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

January 1, 2007 through December 31, 2007

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

January 1, 2007 through December 31, 2007

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 a diagnosis of serious emotional disturbance (SED) and/or serious mental illness (SMI).

As a result of the Community Planning Process and within the context of integrated services 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.

In June 2006 Humboldt County submitted a Three-Year Program and Plan for Community Services and Supports (CSS) Implementation Progress Report covering the period from April 1, 2006 through December 31, 2006. The 2006 Progress Report is available on the Humboldt County MHSA website.

This Progress Report covers the period from January 1, 2007 through December 31, 2007.

Purpose

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

- Provide a briefing on the implementation of the Initial CSS Plan
- Highlight early successes and challenges

Program and Services Implementation:

Humboldt County Department of Health and Human Services (DHHS) was approved to implement a total of nine work plans. Since the original submission in 2005, the titles of several work plans have been changed as follows:

Original CSS 2005	New Title
The Wellness Center	The Hope Center
Assertive Community Treatment	Comprehensive Community Treatment
Street Outreach Services Program Expansion	Crisis Intervention Services

Implementation activities are generally proceeding as described in the approved 2005 Initial Three-Year Program and Plan for Community Services and Supports (CSS), subsequently adopted in the MHSA Agreement with the State Department of Mental Health, and reported in the 2006 Initial Three-Year Program and Plan for Community Services and Supports Implementation Progress Report.

Rural Outreach Services Enterprises

Rural Outreach Services Enterprise (ROSE) provides mobile access to culturally appropriate services in the rural, remote, and outlying geographic areas of Humboldt County and in other nontraditional settings. A self-contained, customized recreational vehicle with an expected arrival date of Summer 2008 has been purchased. Two small four-wheel drive vehicles have been purchased and travel to various rural, remote, and outlying communities of Humboldt County in order to provide integrated outreach, education, access, intervention services, and service linkage not normally available in those locations. ROSE provided services to 69 people in 2007. ROSE serves people with a serious mental illness of all age groups including but not limited to people who are homeless and at-risk of homelessness. A representative of the ROSE 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. Representatives of the ROSE team 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.

- 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 culturally appropriate community engagement and assessment strategies.

Alternative Response Team Expansion

Alternative Response Team (ART) Expansion is a 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 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 that 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. Through MHSA funding a full time Mental Health Clinician position was added to the interdisciplinary team in September 2006. In 2007 using the evidence based practice, Parent Child Interaction Therapy (PCIT), 27 children have received mental health services and approximately 20 caregivers have received parental education.

- Implementation challenges include: The Mental Health clinician requires on-going specialized PCIT training and requisite hours of PCIT clinical supervision to achieve competency and maintain fidelity to the PCIT model.

Older Adults and Dependent Adults Program

Older Adults and Dependent Adults Program further integrates and expands an existing set of co-located collaborative programs that provide 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 now adds a Mental Health Clinician to provide assessment and treatment planning to older and dependant 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. In 2007 using wellness and recovery focused clinical services, a Mental Health Clinician provided 40 people with in-home services and 60 people received integrated multi-disciplinary assessment and planning services including screening, consultation, and education.

- Implementation challenges include: Orientation of mental health staff in the regulations, policies, and procedures for Adult Protective Services and In Home Support Services.

Crisis Intervention Services

Crisis Intervention Services (CIS) is an expanded service strategy that has focused on developing partnerships with law enforcement by initially 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. Crisis Intervention Team (CIT) is a national model where partnerships between law enforcement, mental health systems, clients of mental health services, and their family members can help in efforts to assist people who are experiencing a mental health crisis and to help them gain access to the treatment system where they are best served. A team consisting of a Supervising Mental Health Clinician, Mental Health Clinician, Homeless Coordinator, Peer Support Specialists, and local law enforcement engage people with a serious mental illness in the community. In 2007 CIS provided services to approximately 62 people. MHSA funds are being used to bring CIT to Humboldt County. Mental Health staff has developed a local 32-hour Police Officers Standards Training (POST) certified Crisis Intervention Team training. Approximately 120 law enforcement as well as mental health staff and community members have participated in the training.

- 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.

