach towards the goal that no child or youth leaves Humboldt County due to a lack of local behavioral health services availability.**

Progress toward goal

- Goal achieved. No planned out-of-county or out-of-state placements.
- Use Family Intervention Team to facilitate interdepartmental and interagency collaboration by establishing a community-based comprehensive system of care for at-risk children, youth, their families and care providers: Family Intervention Team's focus is the coordination of treatment, appropriate placement, and the monitoring of client outcomes at weekly meetings. Resource Allocation Committee is comprised of the director of public health nursing, deputy directors of children & families branch, probation division director, and program managers of Children & Family Services.

**Goal 6: Continue to improve service integration through the consolidated Department of Health and Human Services/Probation (SB 933) foster care placement review ability.**

Progress toward goal

- Use Family Intervention Team to facilitate interdepartmental and interagency collaboration by establishing a community-based comprehensive system of care for at-risk children, youth, their families and care providers: Family Intervention Team's focus is the coordination of treatment, appropriate placement, and the monitoring of client outcomes at weekly meetings. Resource Allocation Committee is comprised of the director of public health nursing, deputy directors of children & families branch, probation division director, and program managers of Children & Family Services.

**Goal 7: Develop an enhanced integrated Health and Human Services and community response template targeting children born with positive drug toxicologies and their families inclusive of social services, mental health, public health and community partners.**

Progress toward goal

- Implemented Nurse-Family Partnership to prevent tox-positive births among first-time moms.
- Began providing immediate response to all tox-positive babies, usually while still in the hospital.

- Public Health Nurses and Mental Health Clinicians co-located and available for joint visits with Child Welfare Services social workers while investigating referrals to address those needs.
- Expanded Differential Response: Staff is available to collaborate with Child Welfare Services social workers working with families in investigations Monthly meetings are conducted on expanding Differential Response partners, strategizing, and discussing outcomes.

**Goal 8: Improve medical and dental access, mental health services access and treatment for all children and youth.**

Progress toward goal

- Integrated Children & Family Services Division to encompass children who are not in foster care.
- Launched Children's Health Initiative in September 2006.
- Implemented in 2005 the Dental Advisory Group, a consortium of Community-Based Organizations, dental providers, foundations and Department of Health and Human Services staff meeting quarterly to assess and improve access to dental services for children.
- Instituted in June 2007 well-child dental fluoride varnish for kids under 3.
- Continued the Children's Health and Disability Prevention program Gateway: Children who receive care through the Children's Health and Disability Prevention Gateway are presumptively granted Medi-Cal for up to 2 months. Children's Health and Disability Prevention staff proactively contact parents after children receive a Gateway health check up to assure ongoing enrollment in appropriate insurance plan.
- Implemented web-based enrollment in health insurance via C4Yourself and One-E-App
- Began use of Mobile Engagement Vehicles to outreach to rural areas in May 2010.
- Began participation in 2008 in the Riverbend Education Program at Arcata High School, a special education classroom for high school youth with "emotional disturbance" as an educational qualifying condition. Mental Health Clinician onsite to provide treatment and consultation.
- Facilitate Adolescent Treatment Program which includes substance use services for youth, incorporated into the Children & Family Services Division: All referrals receive comprehensive behavioral health assessment and referral to appropriate services Alcohol and Other Drugs and/or mental health services as appropriate.

**Goal 9: Improve shared and independent housing options and resources for emancipating transition age foster care youth inclusive of youth with serious emotional disorders.**

Progress toward goal

- Expanded Transitional Housing Program-Plus beds: In the summer of 2009, Transitional Housing Program-Plus was increased from six beds to 14 with a variety of housing models. There is a single site transition model, scattered site transition model, scattered site permanent model, and host family model.
- Secured Housing and Urban Development funding for beds and Housing and Urban Development Family Unification Program vouchers previously described in Goal #2.
- Secured Mental Health Services Act Housing funds: \$1.9 million for 12 to 20 beds in shared housing for persons aged 18 and above who are seriously mentally ill, homeless or at risk of homelessness. Occupancy expected to begin Spring 2012.
- Received approval for Mental Health Services Act Innovation Plan: a peer-based approach to improving mental health outcomes for older transition age youth with severe mental illness, especially those who have experienced foster care. This project will pair each participant with a peer support specialist who is an active participant in a range of youth-driven Department of Health And Human Services initiatives.
- Continue to participate in the Humboldt Housing and Homeless Coalition and, Humboldt County Transition Age Youth Collaboration. Humboldt Housing and Homeless Coalition is a continuum of care committee focusing on homeless and housing issues.
- Developing Full Service Partnership for Transition Age Youth: Received initial approval for the organizational structure in September 2010. The Full Service Partnership will provide holistic support, including housing supports, for youth with serious mental illness.

