Humboldt County
Department of Health and Human Services
Mental Health Branch

Mental Health Branch
Cultural Competence Plan

June 2011

COVER SHEET

An original, three copies, and a compact disc of this report (saved in PDF [preferred] or Microsoft Word 1997-2003 format) due March 15, 2011, to:

Department of Mental Health
Office of Multicultural Services
1600 9th Street, Room 153
Sacramento, California 95814

Name of County: Humboldt

Name of County Mental Health Director: Karolyn Rim Stein, RN

Name of Contact: Jaclyn Culleton

Contact's Title: Ethnic Services Manager/Program Manager

Contact's Unit/Division: Mental Health Branch

Contact's Telephone: 707 268-2923

Contact's Email: jculleton@co.humboldt.ca.us

CHECKLIST OF THE CULTURAL COMPETENCE PLAN REQUIREMENTS MODIFICATION (2010) CRITERIA

- [X] **CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE**
- [X] **CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS**
- [X] **CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES**
- [X] **CRITERION 4: CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM**
- [X] **CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES**
- [X] **CRITERION 6: COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF**
- [X] **CRITERION 7: LANGUAGE CAPACITY**
- [X] **CRITERION 8: ADAPTATION OF SERVICES**

Table of Contents

CRITERION 1
COUNTY MENTAL HEALTH SYSTEM
COMMITMENT TO CULTURAL COMPETENCE

Rationale: An organizational and service provider assessment is necessary to determine the readiness of the service delivery system to meet the cultural and linguistic needs of the target population. Individuals from racial, ethnic, cultural, and linguistically diverse backgrounds frequently require different and individual Mental Health Service System responses.

I. County Mental Health System commitment to cultural competence

The county shall have the following available on site during the compliance review:

A. Copies of the following documents to ensure the commitment to cultural and linguistic competence services are reflected throughout the entire system:

1. Mission Statement
2. Statements of Philosophy
3. Strategic Plans
4. Policy and Procedure Manuals
5. Other Key Documents as identified by the County

II. County recognition, value, and inclusion of racial, ethnic, cultural, and linguistic diversity within the system

A. Provide a copy of the county's CSS plan that describes practices and activities that demonstrate community outreach, engagement, and involvement efforts with identified racial, ethnic, cultural, linguistic, and other relevant small county cultural communities with mental health disparities.

See Attachment A: Excerpt from the Mental Health Services Act Annual Update Fiscal Year 2011/2012, Overall Implementation Progress Report and Community Services and Supports Approved Programs

B. A one page description addressing the county's current involvement efforts and level of inclusion with the above identified underserved communities on the advisory committee.

Methods for obtaining input and maintaining stakeholder involvement for underserved communities occur in a diversity of ways that include but are not limited to:

- Humboldt County Department of Health & Human Services sponsored education and planning meetings. These are widely advertised meetings inviting people to gather to discuss mental health services.

- Humboldt County Department of Health & Human Services participation in community meetings where mental health services education and planning are

discussed. These are meetings already occurring in the community where a county staff person attends and requests that mental health services planning be on the agenda for a specific meeting to focus on education and input. These are often meetings sponsored by local community-based organizations and associations that represent and/or serve diverse stakeholders. This dramatically increases the number and diversity of individuals providing input.

Humboldt County Department of Health and Human Services conducted an extensive planning process for the Community Services and Supports component of the Mental Health Services Act. Many of the individuals who participated in the planning process as Mental Health Board members, clients and family members, and staff provided insight and lessons learned for further mental health services planning.

The initial Community Services and Supports planning process component of the Mental Health Services Act included: six regional meetings, thirteen targeted, stakeholder meetings, four age-specific advisory groups (children, transition age youth, adult and older adult), Community Strengths & Needs Survey and client interviews.

Regional Meetings	Percentage of Total Participants
• Eureka	30%
• Arcata	24%
• Willow Creek	9%
• Orick	15%
• Fortuna	8%
• Redway	15%

Stakeholder Groups	Percentage of Total Participants
• Client/consumers	12%
• Families of clients	6%
• Education/schools	10%
• Law enforcement/courts/Probation	4%
• Native American community	9%
• Hispanic/Latino community	2%
• Asian/Pacific Islander community	2%
• Mental Health Branch organizational providers	5%
• Community and primary care providers/clinics	19%
• Transition-age youth	8%
• Gay/lesbian/bisexual/transgender community	3%
• Homeless community	14%
• Mental Health Branch staff	5%

Mental health services planning has continued with thoughtful, deliberate planning efforts by the Humboldt County Mental Health Board, clients and family members, and Humboldt County Department of Health and Human Services staff, to ensure inclusion of unserved and underserved community stakeholders.

Below are examples of planning and local review process with broad stakeholder inclusion:

- Mental Health Services Act Fiscal Year 2011/2012 Update
- Innovation Plan
- Humboldt County Transition Age Youth Collaboration Recommendations
- Capital Facilities and Information Technology Needs Planning Process
- Superior Region Workforce Education and Training Partnership

- Workforce Education and Training Planning Process
- Mental Health Services Act Fiscal Year 2010/2011 Update
- Mental Health Services Act Fiscal Year 2009/2010 Update
- Prevention and Early Intervention Planning Process
- Community Services and Supports Fiscal Year 2008/2009 Update
- Community Services and Supports Expansion Plan
- Community Services and Supports One-Time Augmentation Plan
- Community Services and Supports FY05/06 Remaining Funds Plan
- 2007 Community Services and Supports Progress Report
- 2006 Community Services and Supports Progress Report
- Community Services and Supports implementation activities
- The initial Community Services and Supports planning process

Participants reflect the diversity of Humboldt County including individuals with client and family member experience, current and former foster youth, transition age youth, Department of Health and Human Services administration, providers with program and direct service experience, community-based and organizational providers of local public health, behavioral health, social services, vocational rehabilitation services, and agencies that serve and/or represent diverse racial and ethnic groups, and unserved, underserved, Native American, and rural communities.

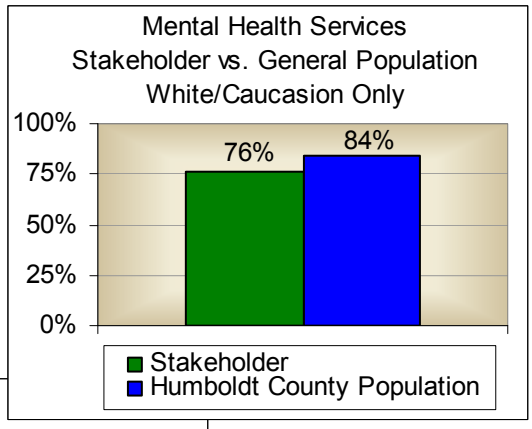
Below are examples of stakeholder entities:

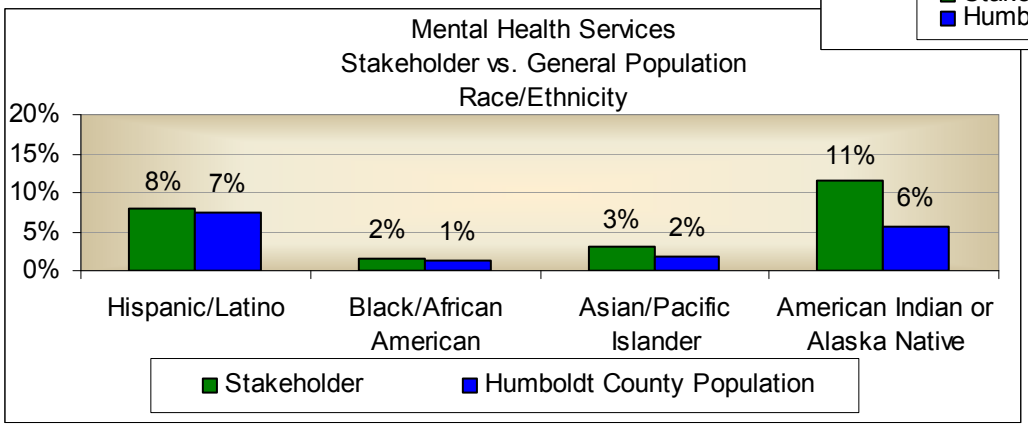
- Humboldt County Transition Age Youth Collaboration
- Humboldt County Department of Health and Human Services - Family/ Community Resource Center
- Transition Age Youth, first onset of mental illness
- Juvenile Justice Commission
- Humboldt County Department of Health and Human Services - Human Services Cabinet
- Domestic Violence Coordinating Council, Eureka
- Domestic Violence Coordinating Council, Redway
- The NET (Community Network)
- NAMI (National Alliance on Mental Illness)
- Fetal Infant Mortality Review/Child Death Review Team
- CAST (Child Abuse Services Team)
- Hope Center community committee
- Hope Center MHSA input committee
- Paso a Paso
- AIDS Task Force
- In-Home Support Services Public Authority Advisory Board
- DHHS organizational providers
- Positive Indian Families Network
- Willow Creek regional MHSA
- Redway regional MHSA
- McKinleyville regional MHSA
- Alcohol Tobacco and Other Drug Prevention Committee
- Mental Health Board

- Mental Health Branch all-staff
- Mental Health Branch Director's Brown Bag lunches
- Prevention and Early Intervention Stigma and Discrimination Reduction implementation team
- Alcohol and Drug Advisory Board

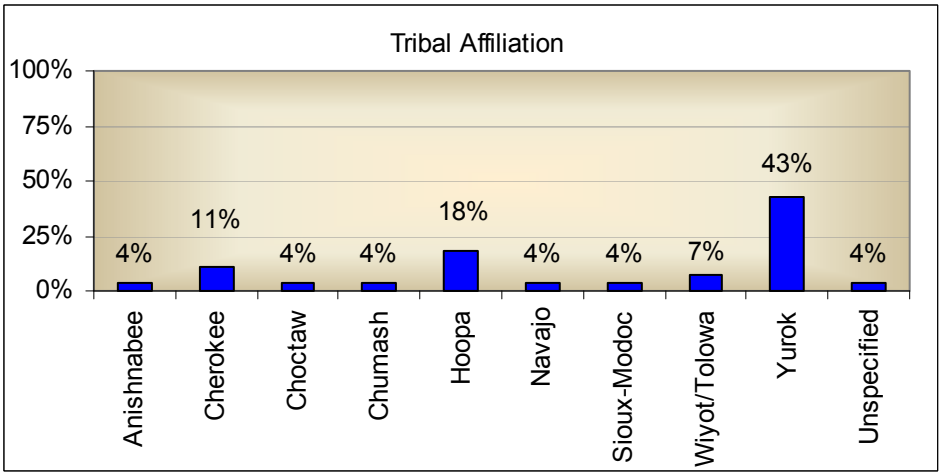
A total of 258 individual stakeholders who provided input completed the demographic questionnaire. The following graphs, compiled from the questionnaires, demonstrate broad-based input from a diversity of stakeholders.