Hope Center

The Hope Center provides a safe, welcoming environment based on recovery self-help principles and the resources necessary for people with a mental health diagnoses who are underserved and their families to be empowered in their efforts to be self sufficient. In December 2007 the Hope Center opened with 1 full-time Peer Client Liaison and one half time Personal Service Coordinator and 3 volunteers and served over 30 people. The Hope 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.

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

Outpatient Medication Services Expansion

Outpatient Medication Services Expansion provides medication support to people with a serious mental illness residing in remote rural areas. It is a service strategy that will enhance existing collaborative efforts with primary health care providers. 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). In 2007, 85 rurally located people 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. Bridging primary and behavioral healthcare service delivery models.

Support to Transition Age Youth Organization

Support to Transition Age Youth (TAY) Organization is a 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.

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 further integration and expansion of a newly developed division at DHHS. In passing MHSA, California voters recognized the need to improve mental health systems through innovation and transformation. Humboldt County's Department of Health and Human Services (DHHS) has received national attention as a model for integrated services. Starting in 1999, Humboldt County began transforming service delivery through an extensive planning process that united Mental Health, Public Health, and Social Services under one department. Through this integrated delivery structure and process, DHHS has been able to plan, fund, and implement higher quality, more efficient, effective, holistic, and results based practices. Humboldt County's efforts toward reaching strategic system improvement goals provided a solid foundation for the MHSA Community Planning Process, allowing DHHS to begin planning for the delivery of CSS. To facilitate progress toward MHSA goals, Integrated Program & Planning Support Structures includes the following infrastructure enhancements:

The Office of Client & Cultural Diversity (OCCD) 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 Client and Cultural Diversity Advisory Committee (CCDAC) 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. A new job classification was developed by County staff and community members to lead this Office. The Program Manager began in December 2006. In 2007, the Office of Client and Cultural Diversity actively worked 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 including:

- Coordinating monthly meetings with the 46 member CCDAC Committee
- Maintaining a listserv of 62 individuals who receive updates on resources, supports, outreach, and training opportunities
- Contributing monthly articles to the DHHS Newsletter with corresponding discussion guides
- Alerting CCDAC members and interested parties of cultural events happening in the community, as well prevention workshops, related to cultural awareness and appreciation
- In a partnership effort, the Training Education and Supervision Unit, OCCD, and Yurok Social Services presented a one-day training in November 2007 titled *"How to Effectively Deliver Culturally Appropriate Social Services Utilizing Traditional Healing Approaches."*
- In November 2007, the California Institute for Mental Health's Center for Multicultural Development presented a full day of cultural competency training for supervisors and managers titled "*Cultural Competence in Behavioral Health: Challenges and Opportunities.*"
- OCCD in collaboration with the Research and Evaluation Unit, and Information Services, addressed organizational diversity by piloting a web-based survey to be administered to DHHS employees. The survey was designed to capture language abilities, cultural affiliations and practices, ethnic identity, and perceptions of cultural inclusion within DHHS. This survey was successfully piloted with 43 CCDAC members completing the test run of the survey. Based on feedback gained from the pilot process, the survey was administered department wide in January 2008.

The Research and Evaluation (R&E) Unit manages the ongoing evaluation of four EBP programs. This includes a full spectrum of evaluation services from data management, data verification, statistical analysis and interpretation, to written progress reports. Using this information, R&E submits quarterly EBP evaluation reports; increasing DHHS capacity for outcomes based program planning and improvement. During this reporting period, R&E produced and disseminated eight comprehensive reports covering EBP activities and outcomes. These reports are based in a set of identified measures designed to inform each program of progress toward program goals, allowing for timely program growth and improvements. This unit has developed methods to tie disparity data systems together across integrated programs to evaluate

both the EBP measurements, but also to look at the impact on community. Analysis of community impact data for each of the four EBP programs is an important focus for future reporting. Community impact data includes instances of substantiated maltreatment, recidivism, and out of home placements. These data offer a measure of how a program or service, overtime, affects the community.

