



**County of Humboldt**  
**Mental Health Services Act**  
**Community Services and Supports Plan**

**EXECUTIVE SUMMARY**

**December 14, 2005**

**Overview**

The Mental Health Services Act (Proposition 63) was passed by the voters in November 2004. It provides funds for counties to expand and transform mental health services. Transformation has been defined as more than just reorganizing, but a quantum change that reflects radical redesign and new strategic intent for an organization or system.

In recent years there has been a noted increase in State and Federal initiatives, legislation and reports such as the Mental Health Services Act, the President's New Freedom Initiative, Crossing the Quality Chasm and the State's Child Welfare Services Stakeholder Final Report, which are related to the need for significant system reform that transcends simply improving and/or increasing services. These reform initiatives generally speak of the need to transform Health and Human Services systems in terms of:

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

Humboldt County's Community Services and Supports (CSS) Plan has been developed within the context of the State's Integrated Services Initiative authorized under Assembly Bill 1881 (Berg 2004) and the Department's AB 1881 Phase II Strategic Plan: Transformation Towards an Excellence Based System.

It is through AB1881 that the Humboldt County Department of Health and Human Services (DHHS) intends to plan and deliver its Mental Health Services Act (MHSA) programming. Humboldt County's nine Program Work Plans have been developed with cross departmental integration in mind aimed at the development and delivery of holistic and transformational programs to the target populations that will be initially served under the Mental Health Services Act.

Further, Humboldt County's Community Services and Supports Plan contains Program Work Plan funding requests for what are called Integrated Program &

Planning Support structures that the County has determined are critical in the development of the type of transformational and outcome based services described under the Mental Health Services Act.

### ***Community Planning & Input Process***

The planning process in Humboldt County was comprehensive and inclusive of a broad range of stakeholders including consumers, family members, cultural and ethnic populations, and regional communities. Because Humboldt is a geographically large and rural county, a variety of strategies were used in gathering community input so that it was as representative of its residents as possible. These strategies included holding six Regional Community Meetings, holding thirteen Targeted Stakeholder Meetings, distributing Community Strengths & Needs Surveys at various locations as well as the website, and, convening four Age-Specific Advisory Groups.

The CSS Plan that was developed through an intensive planning process was made available for public comment for the required 30 day period concluding with the Mental Health Board's Public Hearing on November 9, 2005. Comments, concerns and suggestions resulting from the public comment period and the Public Hearing were subsequently reviewed and considered by the Department and the Mental Health Board and have been incorporated into the Plan.

### ***Identifying Community Issues***

The community planning and input process resulted in a set of twenty-two recommendations and eight directional priorities that focused primarily on structural, organizational, and philosophical system-wide transformative changes. These eight directional priorities are:

- Ensure access and availability across age groups, genders, cultures, races, communities, and geographic regions.
- Ensure culturally and ethnically sensitive and competent services
- Ensure mobile and decentralized access and services.
- Ensure adherence to the philosophy of care principles of consumer-centered, respectful engagement of the whole person, as well as, focus on recovery, wellness, resiliency, and harm-reduction.
- Ensure that prevention, education, and training are integral parts of the system.
- Ensure integrated treatment approaches that are inclusive of co-occurring approaches.
- Ensure multidisciplinary, multi-agency treatment approaches.
- Ensure integrated data bases accessible to other agencies or providers.

### ***Analyzing Mental Health Needs***

Following the identification of community issues, an analysis of mental health needs across racial, ethnic, cultural, and geographic lines was requested by the State. However, like many "small" counties, Humboldt has been unable to fully

assess the needs of its diverse populations due to underdeveloped infrastructures in the areas of data collection and analysis, and, research and evaluation. DHHS is currently building the infrastructural supports and staffing capacities to provide culturally and linguistically competent services and supports in order to serve these populations.

### ***Identifying Initial Populations for Full Service Partnerships***

DHHS relied on the community input process, stakeholder prioritizations, and the MHPA guidelines to determine the selection of the initial Full Service Partnership population. The initial population that will be the focus of a Full Service Partnership program during this first three-year Plan will be:

- Severely mentally ill adults, including those with co-occurring substance abuse disorders, who are at risk of institutionalization, criminal justice involvement, and/or homelessness; and,
- Severely mentally ill adults discharged from institutes of mental disease, mental health rehabilitation centers, psychiatric health facilities, and correctional facilities.