**Goal 10: Continue to implement Family-to-Family community strategies with an emphasis on team decision-making in all placement decisions.**

Progress toward goal

- Implemented use of Team Decision Making meetings for placement changes in May 2005. Full implementation for all placement decisions began February 2008.
- Participating in Quality Parenting Initiative to recruit quality resource families for children.
- Complete a quarterly trends data document to monitor outcomes.

**Goal 11: With California Department of Social Services assistance, maximize Child Welfare Services restructuring and Mental Health Services Act workforce support by addressing MSW pre-and post-graduate training and placement options consistent with AB 315 holistic cross-systems approaches.**

Progress toward goal

- Set up Training, Education and Supervision Unit to coordinate all training in 2006: Implemented Clinical Supervision component in October 2006. Hired a dedicated Training, Education and Supervision Program Manager in 2009.
- Meeting bi-monthly with department chairs of Humboldt State University.
- Focused on recruiting, educating and hiring bachelor-and master-level staff: Most Social Worker positions are now filled with master-level staff. Created in March 2001 additional classes Social Worker IV-C and Social Worker IV-D to further professionalize the field.
- Developed Mental Health Services Act Workforce Education and Training plan: One goal of the Superior Region Workforce Education and Training Plan is to offer distance-ed for BSW and MSW degrees through Humboldt State and Chico State universities, and implementation is tentatively slated for the fall of 2011.

**Goal 12: Further develop Community Resource Center / Family Resource Center capacity and stakeholder partnership with Department of Health and Human Services to assist with enhanced community capacities to support families.**

Progress toward goal

- Began Differential Response referrals to Community Resource Centers in Summer 2006.
- Provide CalWORKs employment opportunities beginning in 2007 with all Family Resource Centers: The Family Resource Centers support and collaborate with CalWORKs staff to improve work participation and client and family engagement, reduce sanction rates, support families and identify Work Experience sites within their communities.
- Initiated AmeriCorps/Redwood Community Action Agency's Assisting Families Access Change Through Resources in July 2010: With Family Resource Center /Community Resource Center staff providing case management services to families referred by Child Welfare Services, it is expected that with the reduction in negative child behaviors and parent stress the likelihood of recidivism will also decrease.
- Began offering mental health services through Family Community Resource Centers: Mental health staff are delivering assessments and services at Resource Centers throughout the county, either directly or through its organizational provider network. The assignment of a Mental Health clinician to the Mobile Engagement vehicles during 2010 has promoted access at Resource Center sites throughout the county.
- Shared training opportunities with a variety of Family Community Resource Centers and community stakeholders.

- In 2006, developed regional teams with Family Community Resource Centers, including Child Welfare Services and the Public Health Branch.
- Procured and launched Mobile Engagement Vehicles: Goal is providing Department of Health and Human Services services to outlying communities isolated by geography, culture, language or lack of transportation. Began providing regular services in May 2010.
- Began in 2004 offering Incredible Years parenting classes, including Spanish language and tribe-specific classes, in partnership with Family Community Resource Centers.

**Goal 13: With state assistance, implement strategies to increase health, dental health, mental health, alcohol and other drug services to families up to 300% Federal Poverty Level through increased access to health insurance coverage.**

Progress toward goal

- Implemented Children's Health Initiative with the goal of all children of Humboldt County receiving insurance.
- Began in January 2010 supporting County Medical Services Program behavioral health pilot: County Medical Services Program has partially reimbursed the Mental Health Branch for up to 10 days of psychiatric hospitalization per year for each County Medical Services Program eligible client. Prior to this date, all services for County Medical Services Program-eligible persons were without any reimbursement.
- Operationalized One-e-App system in 2007. Application assistants were trained and provided application assistance at Family Community Resource Centers, clinics and Public Health.
- Launched C4Yourself, a Web based application and tracking system.
- Conducted CalFresh food stamp outreach.
- Opened Women, Infants and Children program location in McKinleyville in March 2006.
- Used American Recovery and Reinvestment Act dollars to fund kid food packs in July, August and September of 2010, which were delivered to outlying communities by Mobile Engagement Vehicles: American Recovery and Reinvestment Act provided 1,619 food boxes to children who did not have breakfast and lunch at school during the summer.

**Goal 14: Continue to increase service linkages to health, behavioral health and Child Welfare Services, and explore enhanced funding strategies to families as defined in Temporary Assistance to Needy Families.**

Progress toward goal

- Used American Recovery and Reinvestment Act funding to implement job support and readiness through subsidized employment in partnerships with nonprofits, businesses and local government agencies: Department of Health and Human

Services made these funds and services available to families on CalWORKs and families under 200% federal poverty level. Employers received an 80% subsidy for new hires. Department of Health and Human Services also provided short-term funds and services to needy families in crisis, including emergency food benefits and nutritional support in partnership with Food for People. Nutritional support provided eligible families with food boxes of healthy and nutritious foods, including fresh produce purchased from local farms, to get them through the summer months when school lunch and breakfast programs were closed. Another short-term benefit activity encompassed housing assistance involving emergency shelter, moving or rental assistance, and eviction prevention. Family support services were also actively provided with grants to two county domestic violence shelters and to North Coast Big Brothers Big Sisters.

- Redesigned program for HumWorks in January 2011. Changed program to reinforce its role as work support activity and boost Workforce Participation Rate.
- Reconfigured the Multiple Assistance Center to support homeless CalWORKs clients in becoming self sufficient through work and education activities and increased case management.
- Created the Children & Family Services Division.
- Began using CalWORKs Work Experience staff through Department of Health and Human Services and communities. Increased participants by over 200% since 2007.

**Goal 15: Continue to build partnerships with local tribes and other culturally and ethnically diverse populations to improve the safety of all Humboldt County children and families in a culturally respectful manner.**

Progress toward goal

- Participate in tribal roundtables: The Multi-Tribal Roundtable is hosted by Two Feathers Native American Family Services and is attended by the local tribes, probation, and Children & Family Services.
- Participated in Weaving Good Relations conference on January 8, 2010: Three subcommittees were formed and continue.
- Received Initiative to Reduce Long-Term Foster Care grant: On October 1, 2010 Humboldt, Fresno, Los Angeles and Santa Clara counties were awarded a five-year grant to focus on improving outcomes for foster children in California. Now called the Permanency Innovations Initiative.
- Began providing case management services on the Mobile Engagement Vehicles: Managing care for persons with serious mental illness who are homeless anywhere in Humboldt County, including tribal lands.
- Provide Public Health nursing in Hoopa preschools in September 2009 as part of First 5 School Readiness Initiative: Public Health Nurse provided linkages to health services, developmental screenings and parenting assistance. Also initiated Incredible Years classes in Hoopa.

- Implemented Incredible Years with tribes in 2010 and in Spanish in 2009.
- Began partnering with tribes to provide Differential Response: Child Welfare Services social workers engage the tribal social workers whenever possible when investigating referrals in order to better support families and prevent child maltreatment.
- Participated in Beyond the Bench conference in September 2010: Included County Counsel, State Adoptions, Humboldt County Transition Age Youth Collaboration, Care Providers, Tribal Entities, Probation, Mental Health, Public Health, and Child Welfare Services. The keynote speaker was the Yurok Tribal Court Commissioner with the theme of “New and Upcoming Practices.” One of the topics was tribal customary adoption presented by Yurok tribe and State Adoptions.
- Beyond the Classroom conference in October 2010 focusing on the educational needs of our foster youth included participation by judges, tribes, probation, CASA, schools, child welfare services, mental health and care providers.
- Implemented Nurse-Family Partnership for tribal moms.
- Created new employment class and hired a translator/interpreter in March 2009: Provided translation and interpreting services for wide variety of Health and Human Services client services.
- Created Mental Health cultural competency plan: The Mental Health Branch Cultural Competence Plan is completed every three years and it addresses baseline needs assessments, planned interventions and outcomes achieved as the department promotes ethnic and cultural diversity training, outreach, access and appropriate service provision.
- Increased number of Public Health communications translated into Spanish.
- Translated all key Mental Health forms into Spanish 2009-10.
- Made Spanish-language services available on the Mobile Engagement Vehicles.
- Improved public education outreach to tribal areas in Eastern Humboldt.

**Goal 16: Continue to implement and assess the outcomes of our integrated services model for the incapacitated General Assistance population across the Mental Health and Social Service Branches.**

Progress toward goal

- Co-located part-time Public Health Nurse in October 2008, full-time Mental Health Clinician in May 2008, and full-time Mental Health case manager in August 2008 to provide assessment and referral to General Assistance clients.
- Initiated multidisciplinary team meetings to review client service: Meetings are conducted weekly with a Public Health Nurse, Eligibility Supervisor, Mental Health Clinician, and General Assistance Social Worker Supervisor.

- Initiated Vender/Voucher system for General Assistance in May 2010: Recipients are issued \$30 cash, rent payments directly to landlords and two-party checks are issued for redemption at local businesses for goods.
- Developed policies and tracking with Alcohol and Other Drug and Mental Health to ensure treatment compliance.

**Goal 17: Design and implement integrated community-based services across the Social Services, Public Health and Mental Health Branches to support and reinforce maximum independence for all adults with serious and persistent mental illness.**

Progress toward goal

- Reduced Institutes of Mental Disease placements to one from a high of 22.
- Enrolled more than 100 clients in Comprehensive Community Treatment which includes using In-Home Supportive Services as needed.
- Improved partnership between Mental Health Branch with Public Guardian's Office.
- Began developing strategy for integrated client-based planning for high-risk clients.
- Educated Department of Health and Human Services staff about recovery and wellness concepts and established the expectation of this philosophical approach to services.

**Goal 18: Develop and pursue strategies to increase the affordable housing stock available to adults with serious and persistent mental illness.**

Progress toward goal

- Worked with Crestwood to develop less-restrictive placements, including one for adults over 60.
- Began high-level participation in Humboldt Homeless and Housing Coalition.
- Began working closely with housing authority to develop project-based certificates and increased the number of clients signing up for Section 8.
- Assigned Mental Health Services Act Housing dollars: Selected development partner, Humboldt Bay Housing Development Corporation, in February 2010.
- Utilized American Recovery and Reinvestment Act funding for housing assistance.
- Began Full Service Partnership, Comprehensive Community Treatment in 2007.

**Goal 19: Continue to design and implement integrated services for shared In Home Supportive Services/Adult Protective Services populations across Social Services, Mental Health and Public Health Branches.**

Progress toward goal

- Held In Home Supportive Services Comprehensive Community Treatment Institutes of Mental Disease training to foster integrated services in August, September and November 2010.

- Referral process in place for Comprehensive Community Treatment clients who might benefit from In Home Support Services to maintain safe and stable housing.
- Access Federal Financial Participation Targeted Case Management Skilled Professional Medical Personnel.

**Goal 20: Continue to develop program linkages between Social Services, Mental Health and Public Health to explore enhanced funding strategies for In-Home Supportive Services to the elderly and disabled.**

Progress toward goal

- See responses for Goal # 19.

**Goal 21: Collect, analyze, assess and share information related to health conditions, risks and community resources to improve health and mental health outcomes.**

Progress toward goal

- Hired epidemiologist in November 2005: Epidemiologist performs disease surveillance including injury surveillance, analyzes health data for trends in health issues and monitors patterns and distribution of illness and mortality.
- Implemented EpiCenter Real-time Outbreak and Disease Surveillance reporting system in May 2010.
- Established deliverables on The California Endowment Healthy Communities planning grant.
- Began implementation of Mental Health Services Act Prevention and Early Intervention Suicide Prevention, Stigma and Discrimination Reduction and Transition Age Youth plans: Performance outcomes are being developed.
- Systematized collection and analysis of suicide data: Alcohol and Other Drug and Older Adult Suicide working groups established.
- Conducted Question, Persuade, Refer trainings for suicide prevention: First session in November 2009. To date have presented 17 trainings to staff, local community-based organizations and interested community members, including schools and Family Resource Centers.
- Applied Suicide Intervention Skills Training implemented in January 2011.
- Created healthcare reform working group.

**Goal 22: Analyze existing policies, regulations, resources and strategic priorities to promote sound health policy development.**

Progress toward goal

- Held 2010 DHHS Leadership Strategic Planning Sessions
- Established Healthcare reform Department of Health and Human Services working group.

- Supported American Recovery and Reinvestment Act initiatives: Food boxes for families and kid packs were developed in consultation with Public Health nutritionists and included education about healthy eating on a limited budget. Applications for Food Stamps were taken on the Mobile Engagement Vehicle as kid packs were distributed. Project included purchase and donation of fresh produce from local family farms. Joint project with Food for People, a non-profit food bank. American Recovery and Reinvestment Act employees helped develop this project and worked on Mobile Engagement Vehicles to distribute food and assist with application process. Temporary Assistance to Needy Families Emergency Contingency Fund housing and utility assistance from Mobile Engagement Vehicles completed the American Recovery and Reinvestment Act package of services.
- Participated in Health Impact Assessment of General Plan Update.
- Held Healthy Rural Communities Regional Forum September 2010, which was attended by 135 people interested in these issues.
- Supported Safe Sustainable Transportation activities for local schools and communities: Safe Routes to School 09-10.
- Conducted Shifting Gears Transportation Survey taken by 811 people in Fall of 2009 (pre-survey), and the post program survey taken in Fall 2010 by 773 people: The pilot project included 240 county employees. Transportation Demand Management program for Humboldt County employees, designed to engage in active transportation and increase utilization of carpooling and mass transit as a result of survey above.
- Integrated Mental Health and Alcohol and Other Drug advisory boards into a Behavioral Health Board.

### **Historical Review – Phase I Humboldt County AB 1259 Goals (1999-2004)**

In 1999, Humboldt County established the following ten goals in its Phase I implementation of AB 1259:

1. Establish community resource centers.
2. Establish and implement a unified county "single intake" and service plan (with technical assistance from Department of Health and Human Services and involved state departments).
3. Increase the ability to fund sustainable services to seriously emotionally disturbed (SED) minors and adults in locked correctional settings.
4. Increase the mental health alcohol and other drug services to "working poor" families through increased access to Healthy Families Initiative benefits.
5. Develop (with technical assistance from Department of Health and Human Services and involved state departments) a consolidated outcomes package for all state and federal funded initiatives.
6. Develop and implement a consolidated SB 933 foster care placement review ability.

7. Increase funding access to Title XIX and Title IV-E for eligible services provided by mental health professionals, probation officers and social workers.
8. Develop a "consolidated" Title IV-E training plan package.
9. Increase linkages and explore enhanced funding strategies and services to needy families as defined in TANF.
10. Increase linkages and explore enhanced funding strategies for in-home supportive services to the elderly and disabled.

**Between 1999-2004, progress was made on seven of these goals as described below:**

**Goal 1: Establish Community Resource Centers.**

In collaboration with Humboldt County's First Five Commission, six family resource centers were funded and are progressing well into early implementation phases. The Department of Health and Human Services has an established family resource center "liaison" team to improve the communication between County Health and Human Services and community collaboratives in relation to improving access to services and building community capacity to develop prevention and early intervention services.

The activities of the family resource center team within the Department of Health and Human Services has been a powerful tool that is increasing the fundamental understanding within the department of the value and opportunity inherent in working with communities to address local concerns.

**Goal 3: Increase the ability to fund sustainable services to seriously emotionally disturbed (SED) minors and adults in locked correctional settings.**

As a result of AB 1259, Humboldt County has achieved significant progress in relation to increasing sustainable funding to minor and adult populations in locked settings. This was achieved through the development of an AB 1259 Negotiated Agreement (NA) with the State HHS and involved the collaboration of the California Department of Social Services (CDSS) and the State Department of Mental Health (SDMH).

Specifically, through the NA, SB 163 wraparound funding was made available to provide strength based mental health and alcohol and drug treatment to minors placed in Humboldt County's New Horizons Regional Facility, ensuring consistent and expanded services to this population and allowing for the county's limited realignment funds to be dedicated to the adult incarcerated population.

**Goal 6: Develop and implement a consolidated SB 933 foster care placement review ability.**

Again, as a result of AB 1259, the NA clarified the process by which Humboldt County could establish an integrated placement team to ensure that enhanced foster care placement, placement review/visitation and re-integration could occur. The establishment of this co-located and fully staffed team from Health and Human Services (Mental Health and Social Services Branches), Probation, Humboldt County Office of Education and other cooperating entities has enhanced care and funding for high risk wards, dependents and SED minors at a level that meets or exceeds the requirements of SB 933 visitation

legislative mandates. Further, this AB 1259 integrated approach to foster care placement and oversight has significant service integration and cost efficiency implications for all California counties, is a cornerstone for Humboldt County's Child Welfare Services (CWS) redesign strategies, and is available to other counties for replication.

**Goal 7: Increase funding access to Title XIX and Title IV-E for eligible services provided by mental health professionals, probation officers and social workers.**

In relation to AB 1259, the State Health and Human Services Agency provided access to planning meetings with various State departments in order to facilitate accomplishment of Humboldt County's goals. Enhanced and sustainable funding for these populations was a goal that required collaboration and consultation with CDSS and SDMH. Through this AB 1259 process, Federal Financial Participation revenue enhancement through Title XIX/EPSTDT was obtained in relation to services provided by Probation and Social Services. While the premise was a derivation of an urban model (i.e. the establishment of Organizational Provider Networks), Humboldt County's approach consisted of establishing the conditions under which the Probation Department and Social Services Branch of the Department of Health and Human Services could access this entitlement consistent with the services being within Title XIX's scope, and being provided to eligible populations by eligible providers. The CDSS/SDMH meetings resulted in the Probation Department becoming an Organizational Provider in Humboldt County's Mental Health Branch network and the Social Services Branch claiming directly through Mental Health as a Branch under our consolidated Health and Human Services "umbrella agency". The State Department meeting process also articulated the "mechanics" of these approaches to ensure compliance with regulations pertaining to these services.

**Goal 8: Develop a "consolidated" Title IV-E Training Plan package.**

Through targeted technical assistance by CDSS, the conditions under which cross branch and interdepartmental training could be partially reimbursed under Title IV-E were accomplished. As a result, Humboldt County Department of Health and Human Services has developed protocols that establish the methods to claim to this revenue source for previously unreimbursed staff and community trainings. This cross departmental training is essential to enhancing the quality of services to our mutual target populations and provides a mechanism for strengthening collaboration through mutual education and other group "process related" benefits.

Goal 9: Increase linkages and explore enhanced funding strategies and services to needy families as defined in Temporary Assistance for Needy Families (TANF).

While a broad and complex goal, the AB 1259 Organizational consolidation, the cross training and inter Branch education related to enhancing understanding of each Branch's (Mental Health, Social Services and Public Health) services, target populations, and revenue streams have resulted in many cross Branch linkages and enhanced services to the TANF population. This has resulted in more efficient use of and increased claims relating to Mental Health/Public Health/Social Services Allocations that serve TANF eligible families and children. In addition, the linkage has been established between TANF and Workforce Investment Act (WIA) eligible populations and has resulted in a planned co-location of various "work related" programs including Social Services' Welfare to

Work/CalWORKs programs, Mental Health's Barriers to Employment programs and previously "unlinked" Employment Training programs that serve mutual target population families and high risk or out of school youth.

**Goal 10: Increase linkages and explore enhanced funding strategies for in-home supportive services to the elderly and disabled.**

As a result of AB 1259 and its overall mission of eliminating service barriers towards efficient provision of Health and Human Services to our residents, significant progress has been made in relation to this Elderly and Disabled target population. In order to enhance the quality of services, reduce service fragmentation and fraud, and concurrently increase revenue access, several previously unlinked and/or new services were co-located and now provide integrated and cross disciplinary services to this vulnerable target population. These co-located services include Social Services Branch In-Home Supportive Services (IHSS) and Adult Protective Services (APS) social worker and eligibility staff, older adult Mental Health staff, Public Health nursing staff, and the Public Authority Registry staff established under AB 1682. In addition to co-location and cross training and the resultant increase in the quality of care, the County has realized its first decline in costs relating to this target population.

**Additional 1999-2004 AB 1259 related Integrated System accomplishments included:**

- Humboldt County's first (residential capacity) mother/child substance abuse treatment program was established.
- A Consolidated Prevention Strategic Plan was developed that will provide the Department with a blueprint towards enhancing primary and secondary prevention approaches.
- The development of cross-branch CWS Children's Shelter and urgent care services was completed and is yielding emphasized collaborative service planning between the Mental Health and Social Services Branches for high risk CWS children and families.
- Humboldt County adopted a cross-branch administrative consolidation of Information Services, Employment Services and Financial Services toward the goals of reduced duplication, enhanced claiming and reducing our exposure to risk management areas.
- With integrated services assistance from our Mental Health Branch, Child Welfare Services has demonstrated significantly enhanced State benchmark compliance, has established methods of tracking outcomes, and implemented other quality improvement practices.
- Humboldt County has continued the development of an integrated mentally ill homeless program.
- Humboldt County's Community fiscal and service partnerships in the establishment of the Multiple Assistance Center (MAC), targeting homeless families and individuals was established with the Center opening in Spring of 2005.
- Humboldt County Health and Human Services has partnered with Community

Based Organizations for enhanced Family Preservation and Mental Health services, expanding the safety net for at risk families and children.

- Cross Branch transition age service planning for Foster Care youth, both wards and dependents, across our agency is under way.
- Humboldt County was selected by CDSS as a "Cohort One" CWS Redesign implementer.



## Attachment B



## Mental Health Services Act Community Planning Process

The Community Planning Process includes the following planning aspects:

- Mental health policy
- Program planning
- Implementation
- Monitoring
- Quality improvement
- Evaluation
- Budget allocations.

### 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.

## Attachment C





# What do you think?

## Public Comment

September 16, 2013 – October 16, 2013

Mental Health Services Act

## Fiscal Year 2013/2014 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 October 18, 2013

Humboldt County Department of Health and Human Services Rainbow Room

720 Wood Street in Eureka from **12:00 to 1:00pm**

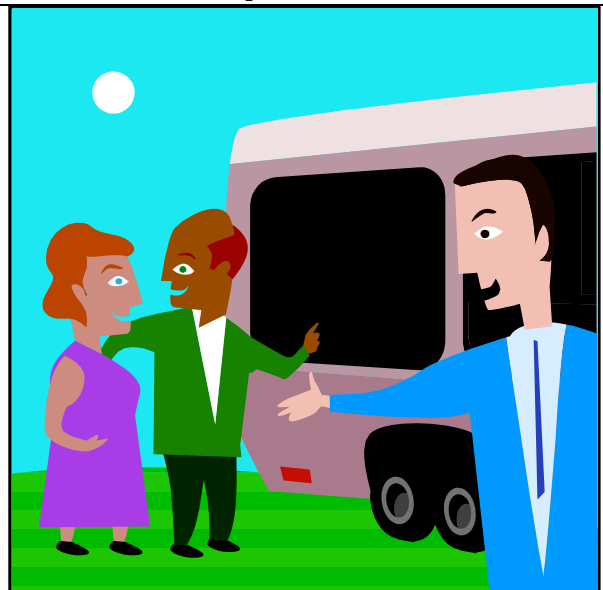
To request documents be sent to you or to make a comment please contact us at:

**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 D



## **Humboldt County Behavioral Health Board Meeting**

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October 18, 2013

1. **Call to Order 12:00 pm**
  
2. **Roll call, introduction of staff and guests**
  
3. **Public Hearing for the Mental Health Services Act Fiscal Year 2013/2014 Annual Update**
  
4. **Adjournment 1:00 pm**



Public Hearing  
**Mental Health Services Act**  
 Fiscal Year 2013/14 Annual Update

October 18, 2013  
 12:00 to 1:00  
 720 Wood Street in Eureka

Name:

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Public Hearing  
**Mental Health Services Act**  
Fiscal Year 2013/14 Annual Update

October 18, 2013  
12:00 to 1:00  
720 Wood Street in Eureka

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