The Training, Education and Supervision Unit (TES) continues to build system capacity to develop, coordinate, and integrate resources to provide education and training opportunities to staff, clients, parents, families, community partners, and providers. TES works collaboratively within the community to provide core and continued training. This includes coordinating in-house and outsourced trainings to ensure consistency with DHHS values. Ongoing training and education efforts in 2007 included:

- *Evidence Based Practice Orientation* training was offered in June, August, and October 2007 consisting of a two hour presentation that enabled participants to identify levels of science defining EBPs; to describe examples of EBPs and research supporting practice; and to describe issues of fidelity related to implementation of EBPs.
- *Evidence Based Practice Implementation* training is a monthly training that allows those implementing EBPs to explore challenges, innovations, and successes in a workgroup environment
- DHHS *Analyst Training* was 18 hours of direct Analyst Training provided to analysts representing a variety of programs, units, and branches within DHHS.
- California Institute of Mental Health (CIMH) Webcast Series "*Decreasing Disparities in Mental Health Systems*" presented in June 2007 to a total of 50 participants. This three part sequential two hour training series addressed access to services; effective and culturally relevant interventions; and Practice Based Evidence, including definitions and a framework for utilizing traditional healing practices.
- California Institute of Mental Health (CIMH) Webcast Series "*Outcome Measures*" presented in both April and June 2007 to 57 participants.

Essential Elements

The essential elements of 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 following are examples of successful activities, strategies or programs that support an essential element:

Community Collaboration

The Crisis Intervention Team partnered with local law enforcement in providing Crisis Intervention Team trainings and in providing services. In addition, there are monthly multi-disciplinary team meetings at which intervention strategies are discussed for people in the community with a serious mental illness who are engaging in potentially dangerous activities or are at-risk of victimization. Intervention strategies have included

activating a Homeless Coordinator, Clinician, medication support, law enforcement, Peer Support Specialist, and Case Managers.

Cultural Competence

In October 2007, 95 employees viewed "History and Hope" a Native Cultural awareness film presented as training through the Office of Client and Cultural Diversity, the Training Education and Supervision Unit, and Two Feathers Native American Family Services. Humboldt State University Social Work Department produced this film with funding from DHHS Social Services Branch. The discussion portion of the training was facilitated by a member of the Yurok Tribe. "History and Hope" is one example of the value of community partnerships and collaborative efforts in building cultural awareness and understanding of our local communities.

Client and Family Driven Mental Health System

The Client Family and Community Liaison is a 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, and the Humboldt County MHSA Steering committee. The Client Family and Community Liaison works with families and individuals in the community who have mental health questions, concerns, or need support. This Client Family and Community Liaison offers ideas, helps individuals navigate the systems of care, and provides education and information about mental illness that helps decrease discrimination of mental illness within the community. In 2007 2,886 new contacts were made with the Client Family and Community Liaison and 350 repeat contacts were made. The frequency of contacts made at meetings, via email, face-to-face contacts, and phone consultations demonstrates the depth of need and importance for this form of service and support. The flexible structure allows for in-depth contacts to take place as needed.

Wellness, Recovery, Resiliency Focus

The Recovery and Wellness Group is a client driven activity that meets 7 days a week at the in-patient unit. This group with voluntary participation attracts 50 to 70% of the clients at the unit. The group is facilitated by the Client Family and Community Liaison or the Activity Therapist and is often co-facilitated with a social work intern. The core activities include materials on the journey of recovery, strength, hope, and resilience. However each day is different and activities change depending on the needs and desires of the participants for their own recovery journey and can include discussions on a range of topics including everything from medication to making arrangements for pets in times of crises and hospitalization. In addition community resources are discussed and shared again based on the needs of the participants and include housing, patient

rights, alcohol and other drug programs, the Depression Bipolar Support Group, the Hope Center, the National Alliance on Mental Illness, the Consumers Advocating for Recovery and Empowerment, and the California Network of Mental Health Clients.

Integrated Services for Clients and Families

The Alternative Response Team and the Older Adults and Dependent Adults Program are both expansions of existing collaborative programs with teams that include Mental Health Clinicians, Social Workers and Public Health Nurses and are providing integrated services to people and their families. Through DHHS's integrated service delivery programs, mental health service needs are assessed and services are provided to people and families who access those services in non-traditional ways. Older Adults and Dependant Adults and the Alternative Response Team are home visiting assessment and service delivery models focused on improving participant's health and social support while increasing resiliency and emotional well-being. These programs 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.

SB 163

Humboldt County implemented SB 163 Wraparound in March 2003.