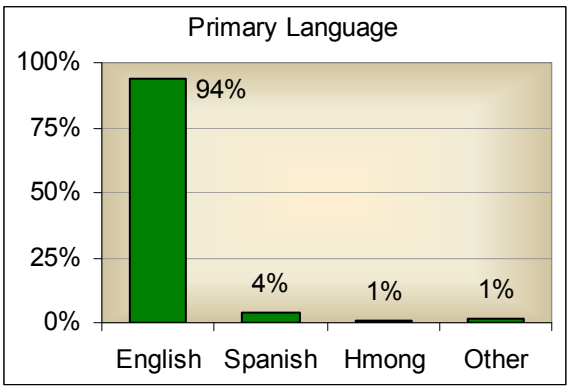
Progress is continuing in efforts to increase the participation of individuals who identify as a race/ethnicity that has traditionally experienced disparities in mental health services. As these charts illustrate, the percentage of stakeholder participation for Hispanic/Latinos, Black/African Americans,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





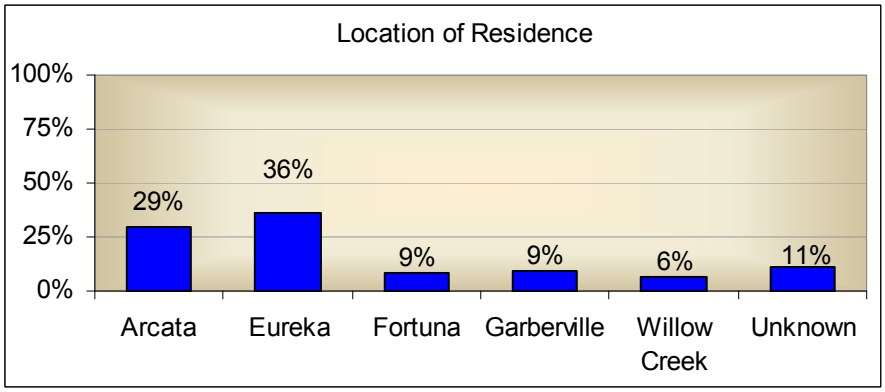
As this chart illustrates, ten tribal affiliations were identified for those individuals who identified as American Indian or Alaska Natives.

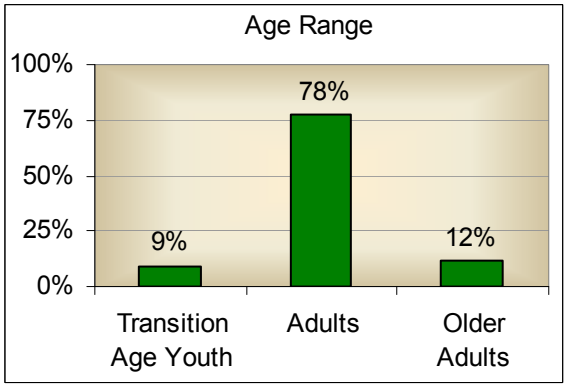




Stakeholders that reported that Spanish is their primary language was 4% and 1% reported Hmong. Spanish is the County's only Threshold Language with almost 6% of Medi-Cal beneficiaries reporting that Spanish is their primary language and 1% reporting Hmong in Fiscal Year 2009/2010.

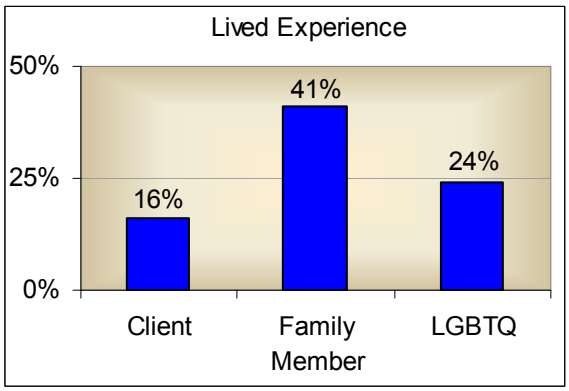
Capturing and tracking the residential location of stakeholders is important as rural communities have been identified as an underserved population. While the majority of people live in the Arcata/Eureka area, almost half of residents live in remote areas of the County.





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

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



C. Share lessons learned on efforts made on the items A and B above and any identified county technical assistance needs.

Lessons Learned

- Significant changes were made to the on-going planning processes. In addition to conducting targeted Department of Health and Human Services sponsored stakeholder planning meetings, requests were made for local community-based organizations and associations that represent and/or serve diverse stakeholders to include mental health services planning at regularly scheduled meetings. This dramatically increased the number of individuals providing input.

- To conduct planning where communities are already gathered is an important method of obtaining stakeholder input. It ensures the inclusion of the diversity of stakeholders that represent the demographics of the Humboldt County population.

- Initially there was a headcount of the number of people attending a Department of Health and Human Services sponsored culturally specific planning meeting. As the shift occurred towards community based stakeholder participation it was decided to increase the understanding of the demographics of stakeholders. For the purpose of tracking and validating that the number of individuals participating in the stakeholder process represented different stakeholder groups, all participants were asked to complete a voluntary and anonymous demographic questionnaire.

- Four additional cultural groups have been identified as underserved and/or at high-risk that are currently being captured for prevention activities and will be captured during stakeholder activities. They are individuals with experience in the child welfare system, homelessness, justice system and the military.

Technical Assistance Needs

- Stakeholder facilitation training
- Advocacy training for unserved and underserved cultural groups

III. Each county has a designated Cultural Competence/Ethnic Services Manager (CC/ESM) person responsible for cultural competence.

The CC/ESM will report to, and/or have direct access to, the Mental Health Director regarding issues impacting mental health issues related to the racial, ethnic, cultural, and linguistic populations within the county.

A. Detail who is designated the county's CC/ESM responsible for cultural competence and who promotes the development of appropriate mental health services that will meet the diverse needs of the county's racial, ethnic, cultural, and linguistic populations.

As an integrated agency with Mental Health, Social Services and Public Health, the Humboldt County Department of Health and Human Services has a Program Manager

for the Office of Client and Cultural Diversity who is responsible for meeting the diverse needs of clients agency-wide.

The Mental Health Branch's Cultural Competence Manager is a Program Manager who reports directly to the Mental Health Branch Director (see Attachment B: Mental Health Branch Organizational Chart). She is also the Mental Health Services Act Coordinator, Prevention and Early Intervention Coordinator, and the Workforce Education and Training Coordinator.

The Cultural Competence Manager:

- Is a member of the Mental Health Branch - Expanded Branch Leadership Team, Quality Improvement Committee, Children and Adults Programs Committee and the Conveying Hope workgroup
- Is a member of the Department of Health and Human Services - Human Services Cabinet
- Is a Branch Chair of the Department of Health and Human Services – Client and Cultural Diversity Advisory Committee
- Regularly attends Mental Health Board meetings
- Ensured and facilitated 3 hours of cultural competence training to all mental health branch staff in Fiscal Year 2009/2010
- Is responsible for broad and diverse stakeholder representation in the program planning process
- Is responsible for the development of Mental Health Services Act Plans and Updates; coordination of Community Services and Supports, Prevention and Early Intervention, and Workforce Education and Training program implementation
- Is responsible for analyzing and reporting the racial/ethnic and cultural demographics of individuals participating in or being served by Mental Health Services Act programs and activities
- Is a member of the Superior Region Ethnic Services Manager conference calls
- Regularly participates in California Mental Health Directors Association (CMHDA) Ethnic Services Managers conference calls
- Regularly participates in California Institute for Mental Health (CIMH) Technical Assistance meetings for Mental Health Services Act Coordinators, Full Service Partnership Network, Prevention and Early Intervention, and Innovation Coordinators
- Has presented on small county approaches to cultural competency at the California Institute for Mental Health (CIMH) Mental Health Summit, Policy Forum and the Workforce Education and Training Technical Assistance meeting

IV. Identify budget resources targeted for culturally competent activities
The county shall include the following in the CCPR Modification (2010):

A. Evidence of a budget dedicated to cultural competence activities which may include, but not be limited to the following:

1. Budget amount spend on Interpreter and translation services;
2. Reduction of racial, ethnic, cultural, and linguistic mental health disparities;
3. Budget amount allocated towards outreach to racial and ethnic county-identified target populations;

4. Special budget for culturally appropriate mental health services; and
5. If applicable, financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers.

Humboldt County Department of Health and Human Services does not have a specific budget dedicated to cultural competency activities. Cultural Competence is considered an over-arching value that is embedded in all programs and activities throughout the department. There are currently 15 Full time equivalent staff employed at the Department who receive bilingual staff pay differential and the total annual dedicated resources for interpreter services in addition to bilingual staff is $87,820.

The following programs are specifically funded services to culturally diverse groups:
- Humboldt County Transition Age Youth Collaborative (HCTAYC)
- Homeless Outreach
- Rural Outreach

Department wide services include:
- Full time Interpreter/Translator staff (see Attachment C: Translator/Interpreter Job Description)
- Contract Interpreters/Translators
- 24 hour interpreter line
- Culturally appropriate mental health services
- Compensation for culturally and linguistically competent providers and non traditional providers/healers

Financial incentives for culturally and linguistically competent providers, non-traditional providers, and/or natural healers include:
- Bilingual staff are encouraged to take advantage of the County's bilingual staff pay differential(see Attachment D: Bilingual Staff Pay Differential)
- Contract providers are encouraged to provide financial incentives for their bilingual staff members

CRITERION 2
COUNTY MENTAL HEALTH SYSTEM
UPDATED ASSESSMENT OF SERVICE NEEDS

Rationale: A population assessment is necessary to identify the cultural and linguistic needs of the target population and is critical in designing, and planning for, the provision of appropriate and effective mental health services.

Definitions and sources of the population data utilized in this Plan are contained in Attachment E: Cultural Competency Plan Requirements Modification Data Definitions and Sources. Data tables and charts are contained in Attachment F: Cultural Competency Population Data.

I. General Population

A. Provide a description of the county's general population by race, ethnicity, age, gender, and other relevant small county cultural populations.

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

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

Humboldt County was formed in 1853. The original inhabitants of the area include the Wiyot, Yurok, Hupa, Karuk, Chilula, Whilkut, and the southern Athabascans, including the Mattole and Nongatl. There are currently eight Indian reservations and rancherias; Big Lagoon Rancheria, Blue Lake Rancheria, Hoopa Valley Indian Reservation, Karuk Indian Reservation, Rohnerville Rancheria, Table Bluff Reservation, Trinidad Rancheria and Yurok Indian Reservation. 7% of residents are Native American, 2% are Asian/Pacific Islander, 1% are African American, 79% are White, 8% are Hispanic/Latino, and 4% are multiracial or other.

Residents who are foreign born are approximately 4.5%. Approximately half of those who are foreign born are naturalized citizens. Approximately half of those foreign born entered the United States prior to 1980. Approximately half of those foreign born are from Latin and North America.

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

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

Residents who do not speak English at home are 8%. Those who do not speak English at home, 36% (3% of total population) do not speak English "very well".

Age Range	#	%
Children	22,431	17%
Transition Age Youth	21,898	16%
Adults	64,247	48%
Older Adults	26,209	19%
Total	134,785	100%

Residents who are 25 years and older, 85% are high school graduates and 23% have a bachelors degree or higher. Approximately 1% of residents are grandparents who are responsible for their grandchildren.

The median family income is $39,370. The median income for male full-time workers is $32,210 and for female full-time workers is $23,942.