### ***Assessing Capacity***

Under the State's AB1881 Integrated Services Initiative, DHHS has identified several core gaps and needs that affect its capacity to meet the needs of Humboldt County's diverse populations, and, to develop and launch transformationally inclusive and culturally relevant services. These gaps and needs are in the areas of infrastructure and program supports. Filling these gaps and needs can be accomplished by the development of an Office of Consumer & Cultural Diversity, and the development of several units which include Training & Education, Research & Evaluation, and Integrated Services.

### ***Programs to be Developed or Expanded***

The following are the strategies, programs, and services that Humboldt County will use to address the needs identified by the community planning process. Strategies, programs, and supports are based on evidence based practice approaches to service delivery and include the five essential elements of a transformed mental health system – community collaboration, cultural competence, client and family driven services, wellness/recovery/resilience focus, and an integrated services experience.

### ***Rural Outreach Services Enterprise***

Rural Outreach Services Enterprise (ROSE) is a new service strategy that will provide mobile access to culturally appropriate services in the rural, remote, and outlying geographic areas of Humboldt County, and, in other nontraditional settings. ROSE will serve all age groups. Services and supports will include: integrated outreach and prevention, clinical services including some medication support services, case management, information and referral, peer education and support, and system navigation help. Outreach, peer education and support,

and system navigation help will be provided by client and family member staff. At full implementation, Social Service and Public Health Branch staff will provide eligibility and prevention activities.

Humboldt County covers over 3,573 square miles and has pockets of population in many rural, remote, and outlying areas where there is little or no public transportation available. A unique solution to this issue is to take the services to the consumers. This mobile service strategy has been utilized by our AB2034 Homeless Services Program (Street Outreach Services) and has been highly successful in reaching that unserved population. ROSE will link with and provide 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. In addition, ROSE will provide social service, public health, mental health and co-occurring services at some designated, more centrally located sites (i.e. primary care clinics) in order to reduce access disparities by reaching out to racial, ethnic and other minority groups in nontraditional settings.

Start Up Funding (One Time Funds), System Development Funds and Outreach and Engagement funds will be used to purchase a self-contained, customized recreational vehicle that will travel to various rural, remote, and outlying communities of Humboldt County such as Orick, Redway, and Willow Creek in order to provide integrated outreach, education, access, intervention services, and service linkage not normally available in those locations. Two 4X4 vehicles will also be purchased and will be integrated into the ROSE program to insure that all County resident's, regardless of accessibility, receive needed services.

#### Wellness Center

The Wellness Center is a new service strategy that will reach parents of minors, transition-age youth, adults, older adults, and family members. The Wellness Center will use Start Up Funding (One Time Funds) and System Development Funds to establish a center that will be run by clients and family members. Outreach and Engagement Funds will also be utilized to reach those individuals and families who may be reluctant to enter the system in a formal way. In order to promote community collaboration and ownership of this center, a Request for Application procedure will be initiated with local community agencies and providers. This RFA will specify that the center will be staffed by client consumer and family member staff who will receive ongoing training and mentoring in order to ensure that the values of wellness, recovery and resiliency will be promoted and reinforced. The range of services will include: peer education and support, system navigation, linkage, and outreach activities. Social service, public health and mental health staff will provide support services to Wellness Center staff and will offer adjunct services as needed.

