



**DRAFT**  
**Humboldt County**  
**Department of Health and Human Services**  
**Mental Health Services Act**  
**Program Expansion**  
for fiscal year 2007/2008

**Background**

In November 2006, the State Department of Mental Health (DMH) released revised Mental Health Services Act (MHSA) Community Services and Supports (CSS) component planning estimates from fiscal year 2007-2008. Actual revenues exceeded the initial estimates, generating statewide, an additional \$114.5 million. This "new money" has been made available to each county to support expansion of current, approved MHSA Community Services and Supports programs.

**Process**

The original planning estimate for MHSA Community Services and Support programs in 2007-2008 was \$1,370,305. Humboldt County has available \$583,195 in "new monies" to support the expansion of current MHSA Community Services and Support programs. Specifically, the County proposes to expand the Mental Health Wellness Center and the Adult Full Service Partnership program effective November 1, 2007.

**Mental Health Wellness Center**

The Wellness Center will serve transition-age youth adults, adults, older adults, and family members. The Center will be staffed by client and family members who will receive ongoing training and mentoring in order to ensure that the values of wellness, recovery and resiliency will be promoted and reinforced. The range of services will include: peer education and support, system navigation, resource linkage, and outreach activities. The Wellness Center will provide information and referral to DHHS housing and employment programs, services, and supports, as well as to community-based resources. Initially a Request for

Application procedure was planned for this program, however after further discussion and consideration the program will be administered by the County.

**Total CSS program expansion funds requested for the Wellness Center is \$199,750.**

### **Goals and Outcomes**

- De-stigmatize the need for mental health services
- De-mystify the mental health system
- Promote Wellness/Recovery/Resiliency
- Promote client and family empowerment
- Promote prevention concepts.
- Increased number of client and family run services.

### **Net cost per client**

This expansion will increase the number of members served through System Development from 75 to 230. This program will serve transition age youth adults, adults, and older adults. It is anticipated that the average annual per client cost will remain as initially reported: \$1,200.

### **Wellness Center Staff**

#### Initial Plan

- 2 half time Mental Health Aides (client and/or family member)

#### After expansion

- 4 half time Mental Health Aides (client and/or family member)
- 1 full time Wellness Center Liaison(client and/or family member)
- 1 full time Activities Coordinator
- 1 quarter time Supervising Clinician

### **Expanded Adult Full Service Partnership**

Priority populations for this intensive program are those who have severe mental illness and are homeless, at-risk of homelessness, involved with the criminal justices system, those discharged from Institutes of Mental Disease, Mental Health Rehabilitation Centers, or Psychiatric Health Facilities. Individuals returning to Humboldt County from out-of-county institutions will be the highest priority population to be served by this program. This population has been identified by the community input process, local stakeholders, and by DMH as severely underserved or unserved.

Also, according to local data available on this population, adult ethnic populations are suspected to be over represented in the County's jails and in the homeless population. It is anticipated that by focusing a Full Service Partnership Program on the above population, some of the racial and ethnic disparities of this unserved and/or underserved population will be addressed.

To determine the selection of the Full Service Partnership expansion, Humboldt County Department of Health and Human Services (DHHS) relied on the community input process, stakeholder prioritizations, and the MHSA guidelines.

Factors and criteria used in the selection:

- Survey data
- Expertise brought to the Adult Advisory Group by clients, family members, providers, law enforcement, and staff
- Alignment with AB315 Strategic Plan goals for developing integrated community based services for Adults that will support and reinforce maximum independence
- MHSA and DMH guidance to start "small and smart"
- Prevalence need in Humboldt County
- Data on service utilization
- Co-occurring substance abuse and/or health condition
- Lack of programs currently serving this population
- Ability to address racial, ethnic, and gender disparities in service delivery

Assertive Community Treatment is a service strategy that will provide intensive community services and supports to access housing, medical, educational, social, vocational, rehabilitative, or other needed community services as defined by the client. Personal Services Coordinators including clients and family members will provide services to clients where they live, 24 hours a day, 7 days a week. The program will be client and recovery focused and it will use a housing and employment first approach. Each enrollee will have a Personal Services Coordinator who will help in the development of their individualized recovery action plan and will ensure an integrated service experience. As part of a larger adult system of care that exists within DHHS, the Assertive Community Treatment program will have all cross-branch resources available to it. Current

collaborative relationships with community providers and other resources will also be strengthened and expanded where possible.

Initially a Request for Application procedure was planned for this program, however after further discussion and consideration the program will be administered by the County.

**Total CSS program expansion funds requested for the Assertive Community Treatment (ACT) Full Service Partnership is \$325,145.**

### **Goals and Outcomes**

- A reduction in involuntary services
- A reduction in incarcerations
- A reduction in homelessness
- An increase in safe and adequate housing
- An increase in employment and meaningful use of time and capabilities
- Receive timely access to help when needed
- Build a network of supportive relationships
- Promote Recovery and Wellness concepts

Employment and housing will be key components of this program. A Housing Coordinator will be dedicated to developing transitional, supported, and independent housing resources. Housing set-aside funds will be used to develop new housing resources and expand current resources.