Gender	#	%
Female	67,884	50%
Male	66,901	50%
Total	134,785	100%

II. Medi-Cal population service needs

A. Summarize the county's Medi-Cal population and the county's client utilization data by race, ethnicity, language, age, gender, and other relevant small county cultural populations:

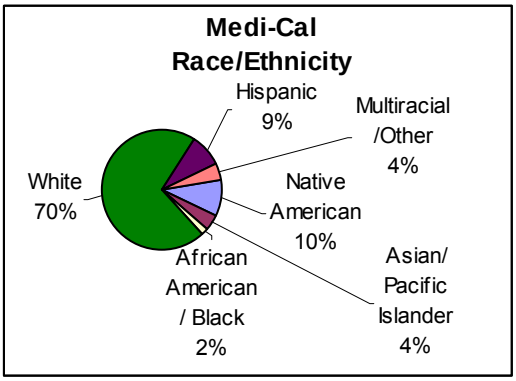
Race/Ethnicity	Medi-Cal		Client Utilization	
	#	%	#	%
Native American	2,844	10%	222	6%
Asian/ Pacific Islander	1,000	4%	53	1%
African American/ Black	540	2%	67	2%
White	19,285	70%	3,004	75%
Hispanic/Latino	2,559	9%	236	6%
Multiracial/ Other	1,127	4%	403	10%
Total	27,355	100%	3,985	100%

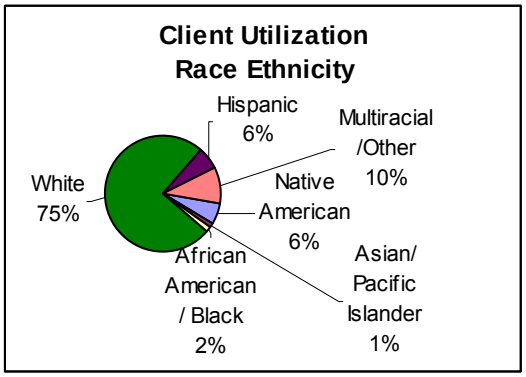
Primary Language	Medi-Cal		Client Utilization	
	#	%	#	%
English	24,266	89%	3,891	98%
Spanish	1,577	6%	22	1%
Hmong	311	1%	18	0%
Lao	61	0%	3	0%
Other	1,140	4%	51	1%
Total	27,355	100%	3,985	100%

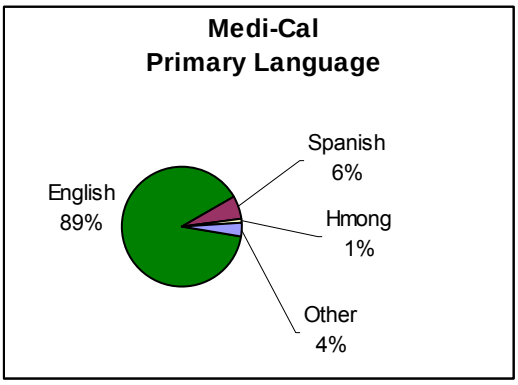
Age Range	Medi-Cal		Client Utilization	
	#	%	#	%
Children	9,733	36%	765	19%
Transition Age Youth	3,958	14%	741	19%
Adults	10,463	38%	2198	55%
Older Adults	3,201	12%	281	7%
Total	27,355	100%	3,985	100%

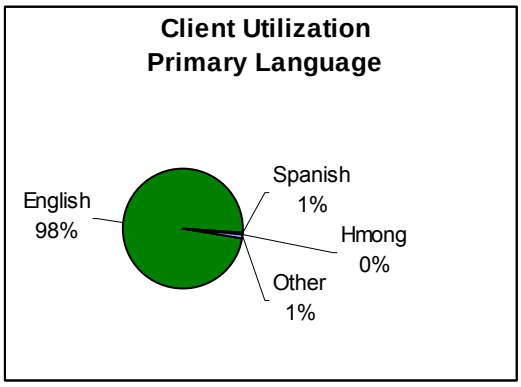
Gender	Medi-Cal		Client Utilization	
	#	%	#	%
Female	14,968	55%	2015	51%
Male	12,387	45%	1970	49%
Total	27,355	100%	3,985	100%

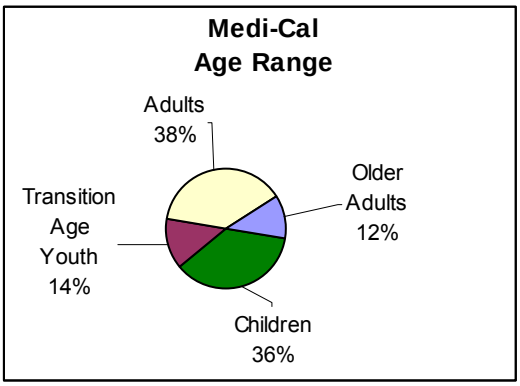
B. Provide an analysis of disparities as identified in the above summary.

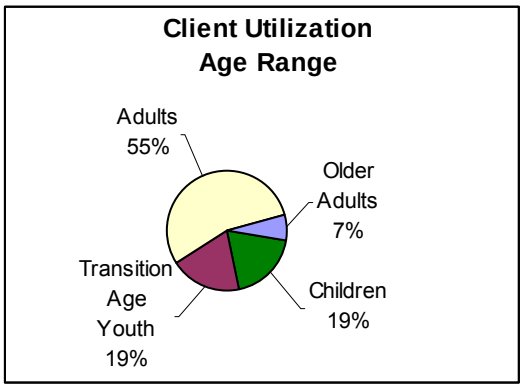


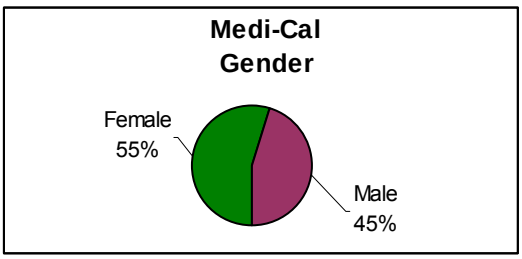


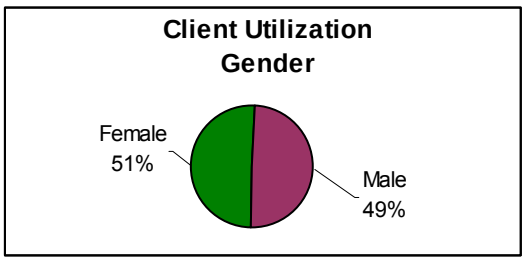








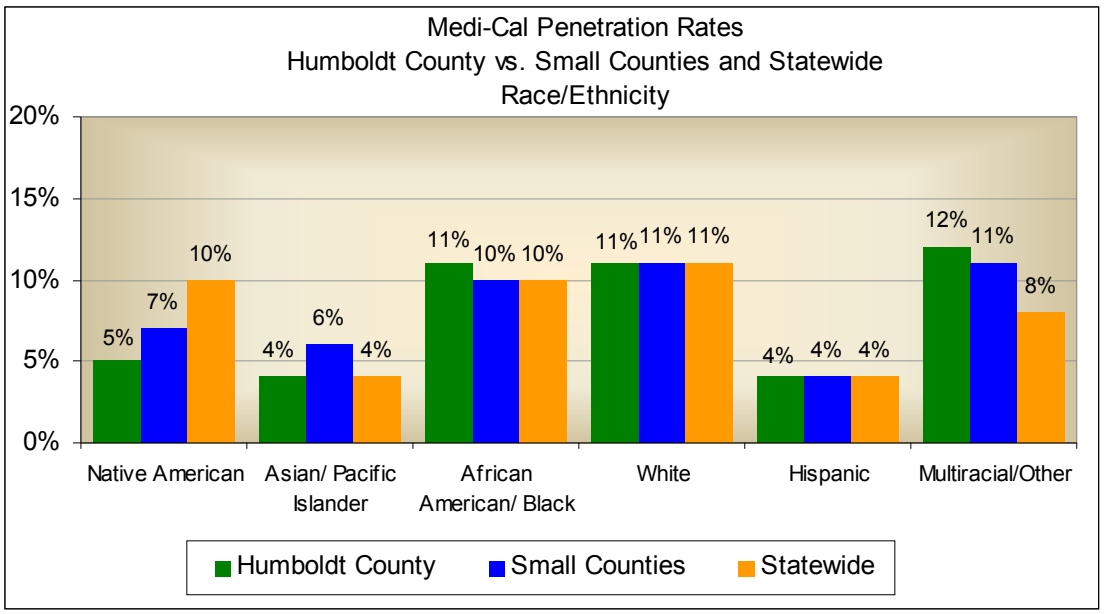




An analysis of disparities for those in the County with Medi-Cal versus those that are served by the Humboldt County Department of Health and Human Services Mental Health Branch is confounded by the number of individuals without Medi-Cal who utilize emergency services or are seen for a one-time assessment. An analysis of disparities for those in the County with Medi-Cal versus those that are served by the Humboldt

County Department of Health and Human Services Mental Health Branch with Medi-Cal provides a more accurate comparison to determine disparities.

Race/Ethnicity	Medi-Cal		Client Utilization with Medi-Cal	
	#	%	#	%
Native American	2,844	10%	156	6%
Asian/Pacific Islander	1,000	4%	43	2%
African American/Black	540	2%	62	2%
White	19,285	70%	2,112	81%
Hispanic/Latino	2,559	9%	105	4%
Multiracial/Other	1,127	4%	130	5%
Total	27,355	100%	2,608	100%



Humboldt County's penetration rate for Native Americans with Medi-Cal receiving services to Native American residents with Medi-Cal is 5%, for other small counties the average is 7% and statewide it is 10%. There is an evident disparity in that 6% of clients with Medi-Cal served are Native American while 10% of residents with Medi-Cal are Native American. One cause for this disparity is the alternative Native American agencies providing mental health services in the county including United Indian Health Services with 5 locations in the county that provides a wide range of services to the local Indian communities. Their mission is to improve the quality of life for Indian families by being sensitive to Indian traditions in the healing process. Their programs treat Indian children and adults who are struggling emotionally with personal adjustments or substance abuse issues. Another cause for this disparity is a historical legacy that has created a mistrust of the public mental health system. Native Americans in Humboldt County vary in their levels of acculturation. They reside on tribal lands, rural unincorporated and incorporated areas. A number are very traditional and, while others know that they are Indian, they may not be as traditional and the identification isn't as strong. Although some families have always resided in the area by their own choice, there are many whose ancestors were forcibly removed from traditional lands and were

relocated from other parts of the United States by the government. Most families are aware of, or personally experienced forcible placement in boarding schools, and have had negative experiences with social programs that promised improvements in services, but did not deliver on these promises. Solutions to address this disparity include an increase in the number of Native American providers and culturally appropriate services such as the inclusion of Native American ceremonies in treatment when clients and/or their families desire their incorporation.

There is a 4% penetration rate for Asian/Pacific Islanders as compared to 6% for other small counties and 4% statewide. Asian/Pacific Islanders with Medi-Cal are 2% of clients served while 4% of residents with Medi-Cal are Asian/Pacific Islander. One cause for this disparity is linguistic access. Approximately half of Asian/Pacific Islander residents speak another language other than English at home and approximately half of those Speak English less than “very well”. Approximately 41% of Asian/Pacific Islanders with Medi-Cal have a primary language other than English including, Cantonese, Mandarin, Mien, other Chinese, Hmong, Cambodian, Lao, and Thai. The largest group is Hmong at 1% of those with Medi-Cal, which does not meet the 5% threshold criteria. Humboldt County Asian/Pacific Islander residents come from a variety of backgrounds, experiences, and age groups including immigrants, refugees, and the American-born. Specific populations include Vietnamese, Mien, Hmong, Chinese, Cambodian, Filipino, Asian Indian, Laotian, Korean, Japanese, Thai, Native Hawaiian, and Samoan. Another cause for this disparity is the varying levels of acculturation which can occur within households. Children who are born in the United States are more highly acculturated and bilingual, while parents may primarily speak their native language. There is a lack of knowledge about mental health services and many families are hesitant to use them because of a lack of understanding about what counseling and other mental health services are, since sometimes there is no equivalent in their countries of origin. Solutions include an increase in the number of Asian/Pacific Islanders as providers. While this would improve some cultural matching in service provision, it is impossible to adequately represent the array of ethnicities and languages spoken in the relatively small Asian/Pacific Islander population. Another solution is the de-stigmatization of receiving mental health services, specifically the integration of mental health with primary health care. For many Asian/Pacific Islanders, it is culturally more acceptable to have a physical ailment than a mental illness because there is not shame in being physically ill.

There is an 11% penetration rate in Humboldt County for African Americans as compared to 10% for other small counties and Statewide. The percentage of clients served with Medi-Cal and residents with Medi-Cal is the same for African Americans at 2%. While there is no apparent disparity, promotion of services acknowledging the historical trauma of discrimination, which many African American families have experienced for generations, and a positive emphasis on the Black/African American identity are necessary to support culturally appropriate services.

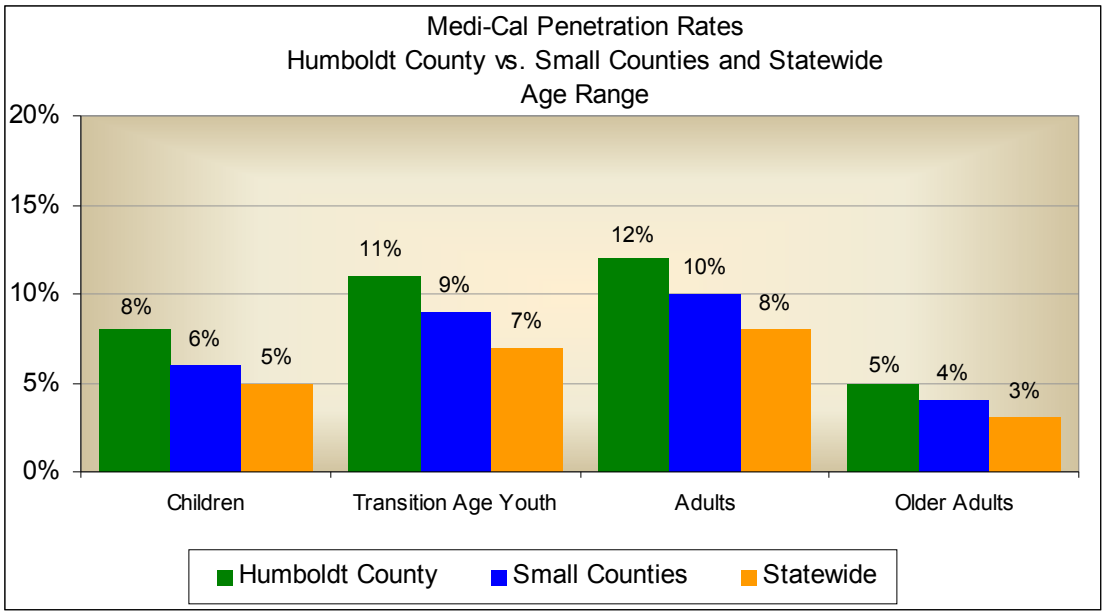
The penetration rate for Whites is the same at 11% in Humboldt County as for other small counties and statewide. White clients served with Medi-Cal are over represented at 81% while only 70% of residents with Medi-Cal are White.

Similarly for Hispanic/Latinos, the penetration rate is the same at 4% in Humboldt County as for other small counties and statewide. Hispanic/Latinos with Medi-Cal are

4% of clients served while 6% of residents with Medi-Cal are Hispanic/Latino. One cause for this disparity is linguistic access. While almost 75% of Hispanic/Latino residents are of Mexican descent in Humboldt County, other ethnicities include Puerto Rican, Cuban, and Central and Southern American countries. Approximately 28% are foreign born with almost half of those immigrating since 1990. Approximately 66% speak Spanish at home and 26% speak English less than “very well”. Approximately 61% of Hispanic/Latinos with Medi-Cal have a primary language of Spanish which is 5.72% of those with Medi-Cal, which does meet the 5% threshold criteria. Another cause for this disparity is the varying levels of acculturation and a lack of knowledge about available services. Some Hispanic/Latino families do not always consider mental health or developmental issues in children to be of concern because of a cultural value for accepting individuals as they are or interpreting the causes of mental illness as disciplinary problems. Stigma is also a barrier among the Hispanic/Latino populations. Some are often resistant to receiving mental health services because they believe that mental illness is shameful. Another cause is the number of families that live below the Federal Poverty Level, with limited resources for transportation, jobs, insurance, housing, and food. According to the *Latino Access Report, complied by California State Department of Mental Health Office of Multicultural Services,* solutions include but are not limited to: Initiating an educational campaign in the Latino community that addresses myths and stigma about mental illness; Creating community liaison capacity in the mental health system that oversees outreach to Latino communities and serves as a "client navigator" to help increase referrals for mental health services; Engaging in a number of clinic-based initiatives (e.g., use of Spanish speaking consumer greeters, publishing Latino satisfaction data, use of Latino art in waiting rooms and other access points, showcasing Spanish language videos regarding mental illness and recovery options available in clinics, etc.); Assessing progress of strategies employed to increase access for Latino consumers and to change the perception of mental health services.

Multiracial/Other clients with Medi-Cal are 5% of clients served while 4% of residents are Multiracial/Other. There is a 12% penetration rate for Multiracial/Other as compared to 11% for other small counties and 8% statewide.

Age Range	Medi-Cal		Client Utilization with Medi-Cal	
	#	%	#	%
Children	9,733	36%	755	29%
Transition Age Youth	3,958	14%	450	17%
Adults	10,463	38%	1,238	47%
Older Adults	3,201	12%	165	6%
Total	27,355	100%	2,608	100%



Humboldt County's penetration rate for Children with Medi-Cal receiving services compared to residents who are Children with Medi-Cal is 8%, for other small counties the average is 6% and statewide it is 5%. There is an evident disparity with 29% of clients with Medi-Cal served are Children while 36% of residents in the county with Medi-Cal. One cause for this disparity is the relatively low incidence of mental health services provided to very young children ages 0 to 5 years old. When calculating the penetration rate for children 6-17 years of age the penetration rate increases to over 13%. Another cause for this disparity is the stigma associated with mental health services and children. Families may fear their children being labeled at a young age or that they will be judged as poor parents. A lack of understanding of mental health is another cause. Families may interpret mental health symptoms as bad behavior that requires stronger discipline rather than mental health services. Another cause is the ability to access services including the hours services are available and transportation to locations were services are provided. Solutions include educating families about children's mental health that is de-stigmatizing to receiving services. Solutions also include extending hours of service and providing services at locations that are easily accessible to families.

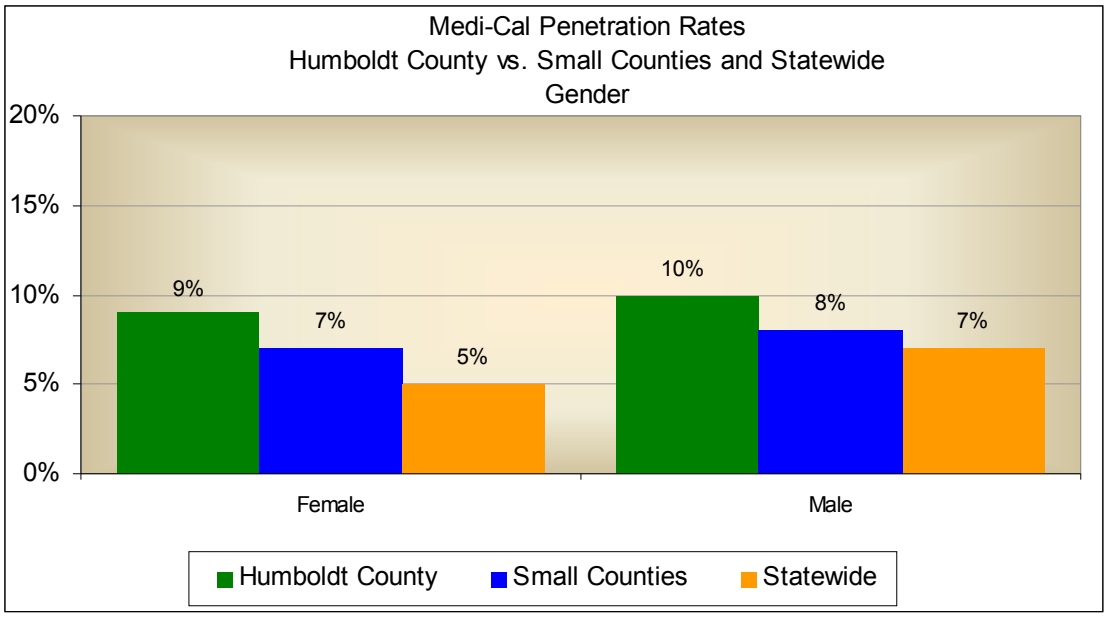
There is an 11% penetration rate for Transition Age Youth as compared to 9% for other small counties and 7% statewide. Transition Age Youth are 17% of clients with Medi-Cal

served while 14% of residents in the county with Medi-Cal are Transition Age Youth. Humboldt County's larger penetration rate for Transition Age Youth as compared to other small counties and statewide is a direct result of the Department of Health and Human Services concerted efforts to identify and provide needed services to Transition Age Youth. Through stakeholder input and educational activities the Department has implemented both administrative and service delivery initiatives that have resulted in culturally appropriate services for racially and ethnically diverse Transition Age Youth.

There is a 12% penetration rate for Adults as compared to 10% for other small counties and 8% Statewide. Adults are 47% of clients with Medi-Cal served while 38% of residents in the county with Medi-Cal are Adults.

There is a 5% penetration rate for Older Adults as compared to 4% for other small counties and 3% Statewide. A disparity exists for Older Adults with 6% of clients served with Medi-Cal are Older Adults while 12% of residents in the county with Medi-Cal are Older Adults. One cause for this disparity is the misconception that normal aging is characterized by an increase in mental health issues. For example, stressful life events, such as declining physical health, the loss of family members, friends or a mate often increase with age. A solution is to educate communities that serious depression in Older Adults is not a normal part of aging and can be treated.

Gender	Medi-Cal		Client Utilization with Medi-Cal	
	#	%	#	%
Female	14,968	55%	1,321	51%
Male	12,387	45%	1,287	49%
Total	27,355	100%	2,608	100%



Humboldt County's penetration rate for Females with Medi-Cal receiving services compared to residents who are Female with Medi-Cal is 9%, for other small counties the average is 7% and statewide it is 5%. There is a 10% penetration rate for Males as compared to 8% for other small counties and 7% statewide. 51% of clients with Medi-Cal served are Female while 51% of residents in the county with Medi-Cal are Female. 49% of clients with Medi-Cal served are Male while 45% of residents in the county with Medi-Cal are Male.

III. 200% of Poverty (minus Medi-Cal) population and service needs.

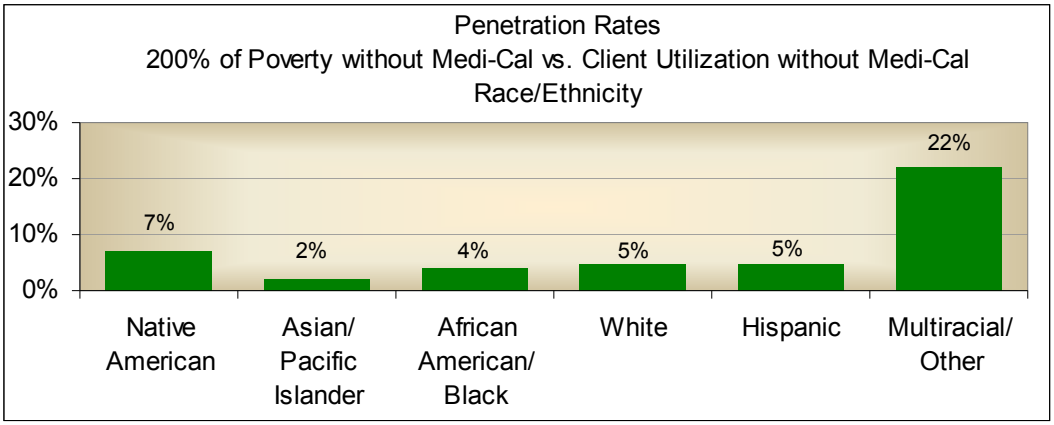
A. Summarize the 200% of poverty (minus Medi-Cal population) and client utilization data by race, ethnicity, language, age, gender, and other relevant small county cultural populations.

B. Provide an analysis of disparities as identified in the above summary.

Data for primary language is not available for those 200% of Poverty without Medi-Cal or Client Utilization without Medi-Cal.

Individuals who are 200% of poverty are mostly uninsured or underinsured. Unless these individuals are in crisis, possibly requiring psychiatric inpatient evaluation and treatment, Humboldt County Department of Health and Human Services is able to serve them within available resources. Thus, it is not unusual that the overall percent served is quite low. Individuals at or below 200% of poverty without Medi-Cal are much less likely to receive services at Humboldt County Department of Health and Human Services Mental Health Branch than their Medi-Cal counterparts. This difference pertains to the core target population of the Branch: 1) the Branch is the provider for people with Medi-Cal, and 2) Humboldt County focuses on the severely impaired who are more likely to be on long-term disability and have Medi-Cal.

Race/Ethnicity	200% of Poverty without Medi-Cal		Client Utilization without Medi-Cal	
	#	%	#	%
Native American	905	4%	66	5%
Asian/Pacific Islander	452	2%	10	1%
African American/Black	125	1%	5	0%
White	19,308	78%	892	65%
Hispanic/Latino	2,868	12%	131	10%
Multiracial/Other/Unknown	1,239	5%	273	20%
Total	24,897	100%	1,377	100%



Native Americans without Medi-Cal are 5% of clients served while 4% of residents at 200% of Poverty without Medi-Cal are Native American. Humboldt County's penetration rate for Native Americans without Medi-Cal receiving services to Native American residents at 200% of Poverty without Medi-Cal is 7%.

Asian/Pacific Islanders without Medi-Cal are 1% of clients served while 2% of residents at 200% of Poverty without Medi-Cal are Asian/Pacific Islander. There is a 2% penetration rate for Asian/Pacific Islanders without Medi-Cal receiving services to Asian/Pacific Islanders residents at 200% of Poverty without Medi-Cal.

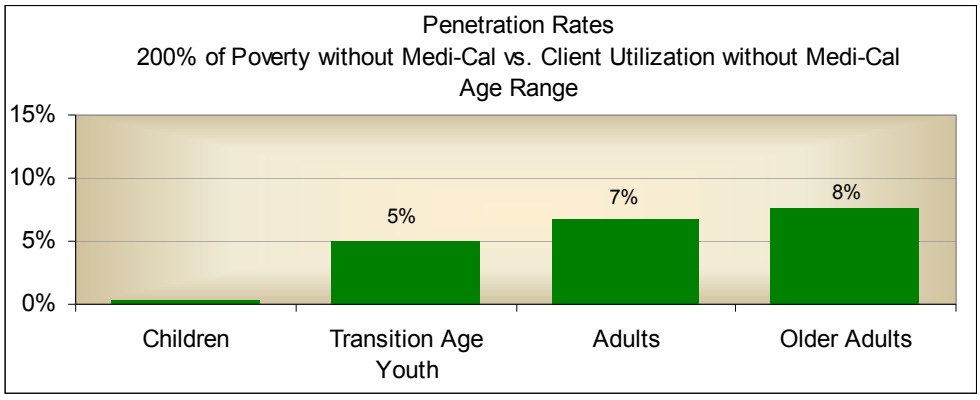
Less than 1% of clients served without Medi-Cal are African American/Black while 1% of residents at 200% of Poverty without Medi-Cal are African American/Black. There is a 4% penetration rate for African American/Blacks without Medi-Cal receiving services to African American/Blacks residents at 200% of Poverty without Medi-Cal.

Whites without Medi-Cal are 65% of clients served while 78% of residents at 200% of Poverty without Medi-Cal are White. The penetration rate for Whites without Medi-Cal receiving services is 5% to White residents at 200% of Poverty without Medi-Cal.

Hispanic/Latinos without Medi-Cal are 10% of clients served while 12% of residents at 200% of Poverty without Medi-Cal are Hispanic/Latinos. The penetration rate for Hispanic/Latinos is 5% without Medi-Cal receiving services to Hispanic/Latino residents at 200% of Poverty without Medi-Cal. One cause for this disparity may be the Hispanic/Latino individuals who are undocumented and therefore are unable to access Medi-Cal.

Multiracial/Other clients without Medi-Cal are 20% of clients served while 5% of residents at 200% of Poverty are Multiracial/Other. One cause for this disparity are the number of individuals who access emergency services for a single event and the race/ethnicity is not captured. A solution is to increase the capture and recording of the race/ethnicity of individuals who receive only service event.

Age Range	200% of Poverty without Medi-Cal		Client Utilization without Medi-Cal	
	#	%	#	%
Children	3,480	14%	10	1%
Transition Age Youth	5,743	23%	291	21%
Adults	14,167	57%	960	70%
Older Adults	1,507	6%	116	8%
Total	24,897	100%	1,377	100%



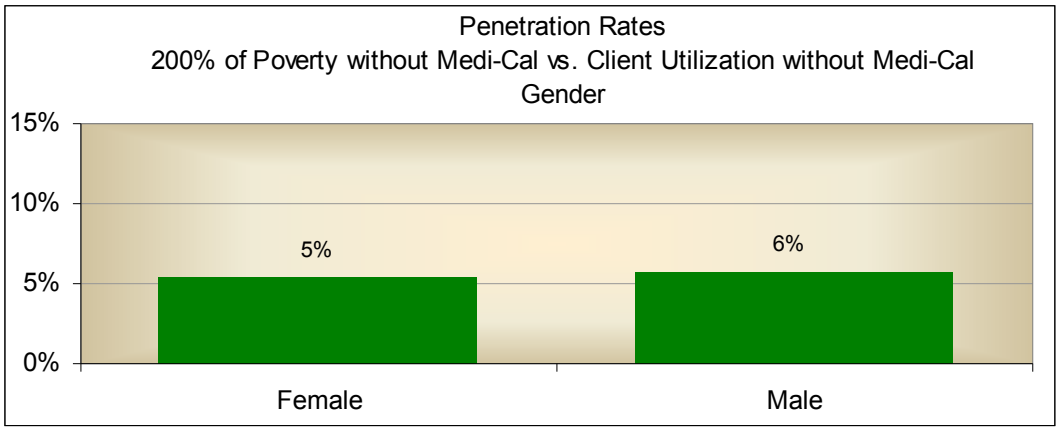
Children are 1% of clients without Medi-Cal served while 14% of residents at 200% of Poverty without Medi-Cal are Children. Humboldt County's penetration rate for Children without Medi-Cal receiving services to residents who are Children at 200% of Poverty without Medi-Cal is less than 1%.

Transition Age Youth are 21% of clients served without Medi-Cal while 23% of residents at 200% of Poverty without Medi-Cal are Transition Age Youth. There is a 5% penetration rate for Transition Age Youth without Medi-Cal receiving services to Transition Age Youth residents at 200% of Poverty without Medi-Cal.

Adults are 70% of clients served without Medi-Cal while 57% of residents at 200% of Poverty without Medi-Cal are Adults. There is a 7% penetration rate for Adults without Medi-Cal receiving services to Adult residents at 200% of Poverty without Medi-Cal.

Older Adults are 8% of clients served without Medi-Cal while 6% of residents at 200% of Poverty without Medi-Cal are Older Adults. The penetration rate for Older Adults without Medi-Cal receiving services is 8% to Older Adult residents at 200% of Poverty without Medi-Cal.

Gender	200% of Poverty without Medi-Cal		Client Utilization without Medi-Cal	
	#	%	#	%
Female	13,056	52%	694	50%
Male	11,843	48%	683	50%
Total	24,899	100%	1,377	100%



Female clients are 50% of clients without Medi-Cal served while 52% of residents at 200% of Poverty without Medi-Cal are Female. Humboldt County's penetration rate for Females without Medi-Cal receiving services to Female residents at 200% of Poverty without Medi-Cal is 5%.

Male clients are 50% of clients served without Medi-Cal while 48% of residents at 200% of Poverty without Medi-Cal are Male. There is a 6% penetration rate for Males without Medi-Cal receiving services to Male residents at 200% of Poverty without Medi-Cal.

IV. MHSA Community Services and Supports (CSS) population assessment and service needs

A. From the county's approved CSS plan, extract a copy of the population assessment and summarize population and client utilization data by race, ethnicity, language, age, gender and other relevant small county cultural populations.

B. Provide an analysis of disparities as identified in the above summary.

Please see Attachment G: Excerpt from Mental Health Services Act Community Services and Supports Fiscal Year 2004/2005 Population Assessment and Analysis of Disparities

V. Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI priority populations

A. Describe which PEI priority population(s) the county identified in their PEI plan and describe the process and rationale used by the county in selecting them. PEI Plan sections should be used to respond to priority populations identified by the county.

Please see Attachment H: Excerpt from Mental Health Services Act Prevention and Early Intervention Plan Fiscal Year 2008/2009 Identification of Priority Population and Description of Selection Process and Rational

CRITERION 3
COUNTY MENTAL HEALTH SYSTEM
STRATEGIES AND EFFORTS FOR REDUCING
RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC
MENTAL HEALTH DISPARITIES

Rationale: "Striking disparities in mental health care are found for racial and ethnic populations. Racial and ethnic populations have less access to and availability of mental health services, these communities are less likely to receive needed mental health services, and when they get treatment they often receive poorer quality of mental health care. Although they have similar mental health needs as other populations they continue to experience significant disparities, if these disparities go unchecked they will continue to grow and their needs continue to be unmet..." (U.S. Department of Health and Human Services, Surgeon General Report, 2001).

Note: The purpose of this section is to use this CCPR Modification (2010) as a logic model by continuing the analyses from Criterion 2 and to correlate the county's defined disparities with targeted activities to address them.

I. List the target populations with disparities your county identified in Medi-Cal and all MHSA components (CSS, WET, and PEI)

Medi-Cal Population
- Native American
- Asian/ Pacific Islander
- Hispanic/Latino
- Primary Language - Spanish
- Older Adults

Community Services and Supports (2004/2005)
- Native American
- Hispanic/Latino
- Transition Age Youth

Workforce Education and Training
- Native American
- Hispanic Latino
- Primary Language – Spanish
- Peer Client and Peer Family Member Staff

Prevention and Early Intervention
- Underserved racial/ethnic populations: Native American, Asian Pacific/Islander, Hispanic/Latino, Primary language – Spanish, and Lesbian, Gay, Bisexual, Transgender, Queer and Questioning communities
- Transition age youth at risk of or experiencing the onset of serious psychiatric illness

A. Briefly describe the process and rationale the county used to identify and target the population(s) (with disparities) in its PEI population.

See Attachment H: Excerpt from Mental Health Services Act Prevention and Early Intervention Plan Fiscal Year 2008/2009 Identification of Priority Population and Description of Selection Process and Rational

In addition to the population of transition age youth experiencing or at risk of experiencing the onset of serious psychiatric illness initially selected for the Prevention and Early Intervention Transition Age Youth Partnership Project, underserved racial and ethnic populations are target populations for all three Projects including the Transition Age Youth Partnership Project, Suicide Prevention, and Stigma and Discrimination Reduction. Therefore a process is in place to identify populations with disparities for suicide prevention and stigma and discrimination reduction activities. This process includes an analysis of the county's general population as compared to those participating in suicide prevention and stigma and discrimination reduction activities to ensure that individuals from diverse racial/ethnic and cultural backgrounds are participating. See attachment I: Excerpt from Mental Health Services Act Fiscal Year 2011/2012 Prevention and Early Intervention Overall Implementation Progress Report for Fiscal Year 2009/2010 and attachment J: Excerpt from Mental Health Services Act Annual Update Fiscal Year 2011/2012 Prevention and Early Intervention Approved Programs: Suicide Prevention, Stigma and Discrimination Reduction, Transition Age Youth Partnership. Secondly an analysis of county data of the suicide attempts and completions by age range, gender, and racial/ethnic demographics is conducted to adapt suicide prevention activities in a culturally appropriate manner.

II. Then list disparities in each of the populations (Medi-Cal, CSS, WET, and PEI).

Medi-Cal

- Native American
- Asian/Pacific Islander
- Hispanic/Latino
- Older Adults
- Primary Language - Spanish

Medi-Cal Disparities Race/Ethnicity	Medi-Cal		Client Utilization with Medi-Cal	
	#	%	#	%
Native American	2,844	10%	156	6%
Asian/Pacific Islander	1,000	4%	43	2%
Hispanic/Latino	2,559	9%	105	4%
Older Adults	3,201	12%	165	6%

Medi-Cal Disparities Race/Ethnicity	Medi-Cal		Client Utilization	
	#	%	#	%
Primary Language Spanish	1,577	6%	22	1%

Community Services and Supports (2004/2005)

- See attachment K: Excerpt from Mental Health Services Act Community Services and Supports Fiscal Year 2004/2005 Disparities

Workforce Education and Training

- Native American
- Hispanic/Latino
- Primary Language – Spanish

Workforce Education and Training Disparities Race/Ethnicity	Workforce Needs Assessment		Client Utilization	
	#	%	#	%
Native American	3	1%	222	6%
Hispanic/Latino	17	5%	236	6%
Primary language Spanish	6	2%	22	1%

Prevention and Early Intervention
- Underserved racial/ethnic populations: Native American, Asian Pacific/Islander, Hispanic/Latino, Primary language – Spanish, and Lesbian, Gay, Bisexual, Transgender, Queer and Questioning communities
- Transition age youth at risk of or experiencing the onset of serious psychiatric illness

Race/Ethnicity	Prevention and Early Intervention FY 2009/2010 N=552		Humboldt County General Population	
	#	%	#	%
Native American	20	4%	9,146	7%
Asian/Pacific Islander	8	1%	2,321	2%
Hispanic/Latino	39	7%	10,366	8%
Primary Language	15	3%	2,142	2%

III. Then list strategies for the Medi-Cal population as well as those strategies identified in the MHSA plans (CSS, WET, and PEI) for reducing those disparities described above.

Medi-Cal Population
- Asian/ Pacific Islander
- Hispanic/Latino
- Primary Language - Spanish
- Older Adults

Community Services and Supports (2004/2005)
- Native American
- Hispanic/Latino
- Transition Age Youth

Workforce Education and Training
- Native American
- Hispanic Latino
- Primary Language – Spanish
- Peer Client and Peer Family Member Staff

Prevention and Early Intervention
- Underserved racial/ethnic populations: Native American, Asian Pacific/Islander, Hispanic/Latino, Primary language – Spanish, and Lesbian, Gay, Bisexual, Transgender, Queer and Questioning communities
- Transition age youth at risk of or experiencing the onset of serious psychiatric illness

Humboldt County Department of Health and Human Services has implemented organization infrastructure strategies to increase Cultural Competency that addresses racial/ethnic and cultural disparities:

The Office of Client & Cultural Diversity provides cross-branch leadership to the Department 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.

The Research and Evaluation unit includes a full spectrum of evaluation services from data management, data verification, statistical analysis and interpretation, to written progress reports; increasing the Department's capacity for outcomes based program planning and improvement. These data offer a measure of how a program or service, over time, affects the community.

The Training, Education and Supervision unit 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.

Specific service delivery strategies:

	Examples:
Interpretation and translation services	Available strategies include contracted interpreter/translators, Interpreter/Translator job classification, and bilingual staff. In addition, Spanish language suicide prevention materials are distributed and the gatekeeper suicide prevention evidence based practice Question Persuade and Refer (QPR), is being translated into Spanish and will be provided in Spanish.
Racial/ethnic and cultural service matching	Client's and/or families choice of provider is honored when appropriate and available. Workforce strategies that will contribute to the increase and availability of more diverse service providers include but are not limited to: Advertising all job recruitments at culturally specific locations and through culturally specific organizations. Partnering with the local Universities to implement a distributed education Bachelors of Social Work and Masters of Social Work degrees. This will provide current county residents and human service workers a career path. The Masters of Social Work Programs offer a specialty in Older Adults or Native American/Tribal Communities. Continuation of the Support to Peer Volunteers and Staff program which is Workforce Education and Training Initiative.
Partnerships with culturally specific organizations	Humboldt County Department of Health and Human Services partners with culturally specific organization for service referral and cultural brokering. Populations include Hispanic/Latino, Native America/Tribal,

	Lesbian/Gay/Bisexual/Queer/Questioning/Transgender, Veterans, Transition Age Youth, Homeless, Lived Experience (as clients or family members) and Older Adults.
Referrals for cultural and spiritual resources	See attachment L: Provider Directory Humboldt County Medi-Cal Managed Mental Health Care, attachment M: Directorio de Proveedores Condado de Humboldt Cuidado de Salud Mental de Medi-Cal and attachment N: Humboldt County Resource List.
Cultural competence training/Education and advocacy	Cultural competency trainings provided in the areas of family focused treatment, navigating multiple agency services, resiliency, cultural formulation, multicultural knowledge, cultural sensitivity, cultural awareness, culturally specific populations including but not limited to Lesbian/Gay/Bisexual/Queer/Questioning/Transgender, older adults, lived experience, Native American, Southeast Asian, and White privilege. There are also trainings and self advocacy workshops for clients and family members with lived experience including Wellness Recovery Action Plans (WRAP), Peer Advocacy, and public speaking/telling your story.
Flexible service provision	Rural communities in the county face difficulty in accessing transportation to the Eureka area. The Rural Outreach Services Enterprise program addresses this barrier through the utilization of mobile engagement vehicles to provide culturally appropriate services with efforts focused on reducing cultural and ethnic barriers to access that tend to exist in more traditional mental health settings. Rural Outreach Services Enterprise links with and provides support to existing community organizations such as Family and Community Resource Centers, community clinics, and Tribal Organizations in order to reach those previously unserved and underserved populations in those areas of the county. Rural Outreach Services Enterprise provides an integrated response with Social Services, Mental Health and Public Health Branches as an outreach program for individuals with a variety of physical, behavioral, and social needs as well as prevention and education activities, thereby reducing the stigma associated with accessing behavioral health services. The Street Outreach Services (SOS) program also utilizes a mobile engagement vehicle to provide services to people with severe mental illness who experience homelessness. The Mental Health Branch has been providing psychiatric

	telemedicine services to Southern Humboldt County residents since September 2006, and has expanded this service in March of 2011 to the eastern part of the county. Telemedicine in these outlying areas provides greater access to mental health services as well as reduced cost and inconvenience to clients. The Comprehensive Community Treatment (CCT) program makes available intensive community services and supports (e.g.: housing, medical, educational, social, vocational, rehabilitative, or other needed community services) to achieve recovery. Personal Services Coordinators (PSCs), including peer clients and peer family members whenever possible, provide services in the community, which alleviates the potential challenge for clients to travel to the main clinic locations. Comprehensive Community Treatment offers expanded hours of operation. Nursing Care as well as Case Management services are available 7 days a week. Nurses cover the hours from 8:00am to 7:00pm and Case Managers work 8:00am to 5:00pm including weekends, with expanded hours on Mondays to provide a family group until 7:00pm. Since 2009, the Mental Health Branch has established a decentralized access process for its Children and Family Services (C&FS) division. Staffing has been increased to support the effort. Presently, Children and Family Services clinicians travel to provide assessments in the southern part of the county. Locations for access in other outlying areas throughout the county are being developed. Children and Family Services offers a walk-in clinic for Medi-Cal clients on Tuesday and Thursday afternoon. In the Adult system of care, Same Day Services are available for mental health crisis walk-ins.

IV. Then discuss how the county measures and monitors activities/strategies for reducing disparities.

There are a number of ways activities and strategies for reducing disparities are monitored and reported:

Data elements include but are not limited to demographic information provided by clients and participants, outcome measures provided by clients, participants, programs and service providers, threshold language data supplied by the State Department of Mental Health, and Medi-Cal data supplied by an external quality review agency.

Available data is analyzed and widely disseminated to administration, management, service providers, clients and family members for the purpose of program improvement.

Examples of data reports:

See attachment O: Mental Health Branch Databook

See Attachment P: Table of Contents - Department of Health and Human Services – Integrated Trends and Progress Report

V. Share what has been working well and lessons learned through the process of the county's development and implementation of strategies that work to reduce disparities (within Medi-Cal, CSS, WET, and PEI).

Strategies that have been working well in reaching goals to reduce disparities include but are not limited to:

- Partnering with culturally specific organizations at an agency level to identify service gaps and culturally appropriate service delivery options

- Partnering with culturally specific organizations has also led to the ability to provide culturally appropriate referrals for cultural and spiritual resources

- The Translator/Interpreter Job Classification has proven to be a very successful strategy and has allowed programs and staff to communicate with clients both in writing and orally in a more effective and efficient manner than the on-call contracted interpret/translators

- Cultural competence training has provided all staff an improved knowledge of the diverse cultures in our community as well as an increased understanding of how their own cultural beliefs and values influence their interactions with co-workers and clients

- The education and advocacy activities provided to clients and family members have had a very successful impact on their ability to identify and articulate their needs for culturally appropriate services which has created system change within the agency

- Data collection, analysis and reporting has allowed staff, clients and family members to assess and address the progress being made towards reducing disparities

CRITERION 4
COUNTY MENTAL HEALTH SYSTEM
CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

Rationale: A culturally competent organization views responsive service delivery to a community as a collaborative process that is informed and influenced by community interests, expertise, and needs. Services that are designed and improved with attention to community needs and desires are more likely to be used by patients/consumers, thus leading to more acceptable, responsive, efficient, and effective care (CLAS, Final Report).

I. The county has a Cultural Competence Committee, or similar group that addresses cultural issues, has participation from cultural groups, that is reflective of the community, and integrates its responsibilities into the mental health system.

A. If so, briefly describe the committee or other similar group (organizational structure, frequency of meetings, functions, and role). If the committee or similar group is integrated with another body (such as a Quality Improvement Committee), the so inclusive committee shall demonstrate how cultural competence issues are included in committee work.

Humboldt County Department of Health of Human Services maintains an Office of Client and Cultural Diversity whose mission is to strengthen the department's ability to provide client, family, and community-driven, culturally and linguistically competent services to Humboldt County's diverse population, guided by the values of wellness, recovery, inclusion, respect, and equality. The Office of Client and Cultural Diversity serves the entire Department of Health and Human Services including the Mental Health, Public Health, and Social Services Branches to promote client, family and community-driven culturally appropriate practices.

Responsibilities of the Office of Client and Cultural Diversity include:

- Solicit advice and consultation from the Client and Cultural Diversity Advisory Committee regarding client and cultural issues
- Meet with employees and community members about client and cultural issues and needs
- Collaborate to develop client and cultural competency assessment and measurement tools
- Collaborate to develop client and cultural competency training
- Consult with Branches on providing client-driven and culturally competent services
- Work with teams to address workforce diversity
- Collaborate to increase language capacity

The Client and Cultural Diversity Advisory Committee works in conjunction with the Office of Client and Cultural Diversity. This committee is comprised of staff from Mental Health, Public Health, and Social Services, as well as clients, family members, and other community partners. Its mission is to support and advise the Office to strengthen the Department of Health and Human Services' ability to provide client, family, and community-driven, culturally and linguistically competent services to Humboldt County's diverse population, guided by the values of wellness, recovery, inclusion, respect, and equality. The committee meets once a month for 1 ½ hours. Small work groups may meet separately as needed.

The Client and Cultural Diversity Advisory Committee Goals include to:

- Assess and improve upon cultural appropriateness of services and client, family and community-driven practices
- Continuously gain an improved understanding of cultural issues and social justice
- Involve clients, family, and community partners in decisions
- Recruit and retain employees from prevalent client, family, culture and language groups
- Develop training requirements and sponsor workshops related to cultural competency
- Assess agency's client and cultural competency
- Develop and maintain appropriate language capacity
- Solicit and maintain open-door practices regarding client, family, and community input
- Facilitate agency's commitment to support cultural competency
- Assess service needs of cultural groups and adjust services to meet needs
- Recruit and maintain representative Client and Cultural Diversity Advisory Committee membership.

B. If so, briefly describe how the committee integrates with the county mental health system by participating in and reviewing MHSA planning process.

The Mental Health Services Act Coordinator, Prevention and Early Intervention Coordinator and the Workforce Education and Training Coordinator serve on the Client and Cultural Diversity Advisory Committee. Periodic Mental Health Services Act updates are provided and discussed at meetings. During 30-day public comment periods for Mental Health Services Act plans or updates, the Committee is notified and may provide comment. The Committee is also notified and members attend the public hearing.

CRITERION 5
COUNTY MENTAL HEALTH SYSTEM
CULTURALLY COMPETENT TRAINING ACTIVITIES

Rationale: Staff education and training are crucial to ensuring culturally and linguistically appropriate services. All staff will interact with clients representing different countries or origins, acculturation levels, and social and economic standing. Staff refers not only to personnel employed by the organization but also its subcontracted and affiliated personnel (CLAS, Final Report).

I. The county system shall require all staff and shall invite stakeholders to receive annual cultural competence training.

A. The county shall develop a three year training plan for required cultural competence training that includes the following:

1. Steps the county will take to provide required cultural competence training to 100% of their staff over a three year period.

The objective is for all mental health related staff (administration, management, direct service, volunteers, and support staff), mental health board members, and contract providers to participate in at least one cultural competency training annually. Another objective is to provide stigma and discrimination reduction training (inclusive of cultural competency) to at least 1000 community members annually.

There is approximately 300 mental health related staff that will require cultural competency training over the next three years. There are a number of opportunities for mental health staff to participate in cultural competence trainings. Staff may also travel out of the area. Trainings are provided through webinars or eLearning. Trainings are provided by the Humboldt County Department of Health and Human Services, Humboldt County Office of Education, the local university, hospital, and other community partners such as Latino Net.

One strategy to capture the number and work functions of participants of cultural competency trainings is a learning management system. The Department has recently contracted with the California Institute for Mental Health (CiMH) for a learning management system called Trilogy. This system will allow the Department to provide web based cultural competency trainings and track and report any classroom based trainings.

A second strategy to capture the number and work functions of participants of cultural competency trainings is a demographics form. The Participant Demographic Form (see Attachment Q: Participant Demographic Form) was developed to ensure program activities are reaching traditionally unserved and underserved ethnic and cultural populations, diverse disciplines, and all regions of Humboldt County. The categories of data collection on the form include gender identity, age range, ethnicity and race, zip

code, primary language, sexual orientation, provider representation, identification as a client or family member, experience with homelessness, the juvenile or adult justice system, or the child welfare system.

Several strategies are utilized to promote participation in cultural competency trainings including volunteer and mandatory trainings, on-line and classroom trainings, and Department or community provided trainings.

Technology enables staff and volunteers to easily access a variety of educational opportunities online including eLearning and webinars. The Trilogy course catalogue currently includes two cultural competence topics: "Cultural Complexities" (1 hour) and "Culture counts: the influence of culture and society on mental health, mental illness" (2 hours). "Target Safety" is another online technology resource made available through the County's Risk Management division. This program offers "Workplace Diversity", a course that features the many benefits of an ethnically and culturally diverse workplace, harmful effects of discrimination in the workplace, strategies for creating a positive and accepting work environment, federal laws and statutes that protect workers from discrimination and the procedures for filing and resolving a discrimination charge.

Another strategy is to hold short workshops that are open to all, including staff, volunteers, community partners, contract providers and clients and family members. For example the "Distinguished Lecture Series" offers monthly one hour workshops on the mental health services main campus. The presenters are staff, volunteers and providers who volunteer their lunch hour to share their knowledge and expertise with the community. Recent cultural competence related topics included "Wellness Recovery Action Plans" and "Transgender Communities".

There are trainings that are geared toward particular disciplines or programs such as social workers, mental health clinicians or nurses. Some trainings are geared toward certain service populations such as transition age youth, older adults, Native American/Tribal communities, or Hispanic/Latino communities.

One example is the contract the Department has with University of California, Davis. The Department has contracted with University of California Davis to provide training since 1990. Training is initially developed for the needs and issues facing staff employed in programs administered by Social Services. Workshops are held on topics such as Medi-Cal, CalFresh, CalWORKs, Adult and Employment Services, Child Welfare Services and caseload management techniques. As an integrated agency with co-located integrated programs, staff from Public and Mental Health Branches as well as Community and Tribal partners participate in the trainings. Some recent topics include Addressing Stereotypes in the Workplace, Healthcare Decision Making, Toolbox for Supervisors, Working with Physically Disabled Clients, Maintaining Professional Objectivity, Motivational Interviewing and Medi-Cal Trusts.

Another strategy utilized is the combination of on-line and small group or one-on-one face-to face. For example, the training on how to utilize the Language Line services is

available on the county intranet website as a PowerPoint presentation. Small group face-to-face sessions including a practice call are provided as a follow up to the power point.

There will be a minimum of one cultural competency training that all mental health staff will be required to attend in the next three years. A previous strategy that will likely be used again was to offer a number of sessions over an expanded period of time. The mandatory cultural competency training that was offered in 2010 was provided nine times over three months. This strategy works to ensure all staff attends because managers are able to plan for staff absences so that programs are able to continue providing services. For this workshop, the focus was narrowed to three interconnected topics; a look at how racism gets embedded in the body and affects both physical and mental health, an exercise that raises the awareness of privilege, and a look at the value that people with lived experience as mental health consumers (and their family members) have as providers in recovery-oriented mental health care. See Attachment R: Department of Health and Human Services Newsletter Article "Workshops on Cultural Competence for Mental Health Branch Staff" September 2010.

Regardless of the strategy utilized or what agency is providing the trainings all training opportunities are well advertised through email and flyers to staff, volunteers, stakeholders, and community members. Humboldt County Department of Health and Human Services maintains a Training, Education and Supervision Unit whose purpose it is to develop, coordinate and integrate resources to provide cross-branch education and training to staff, client consumers, parents, families, community partners and other stakeholders as well as providing clinical supervision. Goals of this unit include addressing client and cultural diversity, developing trainings to better understand the complex needs of families, engaging for early intervention and supporting connections in the community, as well as developing curricula to promote clients, families and youth partnerships. This Unit is also responsible for informing staff, volunteers, stakeholders, and community members of training and educational opportunities.

2. How cultural competence has been embedded into all trainings.

The Office of Client Cultural Competency and the members of the Client and Cultural Diversity Advisory Committee are available to review and pilot training curriculum. The Humboldt County Department of Health and Human Services requests all contracted trainings to include a cultural competency component.

3. A report list of annual training for staff, documented stakeholder invitation. Attendance by function to include: Administration/Management; Direct Services, Counties; Direct Services, Contractors, Support Services; Community Members/General Public; Community Event; Interpreters; Mental Health Board and Commissions; and Community-based Organizations/Agency Board of Director, and if available, include if they are clients and/or family members.

B. Annual cultural competence trainings topics shall include, but not be limited to the following:

1. Cultural Formulation;
2. Multicultural Knowledge;
3. Cultural Sensitivity;
4. Cultural Awareness; and
5. Social/Cultural Diversity (Diverse groups, LGBTQ, SES, Elderly, Disabilities, etc.).
6. Interpreter Training in Mental Health Settings
7. Training Staff in the Use of Mental Health Interpreters

II. Counties must have a process for the incorporation of Client Culture Training throughout the mental health system.

A. Evidence of an annual training on Client Culture that includes a client's personal experience inclusive of racial, ethnic, cultural, linguistic, and relevant small county cultural communities.

The Training, Education and Supervision Unit offers a one hour Introduction to Client Diversity and Inclusion on a periodic basis to all staff and will be implemented as part of an orientation for new employees.

The Hope Center staff and volunteers provide a Wellness Recovery Action Plan (WRAP) orientation workshop which is mandatory for all hospital and psychiatric emergency services staff (see Attachment S: "WRAP Works!" flyer).