Full Service Partnership

Comprehensive Community Treatment (CCT) is a Full Service Partnership program that provides intensive community services and supports to access housing, medical, educational, social, vocational, rehabilitative, or other needed community services. In 2007 Personal Services Coordinators provided services to 14 clients where they live, 10 hours a day, 7 days a week. During the evening hours when Personal Service Coordinators are not available crisis services are available via a local 24 hour crisis phone number. Program service strategies have been developed including program, staffing, and evaluation requirements. The CCT team along with other County staff such as fiscal, nursing, and psychiatric emergency service workers participated in a two day Assertive Community Treatment model training in October 2007. From July through December 2007 $51,553 of MHSA funding approved as Full Service Partnership funds were used for short-term acute inpatient services.

- Implementation challenges include: Recruitment and retention of Physician/Psychiatrist and Psychiatric Nurse positions. Developing strategies to enhance service delivery beyond 10 hours a day, 7 days a week.

General Services Development

MHSA has established principles and standards of recovery that are embedded in the behavioral health and recovery continuum of services delivered by the Mental Health Branch. The focus on reducing the number people with a serious mental illness from

entering higher levels of care or institutional care outside their communities by partnering to wraparound services that are client and family focused is becoming part of the everyday process within the branch with the sense of a "community of recovery". A distinct shift has occurred from traditional clinic based services to clients and staff partnering outside of the clinics and in the community. This shift fosters clients as participants in the greater delivery of services.

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 and the number people accessing these services.

Efforts to Address Disparities

An example of a successful strategy employed to address disparities in access and quality of services is the ROSE team. 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. An innovative solution to this issue is to take the services to the clients. ROSE links with and provides support to existing community organizations like Family/Community Resource Centers and Tribal Organizations, and other community partners in order to reach the unserved and underserved populations in those areas.

An example of a challenge in implementation efforts is the location of the Hope Center. Originally a location in the downtown area was identified, a lease was secured, and the facility was fixed-up. Staff and volunteers where trained and ready to open. Unfortunately, there were strong objections from local business owners to locating a facility where people with a mental health diagnoses would gather close to there businesses. This was a disappointment to many of the staff and volunteers involved however they persevered and another more welcoming location was found and the Hope Center has been open and tremendously successful.

Another example of a challenge in implementation efforts was developing an evaluation and outcome process for a partnership program with a Native American agency. Initially the County requested standard county outcome measures be used by a Native American agency for an adolescent co-occurring treatment program that was to be funded by MHSA. The Native American agency stated that the proposed measures where not culturally appropriate for the people they serve. After researching alternatives, a validated measure previously used in co-occurring studies with Native American youth in the Midwest was located. The measure was then adjusted to more

accurately reflect cultural practices in the local geographic area. In 2007 there was an agreement pending with a Native American agency.

An example of a policy improvement adopted specifically to reduce disparities is a formalized structure for the distribution of all of Humboldt County Department of Health and Human Services employment job announcements to locations that would promote applications from client and culturally diverse populations. The Client and Cultural Diversity Advisory Committee developed the list of over 50 locations that would be accessible to people of diverse backgrounds.

Stakeholder Involvement

As the County continued to implement new CSS programs the stakeholder process did not significantly change in 2007. At the onset of implementation each work plan was 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. 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 CSS implementation 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. 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.

There have been ongoing challenges to engage and maintain an adequate level of client and family member participation in the stakeholder process. Although a number of people representing the client and family member communities have continued to contribute in tremendously significant ways by providing valuable insight the number and diversity of these stakeholders require additional and creative efforts.

Public Review and Hearing

The Public Comment period was from June 28, 2008 through July 27, 2008.

The Mental Health Board Public Hearing was held on July 28, 2008, from 4:30-5:30pm with 17 people in attendance. See attached copy of the Mental Health Board Public Hearing Agenda (Attachment A) and attendance sheet (Attachment B).

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: http://co.humboldt.ca.us/hhs/mh/mhsa.asp (Attachment C).
- Hard copy format at: Humboldt County Department of Health and Human Services (DHHS) Professional Building, 507 F Street, Eureka Ca, 95501; DHHS Mental Health Branch, 720 Wood Street, Eureka Ca, 95501; DHHS Children Youth and Family Services 1711 3rd Street Eureka Ca, 95501; and The Hope Center 2933 H Street Eureka Ca, 95501.
- Reports and flyers were mailed to over 30 locations around the County including public libraries, health care clinics, tribes, and senior centers.
- Reports and flyers were emailed to over 10 local email distribution lists including family/community resource centers, organizational providers, and Latino Net.
- Reports were emailed or mailed to all persons who requested a copy.
- An informational flyer 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 July 5th,12th,19th, and 26th 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 the Progress Report's availability including where to obtain it, where to make comments, and where/when the public hearing would be held.

Summary Analysis of Substantive Recommendations

During the Public review period, 28 comments from stakeholders were received in a variety of ways including emails, comment boxes, phone calls, and direct comment at the public hearing.

Theme: Comments included recognition and appreciation of County efforts that have improved the public comment process stating that plans and reports are more widely available and participation is greater. There is more we can do: Recommendations to improve community outreach and engagement to encourage participation in the MHSA

public comment and public hearing process and increase knowledge of services and DHHS programs included:

- Efforts need to be made to access people who would not normally access traditional services or participate as stakeholders. Perhaps because of cultural differences. We need to find out why people do not access services and how we can address them in culturally competent ways.
- In the 2005 Community Input Process all groups were "touched". It is good that these CSS programs are now going. It is important that previously attained stakeholder input is used. It would also be good if stakeholders were approached again.
- We do not have adequate client / family representation in the input process.
- Outreach to stakeholders must be aggressive.
- Stigma is thrown around a lot. Stigma for people who say I need help. Stigma of providers. This is a block to input.
- Include anecdotal stories of how people's lives have improved. How programs have impacted their lives. How their lives have changed. Maybe not for State reports but for the public. An educational piece would be good.
- Include people who have had a positive experience.
- A photo op with the ROSE RV would be a good opportunity for public outreach because the community is excited about the new RV.
- It is important to be vigilant about outreach. People in need, need to know what services are available.
- People do not always comment because they have not had their comments heard in the past.
- People may not be able to comment. People need to learn how to have active involvement. There needs to be a process to do that.
- Some people do not have trust. When they have made negative comments in the past there have been consequences.
- We need to figure out how to listen in ways that we can better hear the way that others communicate.
- I have never seen the activities of the Research and Evaluation Unit of DHHS.
- Statistics and stories made available to the public would increase understanding of what is available.

Response: recommendations will be adopted for future MHSA Local Review processes and to increase knowledge of services and DHHS programs:

- There is increased participation of client and family member outreach and participation with County committees and workgroups. These efforts will continue with ongoing discussions and efforts as well as development of new strategies to continue increasing client and family member participation and awareness of services. In particular strategies that are a) culturally appropriate for our unique unserved and underserved communities, b) are sensitive to stigma and discrimination, c) have the opportunity to be confidential, and d) are diverse in there approach to capture the community's diverse voices.

- There has been a great deal of positive feedback and wonderfully positive success stories from people participating in new recovery based services strategies. Efforts will be made to more broadly share these with the community.

Theme: Recommendations and comments for Alternative Response Team (ART) Expansion include:

- Very positive feedback regarding ART. High level of service and great outcomes for families. Should be expanded to more families.
- ART should be expanded and be a frontline program.

Theme: Recommendations and comments for the Hope Center included:

- Very happy with Department support.
- Staff should model recovery.

The Hope Center is:

- A welcoming and safe environment.
- A place where individuals are understood and accepted.
- A place to make new friends.
- Participants have an understanding not always found with Psychiatrists or Therapists

The Hope Center needs:

- More space and services.
- Longer hours and more staff.
- Transportation to outside areas.
- Advertising.
- An analysis of group therapy.

Quotes from comments regarding the Hope Center:

- The Hope Center "is a place I will share with my community and let all know we all have issues that we can address at the Hope Center. I am so thankful this is here."
- "Considerable Progress has been made in starting to develop a Recovery based attitude"
- "Opening the Hope Center has provided a warm non-threatening home, which offers numerous client-driven activities."

Theme: General Recommendations and comments for client needs included:

- Affordable independent housing needed.
- Training in independent living skills.
- Skills needed for employment.
- Skills needed for education.
- WRAP.
- Provisions for direct one-on one- therapy.
- People coming out of jail need to be followed up with med support.
- People need to know how to seek help.

- Medication is not right for everyone there should be choice and those choices respected.

Theme: General Recommendations and comments for mental health services and programs include:

- An appreciation for stress on integration. For example, the integration at the Hope Center to include other MHSA programs and not be an autonomous program. Integration is good and has augmented programs. It should continue.
- Be more respectful and listen.
- Consider diet and physical limitations before subscribing meds.
- Disagreement with expense and accessibility of the ROSE RV.
- Include cultural accommodations and sensitivity.
- More recovery education for staff such as the Ashcroft training.
- New ideas about treatment. Evaluation and Research.
- Currently the County is the only safety net.
- More diverse cultural workers.

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 future MHSA planning. A significant number of comments regarding challenges with client and family member participation in the stakeholder process required a substantive change to the content of the "Stakeholder Involvement" section of this report. A paragraph was added that addresses these challenges.

Attachment A

COUNTY OF HUMBOLDT
MENTAL HEALTH BOARD
SPECIAL MEETING
AGENDA

Monday July 28, 2008
4:30-5:30 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. MHSA 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 B

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

MEETING: MHSA Public Hearing (4:30-5:30)

2008 Date (Month/Day)	Time In	Time Out	Please Print Name	Work-Phone Number	Office Use
7/28	4:00		Yvette Ryholt	445-8121 x5910	
7/28	4:20		Cathy Rigby	839-4429	
			Diane Mereen	445-3424	
	4:25		Ruth Needham	725-4406	
7/28	430		Caulinaflaug RN	407 7722	
7/28	430		Helen Barnes	441-5224	
			[illegible]	268-2121	
			Cris Thompson	444-3887	
			Leslie Lollich	441-5409	
7/28	4:30		* previous advisory board member	—	
			Sally Hewitt	443-4666 x22	
			Karyn Rumstein	268 2990	
7/28	4:31		Rick Wedge	764-5594	
			Edith Fritsch	822-9535	
			Barbara Lattaic	4415400	
			Rob Chittenden	443-2706	
			Mike Goldsby		

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.

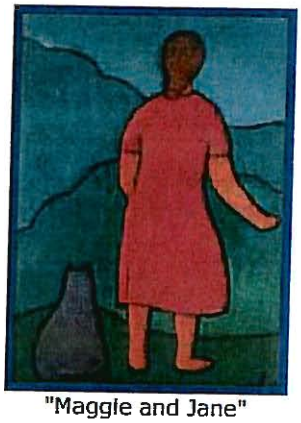
Attachment C

County of Humboldt
Department of Health & Human Services

Mental Health Branch

Karolyn Stein, RN, Branch Director

Mental Health Services Act (MHSA)



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

About The Mental Health Services Act

The Mental Health Services Act (MHSA) provides 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.

The Mental Health Services Act addresses a broad continuum of prevention, early intervention, and service needs.

- Older / Dependent Adult Services provides co-located, integrated mental health services by a clinician, with the Adult Protective Services (APS) and In-Home Supportive Services (IHSS) Program.
- Crisis Intervention Services (CIS) provides the coordination of crisis intervention services in partnership with law enforcement.
- The Alternative Response Team (ART) is an innovative, multi-agency program aimed at those at-risk families that would benefit from early intervention and services.
- Comprehensive Community Treatment (CCT) is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness.
- Hope Center is a client and family member center, that provides peer-to-peer education, support, prevention services, wellness activities, and system navigation. To contact the Hope Center, call **(707) 441-3723**.
- Rural Outreach Services Enterprise (ROSE) provides Mental Health, Alcohol and Other Drug, Social Services, and Public Health mobile outreach services to outlying communities.
- Telemedicine services provide medication support to outlying areas.
- Support to Transitional Age Youth (TAY) Organizations.
- The Mental Health Liaison works with families and individuals in the community who have mental health questions, concerns, or need support.

Public Comment! Participate! Be informed!

Mental Health Services Act Plans and Updates are available for a 30-day comment period before they are submitted to the State Department of Mental Health. When a Plan or Update is available for Public Comment it will be located in the **MHSA Documents Open for Public Comment** section.

MHSA Plans or Updates may be obtained in several ways:

- Click on the name of the document below to view or print.
- Click on document below to view and on the last page will be listed the locations hard copies are available during the 30-day Comment Period.
- E-mail or call with your mailing address or email address and request the document.

Submitting a Public Comment during the 30-day Comment Period may be done in several ways:

Click on the document below to view it and on the last page of the document will be listed the locations "MHSA Comment Boxes" are available during the 30-day Comment Period.

- Email: mhsacomments@co.humboldt.ca.us
- Comment line phone number: **(707) 441-3770**
- Toll Free number: **(866) 320-8911**

MHSA Documents Open for Public Comment!

CLICK TO VIEW THE MHSA HOUSING ASSIGNMENT LETTER

CLICK TO VIEW THE 2007 COMMUNITY SERVICES AND SUPPORTS IMPLEMENTATION PROGRESS REPORT

Previous MHSA Documents

2007

- Community Services and Supports FY05/06 Remaining Funds Plan
- Community Services and Supports One-Time Augmentation Plan
- Community Services and Supports Expansion Plan

2006

- Community Services and Supports Implementation Progress Report

2005

- Community Services and Supports Plan
- Executive Summary Community Services and Supports Plan
- Framework for Community Input
- MHSA Advisory Group Recommendations

Site Links

- Comprehensive Community Treatment Program
- Crisis Intervention Services

- Mental Health Liaison

Web Links

- California Department of Mental Health (MHSA)
- National Alliance for the Mentally Ill (NAMI)

Attachment D

Humboldt County Department of Health and Human Services

Mental Health Services Act

Provides funding to expand and develop innovative and integrated mental health services

What do you think?

There is a 30-day **Public Comment** period from **June 28 through July 27, 2008** for the 2007 Implementation Progress Report and the Housing Assignment Letter. Both are available and comments may be placed in the "MHSA Comment Box" at:

- Humboldt County DHHS Professional Building: 507 F Street, Eureka
- Humboldt County DHHS Mental Health Branch Children Youth and Family Services: 1711 3rd Street, Eureka
- Humboldt County DHHS Mental Health Branch: 720 Wood Street, Eureka
- Hope Center: 2933 H Street, Eureka
- County website: co.humboldt.ca.us

There will be a **Public Hearing** on **July 28, 2008** at the Humboldt County Department of Health and Human Services Professional Building at:
507 F Street in Eureka from 4:30-5:30pm

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

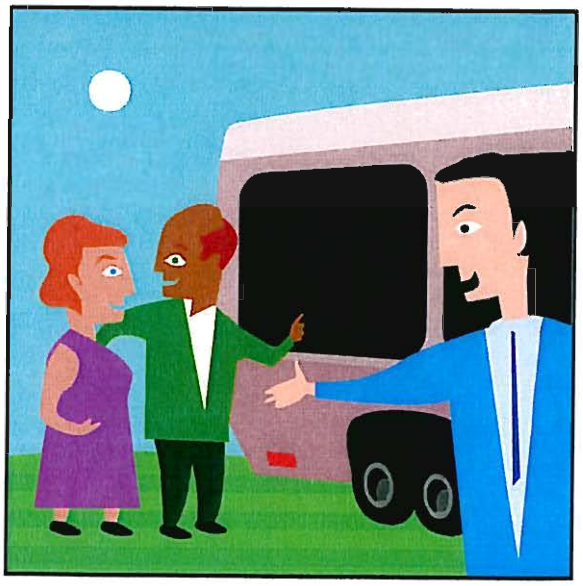
Phone: (707) 441-3770

Toll free: (866) 320-8911

Email: mhsacomments@co.humboldt.ca.us

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

Assistance with transportation or transportation expenses may be available to attend the Public Hearing. For information please contact us.



Attachment E

National Guard troops to help fire-fighting efforts around the state. The

from the wildfires that have burned more than 1,100 square miles and

PUBLIC NOTICE

HUMBOLDT COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Comments Sought

for the Mental Health Services Act

2007 Implementation Progress Report and the Housing Assignment Letter. The 30-day public comment period opened June 28, 2008 and will run through July 27, 2008.

Documents are available on the County website:
co.humboldt.ca.us
and various public Mental Health Facilities
Public Hearing Monday, July 28, 2008
4:30-5:30 p.m. at the Professional Bldg.
507 F St. Eureka

For more information, call (707) 441-3770
Toll free (866) 320-8911
e-mail: mhsacomments@co.humboldt.ca.us

Times-Standard
7/12/08 p. A3 also ran 7/5 and scheduled 7/19 & 7/26