Full Service Partnership programs are considered 'best practice' strategies because they are effective at enhancing and promoting an individual's chance of recovery. The concepts of recovery are embedded within this service delivery model. Some of those concepts include client empowerment, hope, and self-direction, and, the ability to live, work, learn and participate fully in their communities. In order to ensure that the goals and concepts of recovery inherent in the program are practiced and reinforced, staff will receive immersion training, ongoing training, and mentoring from a variety of sources.

The natural support systems of enrollees will be utilized whenever possible and will be important elements of this program. Client and family members will fully participate as team members and will help to guide the development and implementation of the program. Client and family member staff will also provide direct support services to clients at critical times of need.

The Assertive Community Treatment program will use a highly individualized and comprehensive approach to service and supports delivery. This approach will include a culturally competent staff able to understand the unique strengths,

needs, and preferences of each individual enrollee, including issues of culture, ethnicity, spirituality, and trauma. The program will focus resources on eliminating disparities for those populations in the age groups served who are unserved or inappropriately served.

**Net cost per client**

This expansion will increase the number of members served from 30 to 50. This program will serve transition age youth adults, adults, and older adults. It is anticipated that the average annual cost for each enrollee will remain as initially reported: \$19,000.

**Team Members**

<u>Initial Plan</u>	<u>After expansion</u>
<ul style="list-style-type: none"> <li>• 1 full time Clinician</li>         <li>• 6 full time Case Managers</li>     <li>• 2 half time Mental Health Aides (client and/or family member)</li>    <li>• 1 quarter time Psychiatrist</li>    <li>• 1 quarter time Psychiatric registered nurse</li>    <li>• 1 half time Housing Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>• 1 full time Clinician</li> <li>• 1 full time Supervising Clinician</li>     <li>• 1 full time Sr. Substance Abuse Counselor</li>    <li>• 1 full time Crisis Specialist</li>    <li>• 6 full time Case Managers</li>    <li>• 8 half time Mental Health Aides (client and/or family member)</li>    <li>• 1 half time Psychiatrist</li>    <li>• 1 full time Psychiatric registered nurse</li>    <li>• 1 half time Housing Coordinator</li>    <li>• 1 full time Medical Office Assistant</li> </ul>

**Administration Budget**

CSS expansion funds in the amount of \$58,300 are requested for administration of MHSA CSS programs. Expenditure budget is based on current rates for salary, benefits and operating expenses.

## **Public Comment**

The 30-day Public Comment period begins October 1, 2007 and ends October 30, 2007.

**The Plan for Fiscal Year 07- 08 MHSA Expanded Funds is available in an electronic format at:** the Humboldt County Department of Health and Human Services, Mental Health Branch, Mental Health Services Act website:  
co.humboldt.ca.us

**The Plan for Fiscal Year 07- 08 MHSA Expanded Funds is available in a hard copy format at:**

Humboldt County Department of Health and Human Services Professional Building

507 F Street, Eureka Ca, 95501

**Or**

Humboldt County Department of Health and Human Services Mental Health Branch

720 Wood Street, Eureka Ca, 95501

**Comments should be addressed to:**

Department of Health and Human Services

Mental Health Branch

Attn Jaclyn Culleton

Mental Health Services Act

720 Wood Street Eureka, Ca, 95501

**Or by phone:**

(707) 441-3770

**Or by email to:**

mhsacomments@co.humboldt.ca.us

**Or may be placed in the:**

"MHSA CSS Progress Report Comment Box"

at reception at 720 Wood Street or 507 F Street, Eureka

**EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

Estimated/Actual Population Served

County: HUMBOLDT
Program Work Plan #: 2
Program Work Plan Name: Wellness Center
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
		Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
<b>Age Group</b>	<b>Description of Initial Populations</b>										
Child/Youth											
Transition Age Youth											
Adults											
Older Adults											
<b>System Development</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
225	Self help center, client and family driven service	25		85		110		125		225	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
30	Peer provided outreach, engagement	13		15		17		19		30	

**EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

**Estimated/Actual Population Served**

County: HUMBOLDT
Program Work Plan #: 3
Program Work Plan Name: Assertive Community Treatment
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

Full Service Partnerships	Description of Initial Populations	Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
		Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Child/Youth	TAY with severe mental illness, including those with co-occurring substance abuse disorders.	0		0		2		2		2	
Adults	Adults at risk of homelessness or incarceration, with severe mental illness, including those with co-occurring substance abuse disorders.	6		12		33		47		47	
Older Adults	Older adults at risk of homelessness or incarceration, with severe mental illness, including those with co-occurring substance abuse disorders.	0		0		1		1		1	



System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
50	Supportive housing, employment, education supports and, medication support services	6		12		36		50		50	
Outreach and Engagement		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual