



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

**Mental Health Services Act  
Community Services and Supports  
Three-Year Program and Expenditure Plan  
Implementation Progress Report**

**April 1, 2006 through December 31, 2006**

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

## **Mental Health Services Act (MHSA) Initial Three-Year Program and Plan for Community Services and Supports (CSS) Implementation Progress Report**

**April 1, 2006 through December 31, 2006**

### **Background**

Proposition 63 was passed in November, 2004. It is now the Mental Health Services Act and became effective in January 2005. The Mental Health Services Act represents a comprehensive approach to the development of community based mental health services and supports for the residents of California.

The Act addresses a broad continuum of prevention, early intervention and service needs including the necessary infrastructure, technology and training elements that will effectively support the mental health system.

To provide for an orderly implementation of MHSA, the California Department of Mental Health (DMH) has planned for sequential phases of development for each of the components. Eventually all of these components will be integrated into comprehensive plans with a continuum from prevention and early intervention to comprehensive, intensive interventions for those in need. The first component to be implemented was the Community Planning Process. Humboldt County conducted an extensive public planning process in 2005 that included six regional meetings, thirteen targeted stakeholder meetings, and advisory groups for each age group (children and youth, transition age youth, adult, and older adult). The Stakeholder and Advisory Group process and recommendations are available on the Humboldt County MHSA website.

The subject of this report is the second component, the Community Services and Supports (CSS). The CSS includes those elements of the Act that define the requirements of service delivery to children, youth, adults and older adults with serious emotional disturbances and/or serious mental illnesses.

As a result of the Community Planning Process and within the context of integrated services initiatives such as Assembly Bill 1881 Legislation (*Transformation Towards an Excellence Based System*: Humboldt County Department of Health and Human Services' approach to developing integrated and holistic services to our residents) the Humboldt County Department of Health and Human Services (DHHS) developed nine Community Services and Supports work plans. The nine work plans were submitted to the State Department of Mental Health in December 2005. The work plans were approved and funds allocated effective April 2006.

## **Funding**

The California State Department of Mental Health (DMH) made available three different types of system transformation funding under the Community Services and Supports Component of the MHSA:

- Full Service Partnership Funds – funds to provide “whatever it takes” for initial populations of enrolled partners. This is money to provide the mental health services and supports a person needs to reach his or her goals.
- General System Development Funds – funds to improve programs, services and supports for people who receive services.
- Outreach and Engagement Funding – funds for outreach and engagement of those populations that are currently receiving little or no service.

## **Purpose**

The purpose of this progress report on the Initial Three-Year Program and Plan for Community Services and Supports is to:

- Provide a briefing on the implementation of the Initial Three-Year Program and Plan;
- Highlight early successes and challenges; and
- Identify barriers and other issues needing further policy development and technical assistance.

## **Program and Services Implementation:**

Humboldt County Department of Health and Human Services (DHHS) was approved to implement a total of nine work plans as follows:

- Alternative Response Team Expansion
- Older Adults and Dependents Adults Program
- Street Outreach Services Program Expansion / Crises Intervention Team
- Wellness Center
- Rural Outreach Services Enterprises
- Assertive Community Treatment
- Outpatient Medication Services Expansion
- Support to Transition Age Youth Organization
- Integrated Program & Planning Support Structures

Following is progress made on each work plan for the initial start-up phase until Dec 31, 2006.

### **Alternative Response Team Expansion**

**Alternative Response Team (ART) Expansion** is a combined System Development and Outreach and Engagement service strategy that further integrates and expands an existing co-located collaborative program. This is a creative collaboration of state initiatives including MHSA and a Child Welfare Improvement Activity. Stakeholders identified the need to transform Child Welfare Services (CWS) and include a differential response to CWS service calls. Initiated in 1996, the ART team is a collaboration between Child Welfare Services and Public Health to engage families by strengthening and preserving their capacity to protect and nurture their children. ART provides prevention services in the home for at-risk families with children aged 0-8 years of age who were referred to CWS but did not meet the criteria for CWS intervention. A Mental Health Clinician to address the needs of parents and children was a missing component of this program.

Implementation activities are proceeding as described in the MHSA Performance Contract. Through MHSA funding a full time Mental Health Clinician position was added to the interdisciplinary team in September 2006. Using the evidence based practice, Parent Child Interaction Therapy (PCIT), Nineteen (19) children have received mental health services and thirteen (13) caregivers have received parental education.

- Implementation challenges include: The mental health clinician requires further specialty training to serve families with children 0-2 years of age.

### **Older Adults and Dependents Adults Program**

**Older Adults and Dependents Adults Program** is a combined System Development and Outreach and Engagement service strategy that further integrates and expands an existing set of co-located collaborative programs that provide in home services to disabled, mentally ill, and at-risk adults and older adults. The enhanced adult services team expands an existing collaboration between Social Services, Adult Protective Services, In Home Health Services, Public Health Nursing, and now adds a Mental Health Clinician to provide assessment and treatment planning to older and dependant adults who are at risk of abuse or neglect or who are in need of support services to remain in their home. It is a home visiting assessment and service delivery model focused on improving participant's health and social support while increasing resiliency and emotional well-being. A missing component of this program was the ability to address the Mental Health needs of this population.

Implementation activities are proceeding as described in the MHSA Performance Contract. In October 2006, a Mental Health Clinician was added to the interdisciplinary

team. Using wellness/recovery focused clinical services Mental Health staff also provides screening and assessment services, consultation, education. Two (2) individuals have received mobile services and eight (8) individuals have received integrated multi-disciplinary assessment and planning services.

- Implementation challenges include: Orientation of mental health staff in the regulations, policies, and procedures for APS and IHSS.

### **Street Outreach Services Program Expansion**

**Street Outreach Services Program Expansion** is a combined System Development and Outreach and Engagement service strategy which has been renamed the Crisis Intervention Team (CIT).

Implementation activities are proceeding as described in the MHSA Performance Contract. The Crisis Intervention Team is an expanded service strategy that has focused on developing partnerships with law enforcement by engaging in cross-training. The planning team identified the need to partner with all law enforcement jurisdictions and piloted the partnership with Eureka Police Department.

CIT is a national model where partnerships between the law enforcement, mental health systems, clients of services, and their family members can help in efforts to assist persons who are experiencing a mental health crisis and to gain access to the treatment system, where people are best served.

MHSA funds are being used to bring CIT to Humboldt County:

- In September 2006, three team members attended the national Crisis Intervention Team conference.
  - One County Mental Health Supervisor
  - One Eureka Police Officer
  - One National Alliance on Mental Illness (NAMI) representative
- In November 2006 nine team members attended a 32-hour POST-certified Crisis Intervention Team training.
  - Four Mental Health County staff
  - Four Eureka Police Department Officers
  - One NAMI representative
- Mental Health staff developed a local 32-hour POST-certified Crisis Intervention Team training for approximately 40 local law enforcement and County staff for March 2006.
- Policies and Procedures, phone trees, and after-hours response by County Mental Health are being developed by County staff and law enforcement.

A Mental Health Clinician was added to the team and accompanies Street Outreach Services. The team engages individuals in the community and provided services to twenty (20) individuals beginning in August 2006. In the initial phase of implementation the mental health team met regularly with two of the County's largest city police departments. County staff is in contact with and available to all other law enforcement agencies in the County on an as-needed basis.

- Implementation challenges include: Orientation of all law enforcement officers and Mental Health staff in the policies and procedures for involvement of CIT members. Providing additional POST-certified Crisis Intervention Team training for Mental Health, law enforcement, and other community agency staff.

### **Wellness Center**

**The Wellness Center** is a combined System Development and Outreach and Engagement service strategy that will provide a safe, welcoming environment based on self-help principles and the resources necessary to empower the underserved mentally ill and their families in their efforts to face mental illness with dignity. The Wellness Center will promote wellness and recovery for persons with mental illness. The Center will provide recovery services including peer-to-peer education and support, system navigation, and linkage to services. Outreach efforts will be made to persons with mental illness who are underserved.

Implementation activities are proceeding as described in the MHSA Performance Contract. To ensure a client driven, wellness and recovery focus, a self-identified client County liaison and an advisory committee including client and family members will assist in the development of the Center. Implementation activities are proceeding as described in the MHSA Performance Contract. The implementation team drafted a Request for Proposal that was presented to the County Board of Supervisors. The Request for Proposal was well advertised. Proposals were submitted and evaluated by the implementation team members.

- Implementation challenges include: Accommodating the limitations of access for individuals who live in remote areas. Creating the capacity to expand services and staff.

### **Rural Outreach Services Enterprises**

**Rural Outreach Services Enterprises (ROSE)** is a combined System Development and Outreach and Engagement service strategy that will provide services in rural and remote communities.

Implementation activities are proceeding as described in the MHSA Performance Contract. Two 4X4 Jeep Cherokees were ordered. The floor plan for a custom built RV

was drafted and will provide two confidential interview rooms, waiting area for up to five people, and wheelchair access.

The Lead of the implementation team attends monthly Family/Community Resource Center meetings and provides updates and receives feedback on implementation. This is building on current relationships with DHHS liaisons to Family/Community Resource Centers.

Implementation team members have presented at and joined local rural community groups to increase DHHS's knowledge of the communities' assets and needs, to receive feedback on program development, and to create awareness of the program.

Draft training curriculum for new ROSE staff is being developed and will include information for rural Family/Community Resource Centers, Tribes, and Tribal organizations.

- Implementation challenges include: The time for delivery on the custom RV is projected to take 12 -18 months. Understanding and addressing the diverse and unique needs of various rural communities. Development of community engagement and assessment strategies.

### **Assertive Community Treatment**

**Assertive Community Treatment** is a combined Full Service Partnership, System Development, and Outreach and Engagement service strategy that will provide intensive community services and supports to access housing, medical, educational, social, vocational, rehabilitative, or other needed community services. Personal Services Coordinators including clients and family members will provide services to clients where they live, 24 hours a day, 7 days a week.

Implementation activities are proceeding as described in the MHSA Performance Contract. Draft program service strategies have been developed including program, staffing, and evaluation requirements. County staff participated in California Institute for Mental Health Full Service Partnership training in November 2006.

- Implementation challenges include: Recruitment and retention of Physician/Psychiatrist and Psychiatric Nurse positions.

### **Outpatient Medication Services Expansion**

**Outpatient Medication Services Expansion** is a combined System Development and Outreach and Engagement service strategy that will enhance existing collaborative efforts with primary health care providers.

Implementation activities are proceeding as described in the MHSA Performance Contract. Four DHHS facilities were identified for implementation of video conferencing equipment. Two of the facilities are in Eureka - the Children Youth and Family Services facility, and the Clark Complex which houses services for adult clients. Two facilities are in rural communities - Willow Creek and Garberville. Video conferencing equipment was selected, put out to bid, procured, and installed at two of the four planned County locations (Clark and Garberville).

Implementation team members have presented the program at and joined local rural community groups to increase DHHS's knowledge of the communities' needs and create awareness of the program.

A telemedicine pilot project was initiated in October 2006 and 33 rurally located clients have received medication support services utilizing the video conferencing equipment.

On-going discussions have occurred with local clinic primary health care providers in planning for partnerships to provide medication support and consultation.

- Implementation challenges include: Understanding and addressing the diverse and unique needs of various rural communities. Addressing the training and education needs of utilizing new technology. Recruitment and retention of Physician/Psychiatrist and Psychiatric Nurse positions.

### **Support to Transition Age Youth Organization**

**Support to Transition Age Youth (TAY) Organization** is a combined System Development and Outreach and Engagement service strategy that will assist with policy and program development related to the provision of TAY services and supports; collaborate with and help to strengthen linkages; and conduct outreach activities that will be crucial to understanding the needs of this unique population.

Implementation activities are proceeding as described in the MHSA Performance Contract. To ascertain the current services and supports for TAY and identify gaps in services, information regarding local community organizations and services for TAY including types of service, funding sources, costs, eligibility criteria and contact information was gathered and a matrix has been developed.

- Implementation challenges include: Obtaining an accurate understanding of the limited resources for the diverse services and supports available to TAY in order to identify gaps that need to be addressed.



## **Integrated Program & Planning Support Structures**

**Integrated Program & Planning Support Structures** is a System Development service strategy that is a further integration and expansion of a newly developed division at DHHS. It provides organizational restructuring necessary to optimize integrated service delivery across systems to seriously emotionally disturbed and/or severely mentally ill individuals while minimizing program, resource, and State initiative and agenda fragmentation.

Implementation activities are proceeding as described in the MHSA Performance Contract. These support structures have developed capacity to provide for clients' wellness and recovery, provide evidence based and culturally competent services, and provide education and training opportunities for 591 individuals.

**The Integrated Services and Supports Unit** develops and coordinates new and existing cross-branch and community partnership integrated programs and services. One full time equivalent Senior Program manager has been added to this Unit. The Integrated Services Unit has developed the Integrated Rapid Cycle Implementation Process, a New Program Implementation Guide, Quarterly Program Implementation Grid Reports, a Needs Flow Chart, Needs Request Forms, and applied for and received the adult Mentally Ill Offenders Crime Reduction Grant.

**The Office of Client & Cultural Diversity** provides cross-branch leadership to DHHS in the areas of policy and program development related to culturally competent client and family driven services and the reduction of racial, ethnic, and geographic disparities. This office focuses on increasing and improving the system's capacity to serve diverse populations and reduce disparities, as well as on the hiring of clients, family members, and ethnic and cultural populations. A new job classification was developed by County staff and community members. The Program Manager began in December 2006. A Client and Cultural Diversity Advisory Committee was formed in June 2006. Committee members include staff from Mental Health, Public Health, Social Services, DHHS, as well as clients, family members, and community members.

**The Research & Evaluation Unit (R&E)** collects and tracks local data and outcomes across systems, conducts research and evaluation of outcomes related to the implementation of MHSA and other initiatives. An Administrative Analyst II position was added to this Unit. The Research & Evaluation Unit has developed audience specific outcome reports, coordinated EBP program information flow from programs to R&E, created data management tools for EBP program data, developed literature search protocols to identify EBP'S to fill service gaps, and developed a literature search statement of needs template. R&E has also provided outcome evaluation advising for MHSA implementation and has been refining data gathering processes, procedures, tracking, and monitoring across DHHS programs.

**The Training, Education and Supervision Unit** will develop, coordinate, and integrate all available resources in order to provide cross-branch education and training

opportunities to staff, clients, parents, families, and community partners, providers, and other stakeholders. Core Training will provide orientation in basic organizational values. Continuing Training will provide ongoing comprehensive trainings related to improving evidence based practice programs and consolidating specific training curriculums across branches. Community Education & Training will provide technical training and program information that will enhance effective community collaboration with DHHS. One full time equivalent Program Manager position has been allocated to this Unit by the County Board of Supervisors. This unit is providing clinical supervision to 15 staff, coordinating cross branch training with Tri-Chair Training Advisory Committee, coordinating client and cultural diversity training with the Office of Client and Cultural Diversity and the Client and Cultural Diversity Advisory Committee, listing upcoming trainings in the DHHS monthly newsletter, and is coordinating and preparing trainers for EBP Orientation Training for all staff and community stakeholders.

- Implementation challenges include: recruitment and hiring of new staff positions, integrating data from disparate systems, development of data flow systems from evidence based practices to the Research and Evaluation Unit.

### **Key Transformational Activities**

Humboldt County's Department of Health and Human Services key transformational activities continue toward the development of centralized program support structures and processes that are required to support the systemic transformations of integrated and holistic service delivery across the department's three primary branches (Mental Health, Social Services, and Public Health).

The five essential elements of the MHSA are: community collaboration, cultural competence, client and family driven mental health system, wellness / recovery / resiliency focus, and integrated services for clients and families. The County's key transformational activities to support these areas are:

### **Community Collaboration**

#### **Collaboration with Community Partners**

The new CSS program or program expansions collaborate and partner with the community.

- The Wellness Center implementation team members included community agency members and the center will be operated by a local non-profit agency.
- The Rural Outreach Services Enterprises program lead attends Family/Community Resource Center meetings in preparation for the collaborative partnership integral to this program.
- The Assertive Community Treatment program implementation team members include community agency members that provide housing services.

- The Outpatient Medication Services Expansion implementation team includes local primary health care provider members and has developed draft referral and consultation mechanisms with a local community clinic.
- The Transition Age Youth Leadership Representative implementation team members include representatives from local community agencies that provide housing and job training to youth. It developed a comprehensive matrix of youth service organizations in the community.
- The Alternative Response Team Expansion implementation team members include representatives from the Family/Community Resource Centers and the program partners with the Family/Community Resource Centers when providing services to families.
- The Street Outreach Services Expansion program partnered with local law enforcement in Crisis Intervention Team trainings and partnered in providing services.

### **Service Delivery in Non-traditional Settings**

The Alternative Response Team Expansion, Older and Dependent Adults Expansion, and the Street Outreach Services Expansion are providing Mental Health Services in non-traditional settings.

- The Alternative Response Team Expansion and Older and Dependent Adults Expansion provide in-home mental health services to individuals and families.
- The Street Outreach Services Expansion provides outreach and mental health services to individuals on the streets in the community.

### **Holistic Comprehensive Services with Integrated Programs**

The Alternative Response Team and the Older Adults and Dependent Adults are both expansion programs of existing collaborative programs with teams that include Mental Health Clinicians, Social Workers and Public Health Nurses and are providing integrated services to individuals and their families.

## **Cultural Competence**

### **Client, Linguistic and Cultural Competency**

- The newly formed advisory committee to the Office of Client and Cultural Diversity meets two times a month and includes members from Public Health, Mental Health, Social Services, DHHS, community agencies, clients, and family members has formalized a recommendation structure. A Program Manager position for the Office was developed by County staff, client and family members, and community agency members. The position was allocated by the County Board of Supervisors and the Program Manager began in December 2006.

## **Client and Family Driven Mental Health System**

### **Client and Family Member Employment**

- Efforts are made to encourage client and family members to apply for positions at DHHS. A new classification titled "Mental Health Aide" has been approved by the County Board of Supervisors. Recruitment occurred and four half time equivalent positions were filled by self identified client / family members in the AB 2034 program (Street Outreach Services) and two half time equivalent positions were allocated to the MHSA Rural Outreach Services Enterprises program.

### **Wellness, Recovery, Resiliency Focus**

#### **Orientation and Training**

- Curriculum is being developed for staff that will include: MHSA, AB 1881, Integrated Services initiatives, Recovery / Wellness / Resiliency, and Cultural Competence.

### **Integrated Services for Clients and Families**

#### **Development of Client, Family, and Community Liaison Positions**

Two new client, family, and community liaison positions have been developed and filled by self-identified client and family members.

- The first position is the Mental Health Wellness Center Liaison. This is a key transformational position designed to promote wellness and recovery by increasing client and family member run services at the Wellness Center. The Liaison will provide peer-to-peer education and support activities at the Wellness Center and will monitor the contract agency to assure that activities are client and family driven, culturally competent, wellness and recovery focused, and represent the vision of the MHSA.
- The second position is the Client, Family, and Community Liaison. This is a key transformational position designed to promote early intervention, access to services, support systems, outreach and education. The Client, Family, and Community Liaison facilitates Family to Family groups, and submits monthly mental health related articles for publication in the County's two largest daily newspapers and three of the county's rural newspapers. Article topics include MHSA, wellness and recovery, depression, and mental health stigma reduction. The Liaison is a member of NAMI, statewide MHSA committees, the Humboldt County MHSA Steering committee, and MHSA CSS work plan implementation teams.

## **SB 163**

Humboldt County implemented SB 163 Wraparound in March 2003.

### **General Services Development**

Although we are in the very early stages of MHSA implementation, the general system development programs are strengthening the overall DHHS public mental health system.

### **DMH Approval Letter**

Progress has been made to address conditions of the DMH approval letter. Mechanisms are being developed by the Research and Evaluation Unit and Integrative Services and Supports to measure.

- The number of clients (assessed by age group and racial and/or ethnic background) accessing DHHS MHSA services.
- The number of peer support services in place inclusive of the number of CSS eligible populations accessing these services.

### **Efforts to Address Disparities**

Several strategies have been employed to address disparities in access and quality of care; provide equal opportunities for employment of individuals from underrepresented racial/ethnic and/or cultural communities, and address policy or system improvements specific to reducing disparities.

- DHHS submits monthly articles to Humboldt's Spanish language newspaper, *El Heraldito*. The issues addressed in the articles have included the need to hire bi-lingual staff and mental health related issues.
- June of 2006, the DHHS Client and Cultural Diversity Advisory Committee (CCDAC) was established to advise the Office of Client and Cultural Diversity (OCCD). Committee members include staff from Mental Health, Public Health, Social Services, and DHHS, as well as clients, family members, and community members. This committee has completed the following goals:
  - Created a mission statement.
  - Through a contract with the California Institute for Mental Health, developed a series of cultural competency trainings. These trainings include cultural competency on an individual and system-wide level as well as a recovery and wellness focus.

- Formalized procedure for CCDAC recommendations to be reviewed by DHHS Administration.
- Drafted recommendations including:
  - A policy to distribute County employment job announcements to locations that would promote applications from client and culturally diverse populations.
  - A new job classification for a Spanish language interpreter
  - Training for County staff on bilingual resources
  - An employment in-service training for County staff to gain knowledge in recruitment and retention of staff with diverse backgrounds including clients, family members and diverse ethnic / cultural populations
  - An assessment of current Spanish language document translation

- Several strategies have been employed in outreach efforts to underserved and unserved populations. Through DHHS's integrated service delivery programs, mental health service needs are assessed and services are provided to individuals and families who access those services in non-traditional ways. The Alternative Response Team Expansion and the Older and Dependant Adults Expansion are examples of co-located collaborative programs that have added mental health services. Individuals and families participating in traditional Social Service and Public Health programs are now engaged, assessed for, and provided mental health services. The Street Outreach Services Expansion staff responds to referrals from law enforcement and spends time in areas with traditionally high incidents of homelessness and community concern. Staff engages individuals and develops relationships in an effort to identify those with severe mental illness who would benefit from services. Staff assesses service needs, makes referrals, and provides services.

- United Indian Health Services, Inc. have developed a draft proposal for the promising practice, Native Youth Talking Circle, a program that provides culturally appropriate services to youth with a co-occurring diagnosis.

### **Stakeholder Involvement**

- Each work plan is implemented by a team with members that include stakeholder's representatives from Mental Health, Public Health, Social Services, community agencies, clients, and/or family members. At the onset of implementation, teams met weekly or biweekly. To contribute to the assurance that stakeholder input continue to guide program implementation, each team member was provided with the reports from the 2005 public planning process that included six regional meetings, 13 targeted stakeholder meetings, and advisory groups for each age group (children and youth, transition age youth, adult, and older adult).

- The status of the implementation of each work plan is reviewed monthly by the Humboldt County Mental Health Services Act Steering Committee that includes

representatives from County agencies (Mental Health, Public Health, Social Services, Probation, and public schools), primary care clinics, liaison to the Mental Health Board, family resource centers, organizational providers, tribal organizations, client, and family members. There are special presentations on individual programs to allow committee members a more in depth understanding of the program, and an opportunity to make recommendations to the program lead and staff. Between April and December 2006 the following special presentations occurred:

- July – Older Adults and Dependents Adults Program
  - August – Outpatient Medication Services Expansion
  - September – Rural Outreach Services Enterprises
  - October – Street Outreach Services Program Expansion
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- The status of the implementation of each work plan is presented at meetings of community organizations such as the Family/Community Resource Agencies, Organizational Providers, and the Human Services Cabinet, as well as other County agencies such as Probation and the Court Improvement.
  - The MHSA Steering Committee Liaison to the County Mental Health Board gives monthly MHSA updates and reports to the Mental Health Board.
  - Presentation on MHSA or specific CSS work plans are provided when requested by Community groups or agencies including NAMI, Organizational Providers, and Family/Community Resource Centers.
  - Client, Family, and Community Liaison attends and participates in statewide MHSA and NAMI committees and meetings.
  - Documents and information from statewide MHSA trainings that are attended by staff are posted on the County MHSA website.

## Public Review and Hearing

On May 25, 2007 the draft Community Services and Supports plan was posted on the Humboldt County Department of Health and Human Services web site, under the Mental Health Branch page at <http://co.humboldt.ca.us/hhs/mh/mhsa.asp> (see Attachment A). The Public Comment was period was from May 25, 2007 through July 6, 2007.

The Mental Health Board Public Hearing was held on June 25, 2007, from 4:30-6:00pm with 35 people in attendance (35 was the headcount however 17 people signed the attendance sheet). See attached copy of the Mental Health Board Public Hearing Agenda (Attachment B) and attendance sheet (Attachment C).

Copies of the MHSA plan were made available to all stakeholders through the following methods:

- Electronic format at: the Humboldt County Department of Health and Human Services, Mental Health Branch, Mental Health Services Act website.
- Hard copy format at: Humboldt County Department of Health and Human Services Professional Building, 507 F Street, Eureka Ca, 95501.
- Humboldt County Department of Health and Human Services Mental Health Branch, 720 Wood Street, Eureka Ca, 95501
- A Copy was emailed or mailed to all persons who requested a copy in writing or by phone.
- An informational notification was sent to stakeholders of the Progress Report's availability including where to obtain it, where to make comments, and where/when the public hearing would be held. (See Attachment D)
- Advertisements were placed in the local newspaper May 26<sup>th</sup>, June 2<sup>nd</sup>, 9<sup>th</sup>, 16<sup>th</sup> and 23<sup>rd</sup> with the Progress Report's availability including where to obtain it, where to make comments, and where/when the public hearing would be held. (See Attachment E)
- The Mental Health Branch Director and the MHSA coordinator announced to DHHS staff, community-based organizations and partner agencies in various meetings that copies were available to be downloaded from the website and hard copies were available from the MHSA coordinator.
- Following a suggestion by the Mental Health Board, beginning June 6, 2007 flyers and copies of the report were placed at the 720 Wood Street and 507 F Street reception areas and the public comment period extended to July 6, 2007. (See Attachment F)



## **Summary Analysis of Substantive Recommendations**

During the Public review period, comments from stakeholders were received in a variety of ways including emails, phone calls, direct comment and through a public hearing.

**Theme:** Recommendations to improve community outreach and engagement to encourage participation in the MHSA public comment and public hearing process.

**Response:** recommendations will be adopted for future MHSA public comment and public hearing processes. Recommendations that were made early in the process were adopted for this report. They included:

- Placing flyers and copies of documents in reception areas.
- Placing an MHSA “comment box” in reception areas.
- Providing hard copy documents at specific rural locations such as a book store, library, and rural clinics.
- In addition to an Adobe.pdf version, placing an HTML version of documents on the website so that individuals using an older computer can open the document.

**Theme:** Recommendations and comments for the Street Outreach Services Program Expansion which has been renamed the Crisis Intervention Team (CIT) included.

- More Social Workers, Paramedics and Police officers to enhance the CIT team.
- Further development of a crisis line for CIT.

**Theme:** Recommendations and comments for the Wellness Center included:

- To open the Wellness Center as soon as possible.
- Address stigma and fear in the community regarding the Wellness Center.
- Interface with the Business Community to reduce stigma/fear of the Wellness Center.
- Hold neighborhood meetings and discussions to inform the community.
- Develop multiple Wellness Centers throughout the community.
- The Center needs a Recovery Based focus - not the old “Day Treatment model”
- Develop Steering Committee to unite clients/business/staff –use the “Teen Challenge model”
- Review other community models throughout the state-see what works.
- Use the FRC (Family Resource Center) as model for Wellness Center

**Theme:** Recommendations and comments for housing included:

- Interagency partnerships be developed.
- Pursue and develop housing grants.
- To hold public meetings and forums to discuss housing problem and give clients and families a forum to voice concerns regarding housing.
- Partnership with the Homeless Housing task force and Planning and Development Dept.
- MHSA housing plan be consistent with DHHS strategic plan goals.
- Reduce out of County placements of clients.

- Operational needs - permanent and temporary housing needed.
- Maximize existing funds and additional funding is a priority-look at Federal and State funding streams.
- Interface with cities in the local community - different cities have different needs and react differently to housing for clients in their city.
- Use EBP( Evidence Based Practice) methods.
- Clients need to commit to recovery.
- Review the surrounding Counties philosophy on housing for the mentally ill.
- Ensure monitoring of outcomes.
- Maintain flexibility - modify community needs as needed.
- Develop sustainability and growth projections.
- MHSA funding alone is insufficient for real growth.
- Review of national and state policies on housing for the mentally ill.
- Make housing dignified for clients and families.
- AB 315 - Integration increases the power of the department for this process.
- Think “outside the box “regarding housing.
- Partnership with the hospitals - a lot of high end users use the hospitals as well.
- Develop committees to speed up the process.
- More community education is needed on the housing crisis for the mentally ill.

**Theme:** Recommendations and comments for education and training included:

- Use the Resiliency, Recovery, Wellness model as focus for training.
- Use the Department Cultural Diversity committee for training.
- Target the ROSE and Older Adult MHSA staff for training.
- Use AB 1881 for guidance for trainings.
- Office of Cultural Diversity can target families and clients for training.

**Theme:** Recommendations and comments for the MHSA Steering committee included:

- Ensure adequate client, family member, and community membership on the Steering Committee.
- Improve stakeholder involvement on the MHSA Steering Committee.
- Increased community awareness needed about MHSA and the Steering Committee
- Merge the MHSA Steering Committee with the Mental Health Board –combine these two groups.

**Theme:** Comments on the Outpatient Medication Services Expansion included:

- The video conferencing outpatient medication support is being received positively in Southern Humboldt.

**Theme:** General recommendations and comments included:

- MHSA funds should be used entirely for the Recovery model, and with the clients being included in all decision making.

- Without addressing public transportation Eureka based services is of little help to the population in other regions, particularly to those who are already facing severe difficulties getting through a day at a time.
- Make connections with local community in rural areas.
- Participation of DHHS Mental health Branch staff in southern Humboldt community organizations is appreciated.

### **Summary Analysis of Substantive Revisions to Progress Report**

Comments received and continuing stakeholder participation has guided the refinement of MHSA CSS Implementation. Careful documentation was made of all comments received, substantive to this report or not, and have been reviewed and considered.

The recommendations and comments received were valuable to the continuing implementation of MHSA CSS and to future MHSA planning however probably due to the short time frame of the activities contained in this report there were no comments or recommendations that suggested substantive changes to the content of this report.

### **Technical Assistance and Other Support**

Humboldt County would benefit from technical assistance and support that addresses small county issues and is accessible to staff.

- As a distant small rural county the additional expense and time for travel is a barrier.
- A benefit would be to provide more accessible assistance such as webcasts or local trainings.

# Attachment A

# Mental Health Branch

Humboldt County Department of  
Health & Human Services

HHS Home | Public Health | Mental Health | Social Services | Alcohol & Other Drug Programs

## WELCOME TO THE HUMBOLDT COUNTY MENTAL HEALTH SERVICES ACT (PROP 63) WEBSITE

### ABOUT THE MENTAL HEALTH SERVICES ACT (MHSA)

The Mental Health Services Act (MHSA) will provide funding to counties to expand and develop innovative and integrated mental health services for children, youth, adults, and older adults. California voters passed Prop 63 in November 2004 as the result of a grassroots coalition intending to transform public mental health care. The intent of this website is to inform and invite you to participate in the implementation of the MHSA.

### CSS PLAN ANNOUNCEMENT!

The Mental Health Services Act (MHSA) Community Services and Support Plan (CSS Plan) was completed on April 28, 2006. We are truly grateful to all of you who contributed your time and vision to its creation.

» [CLICK HERE TO VIEW THE CSS PROGRESS REPORT](#) «

You can offer your comments in several ways:

1. You can write a letter and mail it to:  
Mental Health Services Act Plan Comment  
720 Wood Street  
Eureka, CA 95501
2. You can send an email by clicking » [here](#) «
3. You can call (707) 441-3770 and leave a message

### SITE LINKS

- [Appreciative Inquiry](#)
- [Community Meetings/Important Dates](#)
- [CSS Summary](#)
- [CSS Plan](#)
- [Framework for Community Input](#)
- [MHSA Advisory Group Recommendations](#)
- [MHSOAC ~ Prevention and Early Intervention In-Service - Aug 2<sup>nd</sup>-4<sup>th</sup>](#)
- [Native American's Triumph Through Collaboration - Aug 17<sup>th</sup>-18<sup>th</sup>](#)

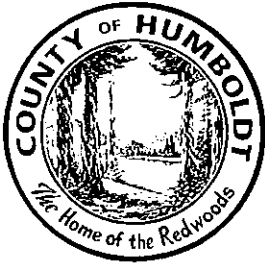
### WEB LINKS

- [California Dept. of Mental Health \(MHSA\)](#)
- [National Alliance for the Mentally Ill \(NAMI\)](#)



"Maggie and Jane"  
*Maggie had found a home*  
~ Louise Hope ~

# Attachment B



**COUNTY OF HUMBOLDT  
MENTAL HEALTH BOARD  
AGENDA**

**Monday June 25, 2007**

**4:30-6:00 pm**

**Professional Building- Large Mezzanine Room  
507 F Street, Eureka**

- I. Call to Order
  
- II. Roll Call & Introductions
  
- III. Adjustments to the Agenda
  
- IV. Reports
  - A. MHSAs Progress report
  
- V. Public Comments- 3 minute time limit
  
- VI. Adjournment

x = Enclosure

DHHS=Department of Health and Human Services, 507 F Street, Eureka

HCMH = Humboldt County Mental Health, 720 Wood Street, Eureka

CYFS = Children Youth and Family Services, 1711 Third Street, Eureka

# Attachment C





HUMBOLDT COUNTY  
 DEPARTMENT of HEALTH and HUMAN SERVICES  
 PROFESSIONAL BUILDING  
 MEZZANINE MAIN CONFERENCE ROOM  
 ATTENDEE ROSTER

Public Hear.  
 or  
 CSS Support  
 fr  
 (4:30-  
 7:00)

MEETING: Mental Health Board Mtg.

JC

2007 Date	Time In	Time Out	Please Print Name	Work-Phone Number	Office Use
6/25	4:25		Marti Hufft	476-2120	
6/25			J. Jullien	474-4087	
			Joe McManis	268-2837	
			V. Saumbur		
6/25	4:25		Latria Prater	616-2724	
6/25	4:25		John Hill	839-7877	
6/25	4:30		Mickey Duvess	599-6996	
6/25	4:30		Ruth Needham	705-4406	
6/25	4:30		Marianne Pennkamp	442-6212	
6/25	4:30		Tina Tvedt	444-6226	
	4:30		ERIC THOMPSON	444-3887	
	4:30		Craig Hill	268-2791	
	4:30		Leslie Lollch	441-5409	
	4:30		Trish Cottrell	444-8641	
	4:30		IRA BLATT	822-4802	
	4:30		PAUL CRABBE	441-5400	
	4:30		Tom Burt	268-2923	

EVACUATION PROCEDURES:  
 PRIMARY EVACUATION ROUTE is via of the main stairs by the elevator, to the first floor, and then out the front door to "F" Street. If this route is not useable, then use the SECONDARY EVACUATION ROUTE, go out the door marked "EXIT", on the 5th street side of the Mezzanine Conference Room, down the stairs and out the door to 5th street. From either exit route, once outside proceed to the County Parking Lot at the corner of 5th and F street and assemble in the center of the Parking Lot.

# Attachment D

**Culleton, Jaclyn**

**Subject:** FW: MHSA CSS Progress Report

**From:** Culleton, Jaclyn  
**Sent:** Friday, May 25, 2007 9:10 AM  
**To:**  
**Subject:** MHSA CSS Progress Report

Hello,

The MHSA CSS progress report is available for public review.

Please forward this information to interested parties.

Thanks,  
~jaclyn

\*\*\*\*\*

The Humboldt County  
Department of Health and Human Services  
Mental Health Branch  
Mental Health Services Act  
Community Services and Supports  
Three-Year Program and Expenditure Plan  
Implementation Progress Report  
for **April 1, 2006 through December 31, 2006**

**The Progress Report 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](http://co.humboldt.ca.us)

**The Progress Report 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 on the Progress Report 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 at:**  
(707) 441-3770

**Or by email to:**  
[mhsacomments@co.humboldt.ca.us](mailto:mhsacomments@co.humboldt.ca.us)

7/30/2007

**There will be a Public Hearing:**

- Date: June 25<sup>th</sup>, 2007
- Time: 4:30-6:00pm
- Place: Humboldt County Department of Health and Human Services  
Large Mezzanine Room  
507 F Street Eureka, Ca, 95501

# Attachment E

comes from.

"I'd rather not," Jack replies.

The employee asking the question traces a circle in the air with his pen while pronouncing the word Angus.

The lawsuit claims the ads create the misleading impression that Jack In The Box's new 100 percent sirloin hamburgers use a better quality of meat than the Angus beef used by Carl's Jr. and Hardee's.

The lawsuit claims the TV spots confuse consumers by comparing sirloin, a cut of meat found on all cattle, with Angus, which is a breed of cattle. It asks the court to issue a preliminary injunction.

## Small plane crash kills pilot

CHINO — A pilot was killed when a single-engine experimental plane crashed Friday minutes after taking off from Chino Airport, officials said.

The 57-year-old La Mirada man, whose name was not released, was pronounced dead after the 1:30 p.m. crash, said Chino Valley Fire Inspector Ryan Dacko.

"There were witnesses who saw crash and reported a sputtering of the engine," Dacko said.

The pilot took off at about 1:25 p.m. to practice flying the Skygear plane, said Federal Aviation Administration spokesman Ian Gregor.

It crashed nose down in the front lawn of an unoccupied home on airport property, Dacko said. The pilot had been building and testing planes in the area for many years, he said.

No other injuries were reported.

**NOW OPEN**

## Deadline Automotive Repair

Owner: Bob Rhinehart with over 9 years local experience. Specializing in foreign & domestic repair of gas & light diesel vehicles.

Open Monday-Friday • 8am-5pm  
841 W. 14th Street (by Costco)  
Eureka, CA 95501  
(707) 441-1104

spotted in fresh water, the giant before."

## Stained beauty

A significant amount of paint remained in and near Rohner Creek, despite Fortuna Parks Department staff's attempts to clean up the mess. Just one cup of acrylic house paint can pollute 156 gallons of water, according to Angie Wood, who oversees the city of Fortuna's recycling and storm-water programs. Wood reminded residents that leftover paint can be recycled at the Household Hazardous Waste facility in Eureka. Fortuna residents can call 725-1464 to see if they are eligible for a free voucher. Excess paint can also be shared with others through [www.freecycle.org](http://www.freecycle.org).

Anyone witnessing the dumping of hazardous materials near waterways or elsewhere is urged to call the city of Fortuna's storm-water hotline at 725-7550.

SUBMITTED

Order prints of Times-Standard photos from our online photo gallery. Find the link at:  
[www.times-standard.com](http://www.times-standard.com)

PUBLIC NOTICE

## A public hearing is scheduled for June 25th, 2007

from 4:30 - 6 p.m. for the **Mental Health Services Act Community Services and Supports three-year Program and Expenditure Plan Implementation Progress Report.**

It will be at the Humboldt Co. Dept. of Health and Human Services (DHHS) Building at 507 F St. Eureka, CA in the large mezzanine conference room. The progress report is available at DHHS 507 F St. Eureka or at the Mental Health Branch 720 Wood St. Eureka, CA or by e-mail [mhsacomments@co.humboldt.ca.us](mailto:mhsacomments@co.humboldt.ca.us)

Comments can be addressed to Jaclyn Culleton at the Mental Health Branch 707-441-3770 or by e-mail to address above.

# Attachment F

Humboldt County Department of Health and Human Services  
Mental Health Branch

**Mental Health Services Act  
Community Services and Supports  
Three-Year Program and Expenditure Plan  
Implementation Progress Report  
for April 1, 2006 through December 31, 2006**

## **COMMENT PERIOD ENDS JULY 6th**

**The Progress Report 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](http://co.humboldt.ca.us)

**The Progress Report is available in a hard copy format at:**  
Humboldt County Department of Health and Human Services Professional  
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**Or**  
Humboldt County Department of Health and Human Services Mental Health  
Branch  
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Attn Jaclyn Culleton  
Mental Health Services Act  
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**Or by phone at:**  
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**Or by email to:**  
[mhsacomments@co.humboldt.ca.us](mailto:mhsacomments@co.humboldt.ca.us)