### Assertive Community Treatment

The Assertive Community Treatment Program is a new Full Service Partnership Program that will serve a total of 30 (by the end of year 3) Adult enrollees with severe mental illness, including those with co-occurring substance abuse disorders who are at-risk of institutionalization, criminal justice involvement, and/or homelessness; or, who have recently been discharged from institutions or jails. This program will provide intensive community-based services and supports that will utilize a team approach and will include consumers and family members as service providers on the teams. The program will have 24 hours a day 7 days a week service availability. The program will also utilize a *housing and employment first* approach, and will be client and recovery focused. Each enrollee will have a Personal Services Coordinator who will help in the development of their individualized service plan/recovery action plan and will ensure an integrated service experience. As part of a larger Adult system of care that exists within DHHS, the Assertive Community Treatment program will have all cross-branch resources available to it. Current collaborative relationships with community providers and other resources (i.e. St. Vincent de Paul, Mobile Medical Clinic, Law Enforcement) will also be strengthened and expanded where possible. Integrated services will include: housing and employment assistance, 24/7 community support, medication support, intensive services when needed, and, linkage to or provision of all needed services or benefits as defined by the client

This new Full Service Partnership program will utilize Start Up Funding (One Time Funds), System Development, Full Service Partnership, and Other One-Time funds to establish a program that will initially serve 18 individuals the first year, 25 individuals the second year, and 30 individuals by the third year.

### Outpatient Medication Services Expansion

Outpatient Medication Services Expansion is an expansion of an existing service and will establish a formal partnership between the Mental Health Branch psychiatric team and the Humboldt County primary care physician's network. In order to accomplish this, Start Up Funding (Other One-Time Funds), System Development funds and Outreach and Engagement funds will be used to increase the number of psychiatric and nursing staff. These new psychiatric staff members will provide on-site mental health consultation and direct services to the patients of an existing community clinic and at a local hospital. Clinics are challenged in their ability to serve clients who are diagnosed with serious mental illness or serious emotional disturbance. Telemedicine technologies will also be used at various primary care sites to provide services to rural locations throughout the County.

Currently, six staff psychiatrists and three locum tenens physicians carry an average caseload of 450 each while also providing urgent and emergent psychiatric services at other sites such as the jail and the Psychiatric Emergency Services unit. These large caseloads and various other duties make it practically

impossible for psychiatrists and nurses to provide consultation and support services to primary care clinics who are seeing increasing numbers of patients needing specialty mental health services.

Another system enhancement will be to add a telemedicine component to the County's inpatient unit so psychiatric consultation is available immediately to clients twenty-four hours a day seven days a week. These same telemedicine links may also enhance our ability to assist with Social Service Branch eligibility activities in the rural areas of the County for the underserved and unserved populations, thereby improving client consumer and family access to care.

This formal partnership will build upon the on-going collaborative efforts that have been taking place between DHHS and the primary care physician's network over the last several years. These collaborative efforts have already led to a number of mutual initiatives to improve services to our shared clients. The resources allocated to this effort will continue to close the gap between public integrated services and the primary care community, a divide that is reflected in all statewide health care systems. Additionally, cultural and ethnic disparities will be addressed by focusing resources on the rural and remote areas and communities of the County where higher concentrations of Hispanic/Latino and Native American populations live and work.

#### *Support to Transition-Age Youth Organizations*

Support to Transition-Age Youth Organizations is a new support strategy that will allow DHHS to integrate all cross-branch programs and initiatives, such as Youth Transition Action Teams and California Permanency for Youth, related to this population while supporting the development and expansion of State-wide agendas and initiatives. Support will be provided to local transition-age youth organizations (i.e. California Youth Connection's local chapter) who submit work plan proposals that support integration and transformation to the department. Depending on the work plan proposals received, System Development, Outreach and Engagement and other one time funds will be used to pay for items like staff positions, office space, equipment, training, education, or transportation needs. The organizations receiving funding will: assist DHHS with policy and program development related to the provision of transition-age youth services and supports; help link MHSA programming with Child Welfare Services Improvement Activities; help to establish, organize, and lead a cross-branch and community-wide Transition-Age Youth Leadership Council that will further inform and guide the development of integrated and holistic services and supports for this population; collaborate with and help to strengthen linkages between the other Branches of DHHS and community-based organizations; and, help to conduct outreach activities that will be crucial to understanding the needs of this unique population and in creating the services and supports necessary to meet those needs.

### Alternative Response Team Cross-Branch Program Expansion

The Alternative Response Team Cross-Branch Program Expansion (ART) is a further integration and expansion of an existing collaborative field program. The program serves the families of 0-8 year olds from a strength-based perspective to reduce the risk of out of home placement, child maltreatment, child abuse, and their impact on the mental health of the children involved. The current ART program provides services and supports which include case management, health education and management, and assistance with housing and employment. These services are focused on improving a family's health and social support, increasing parental capacity, increasing resiliency and emotional well-being, and improving access to mental health and other services and supports through a process of engagement. As an initial step toward expansion, reorganization, and full integration, mental health staff will be added to the ART program so that a cross-branch, team approach to field service delivery can be implemented, resulting in a more integrated and holistic service experience for families. System Development, Outreach and Engagement and Other One Time funding will be used in the program expansion. Multi-disciplinary and cross-branch staff will provide in-home response services, while removing barriers to access and providing linkage to the full array of programs and services within DHHS and the community. Mental Health staff will provide field-based mental health screening and assessment services, consultation, parenting education, and wellness/recovery/resiliency focused clinical services, as well as help to shape and coordinate the integration efforts.

### Older & Dependent Adults Program Expansion

The Older & Dependent Adults Program Expansion is an expansion and further integration of an existing set of co-located programs that serve disabled, mentally ill, and at-risk adults and older adults in Humboldt County. The current programs, Adult Protective Services (APS) and In-Home Support Services (IHSS) are co-located and team Social Service Branch staff with Public Health Branch nurses. Currently, program staff conduct multidisciplinary team meetings and provide consultation on complex cases in addition to providing urgent and emergent response, assessing needs, and arranging for services and supports. System Development Funds and Outreach & Engagement Funds will be used to reorganize and fully integrate these cross-branch programs. The addition of mental health staff and the implementation of a cross-branch team approach to service delivery will provide a more integrated service experience to clients and family members. The interdisciplinary teams will include Social Service Branch social workers, Public Health Branch nurses, and Mental Health Branch clinicians. The teams will conduct multi-disciplinary team meetings, provide case management planning, perform investigation into suspected abuse and neglect, and provide linkage to the full range of services needed in order to holistically serve this vulnerable and underserved population. Specifically, mental health staff will remove barriers to access and provide screening and assessment services, consultation, education, and wellness/recovery focused clinical services and supports to this population.

### Street Outreach Services (AB2034) Program Expansion

Street Outreach Services Program Expansion is an expansion of an existing Full Service Partnership program that serves 33 mentally ill homeless individuals on an enrollee basis and provides outreach, engagement, linkage and referral to mentally ill homeless non-enrollees. The current program is staffed with four Personal Services Coordinators, one Program/Housing Coordinator, and one half-time clinician who travel in a specially equipped recreational vehicle to outlying communities and other service sites in order to provide easy access to services and supports. Housing and employment assistance is provided within this program. Outreach & Engagement Funds will be utilized to add an additional staff person who will establish a formal SOS partnership with Law Enforcement in order to reduce incarcerations and hospitalizations of mentally ill homeless individuals. This mental health staff person will ride along with Law Enforcement personnel to identified communities and neighborhoods where homeless individuals are targeted in order to provide timely interventions to this unserved or inappropriately served population.

In addition, collaboration will be enhanced between the Mental Health Branch Homeless Program staff and the Social Services General Relief program, as well as other community-based organizations (i.e. Humboldt Housing & Homeless Coalition, Redwood Community Action Agency) to improve services to these often overlapping populations.

### Integrated Program & Planning Support Structures

Integrated Program/Planning Support Structures are crucial organizational restructuring strategies, under AB1881 Phase II Strategic Plan, that are necessary in order to optimize integrated service delivery across all systems while minimizing program, resource, and initiative fragmentation. This centralized program support structure is functionally removed from program administration and program delivery structures. There are four main components to these integrated support structures: *Office of Consumer & Cultural Diversity*, *Research & Evaluation Unit*, *Training & Education Unit*, and, *Integrated Services Unit*.

The *Office of Consumer & Cultural Diversity* will provide cross-branch leadership to DHHS in the areas of policy and program development related to consumer/family driven and culturally competent services, and, the reduction of racial, ethnic, and geographic disparities. This office will focus on increasing and improving the system's capacity to serve diverse populations and reduce ethnic disparities, and, on the hiring of clients, family members and ethnic and cultural populations. The community and stakeholder input and prioritization process emphasized the need for culturally competent and diverse services as important for the County.

Start Up Funding (Pre-Implementation Funds) and System Development Funds will be used to establish this infrastructural component that is key to achieving

the overall AB1881 Phase II Strategic Plan and MHSAs goals of increasing and improving the system's capacity to serve diverse populations and reduce disparities.

The *Research & Evaluation Unit* will enable DHHS to develop the capacity to collect and track local data and outcomes across all systems in order to improve and increase the system's ability to provide culturally competent, values driven, and evidence based services and supports, and, to conduct needed research and evaluation of outcomes related to the implementation of the MHSAs and other initiatives.

The community and stakeholder input and prioritization process emphasized the need for data collection and access to data as important needs in the County. Start Up Funding (Pre-Implementation Funds) and System Development Funds will be used to establish this infrastructural component. The Research & Evaluation Unit is key to achieving the AB1881 Phase II Strategic Plan and MHSAs goals of increasing and improving the system's capacity to provide quality care. These integrated and centralized activities will effectively serve diverse populations by providing system-wide information to support transformational change, program improvement, and improved client outcomes.

The *Training & Education Unit* will enable DHHS to build the capacity to develop, coordinate, and integrate all available resources in order to provide cross-branch education and training opportunities to staff, client consumers, parents, families, and community partners and providers.

The need for training and education were identified and highly prioritized during the community and stakeholder input and prioritization process. All four of the age-specific Advisory Groups made strong recommendations regarding the ongoing training and education of both staff and stakeholders as essential in building an integrated and client/family focused system of care. This Unit will focus resources in several main areas:

- Core Training – Will involve ongoing training and orientation of staff, community providers, client consumers, family members, care providers, and other stakeholders in basic organizational values and concepts such as evidence based practices, wellness/recovery/resiliency concepts, integrated service delivery models, and other identified topics.
- Continuing Training – Will involve ongoing comprehensive and coordinated training related to improving and enhancing the integrity and fidelity of specific evidence based programs (i.e. CSOC's Aggression Replacement Therapy, ASOC's California Medical Algorithm Project), and, consolidating specific training curriculums across branches (i.e. Title IV-E Training Plan). Outsourced training resources will be managed and monitored in order to ensure consistency with organizational values.

- Community Education & Training – Will provide technical training and program information in order to promote and enhance the community's ability to effectively collaborate and interface with DHHS. As part of this effort, a Training Resource Library and Speakers Bureau will be developed, as well as Pre- and Post-Graduate Training and Placement opportunities.

Start Up Funding (One Time Funds and Pre-Implementation Funds) and System Development Funds will be used to establish this infrastructural component that is key to the AB1881 Phase II Strategic Plan and MHSA goals of increasing and improving the system's capacity to provide effective services that are evidence based and values-driven, and, to provide public education and awareness information aimed at reducing stigma and access disparities among racial and ethnic populations.

This unit will also continue the current cross-branch and stakeholder inclusive Evidence Based Practice training series, as well as provide Change Management training and education to staff, clients and families, and other stakeholders as programs and systems transform. In addition, Humboldt is one of seven counties selected by the California Institute for Mental Health to participate in the Learning Collaborative which will explore training and educational methods of transforming health and mental health service delivery systems.

The *Integrated Services Unit* will enable DHHS to increase its capacity to develop, coordinate, and deliver integrated programs and services related to the MHSA and other initiatives in order to provide client consumers and family members with a seamless and integrated service experience across all systems and branches. The community and stakeholder input and prioritization process emphasized the need for integrated and collaborative services and supports. This unit will have program development and oversight responsibilities over all cross-branch and community partnership integrated programs, including the integrated programs requested in this document.

Start Up Funding (Pre-Implementation Funds) and System Development Funds will be used to establish this infrastructural component that is key to the AB1881 Phase II Strategic Plan and MHSA goals of providing integrated services, and alleviating cultural and ethnic barriers to access.