The Prevention and Early Intervention Stigma and Discrimination Reduction Project provide workshops on client culture and have formed a Speaker's Bureau of local individuals who share their experiences of lived experience. For example in Fiscal Year 2009/2010 they provided five trainings to over 320 human services staff and community members featuring the film "The Soloist". The film is based on true events and tells the poignant story of a friendship between a Los Angeles Times newspaper reporter and a man who is an amazing musician, homeless, and struggling with mental illness. The film was utilized in training sessions as a base for discussion of the workshop's four objectives. The objectives were to have a better understanding and ability to describe; the complexities of mental health and related stigma, the relationship between homelessness and mental health, how creative expression is a mode of interpersonal communication, and cultural competency skills as they relate to mental health. After viewing the film, attendees broke into groups of six. Each group included a facilitator and two guests with lived experience as mental health clients and/or family members. The guests answered questions and shared personal stories of homelessness, stigma and discrimination, and the types of help and support that was meaningful in their lives. Discussion questions included: What are the advantages of voluntary and person centered treatment plans? If you knew that a co-worker had a diagnosed mental health challenge how would you respond? In what ways does the film's story fit your

preconceptions about people facing homelessness, and in what ways has it changed your ideas? Since viewing the film and hearing the guest's personal stories, how will your work with clients change? See Attachment S:"The Soloist" flyer.

B. The training plan must also include, for children, adolescents, and transition age youth, the parent's and/or caretaker's, personal experiences with the following:

1. Family focused treatment;
2. Navigating multiple agency services; and
3. Resiliency.

Example: See Attachment S: "Building Capacity to Work with Latin@ Communities Experiencing Family Violence"

See Attachment T: Mental Health Branch Three Year Training Plan Outline

See Attachment U: Mental Health Branch Cultural Competency Trainings February 2008 through April 2011

CRITERION 6
COUNTY MENTAL HEALTH SYSTEM
COUNTY'S COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

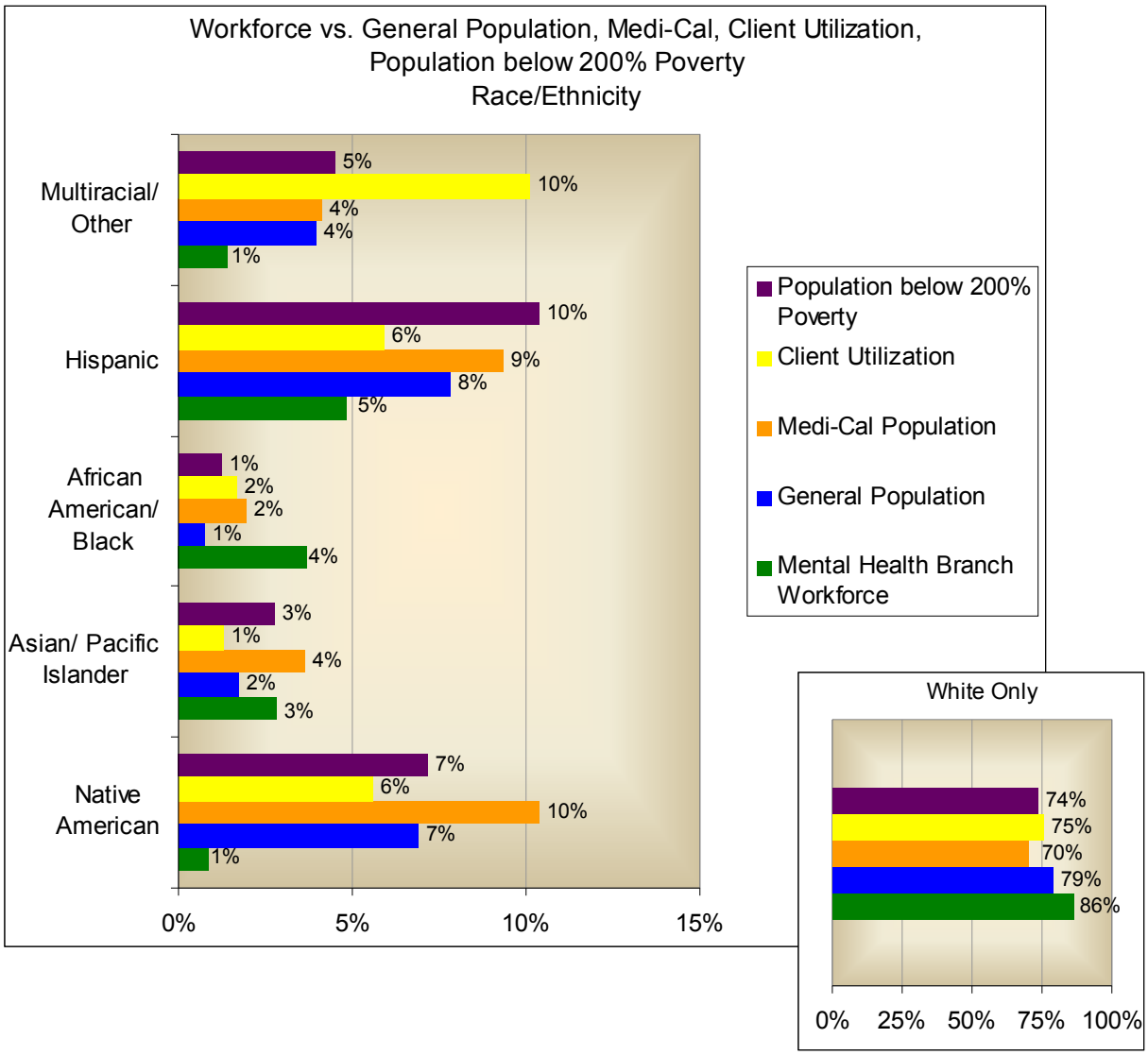
Rationale: The diversity of an organization's staff is necessary, but not a sufficient condition for providing culturally and linguistically appropriate health care services. Although hiring bilingual individuals from different cultures does not in itself ensure that the staff is culturally competent and sensitive, this practice is a critical component to the delivery of relevant and effective services for all clients. Staff diversity at all levels of an organization can play an important role in considering the needs of clients from various cultural and linguistic backgrounds in the decisions and structures of the organization. (CLAS, Final Report).

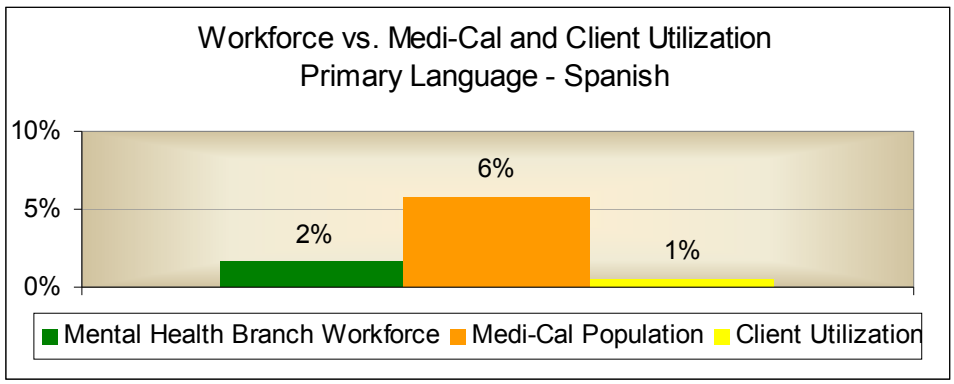
I. Recruitment, hiring, and retention of a multicultural workforce from, or experienced with, the identified unserved and underserved populations

A. Extract and attach a copy of the Mental Health Services Act (MHSA) workforce assessment submitted to DMH for the Workforce Education and Training (WET) component.

See Attachment V: Excerpt from Mental Health Services Act Workforce Education and Training Plan Fiscal Year 2009/2010 - Workforce Needs Assessment

B. Compare the WET Plan assessment data with the general population, Medi-Cal population, and 200% of poverty data.





Whites make up 86% of the workforce while 79% of the General Population, 70% of the Medi-Cal Population, 75% of the clients served, and 74% of those in the County that are below 200% poverty are White.

People who are Multiracial/Other or unknown make up 1% of the workforce while 4% of the General Population, 4% of the Medi-Cal Population, 10% of the clients served, and 5% of those in the County that are below 200% poverty are Multiracial/Other or unknown.

Hispanic/Latinos make up 5% of the workforce while 8% of the General Population, 9% of the Medi-Cal Population, 6% of the clients served, and 10% of those in the County that are below 200% poverty are Hispanic/Latinos.

African American/Blacks make up 4% of the workforce while 1% of the General Population, 2% of the Medi-Cal Population, 2% of the clients served, and 1% of those in the County that are below 200% poverty are African American/Blacks.

Asian/Pacific Islanders make up 3% of the workforce while 2% of the General Population, 4% of the Medi-Cal Population, 1% of the clients served, and 3% of those in the County that are below 200% poverty are Asian/Pacific Islanders.

Native Americans make up 1% of the workforce while 7% of the General Population, 10% of the Medi-Cal Population, 6% of the clients served, and 7% of those in the County that are below 200% poverty are Native American.

While 2% of the workforce speaks Spanish and only 1% of clients receiving mental health services speak Spanish as their primary language there is still a shortfall when compared to the Medi-Cal population at 6%.

Racial and ethnic disparities exist between the workforce and the General Population, the Medi-Cal Population, the clients served, those in the County that are below 200% poverty specifically for Native American, South East Asian, and monolingual Spanish speaking communities. Although there is a larger percentage of people who identify as Asian/Pacific Islander in the workforce than clients receiving mental health services there is nevertheless a shortfall. This is because there is ethnic diversity within the workforce that identifies as Asian/Pacific Islander (including second and third generation Chinese and Japanese Americans) while the clients receiving mental health services is predominantly South East Asian. Many of whom are recent immigrants and monolingual non-English speakers. There is a similar situation in the Hispanic/Latino population. Although there is a similar percentage of people who identify as Hispanic/Latino in the workforce as in the clients receiving mental health services there is nevertheless a shortfall in recent immigrants who speak Spanish in the workforce compared to the clients receiving public mental health services.

The goals to grow a multicultural workforce, as stated in the 2009 Workforce Needs Assessment, are to increase the number of staff who are proficient Spanish speakers

from six to 14 fulltime equivalent positions and staff who are proficient Hmong speakers from one to four fulltime equivalent positions. Also, to increase peer client and family member staff from seven and a half to 16 fulltime equivalent positions.

Goals also include increasing the number of staff who ideally are individuals from the county's local communities and identify as Hispanic/Latino, Asian/Pacific Islander, and Native American.

Workforce strategies that will contribute to the increase and availability of a more multicultural workforce include but are not limited to:

- Advertising all job recruitments at culturally specific locations and through culturally specific organizations.

- Partnering with the local Universities to implement a distributed education Bachelors of Social Work and Masters of Social Work degrees. This will provide current county residents and human service workers a career path. The Masters of Social Work Programs offer a specialty in Older Adults or Native American/Tribal Communities.

- Continuation of the Support to Peer Volunteers and Staff program which is a Workforce Education and Training Initiative. See Attachment W: Excerpt from Mental Health Services Act Annual Update Fiscal Year 2011/2012 Workforce Education and Training Approved Programs: Support to Peer Volunteers and Staff, eLearning Technology, Training for Evidence Based Practices and Full Service Partnerships.

- Although the Department faces challenges due to a shortage of bilingual workers possessing the qualifications and/or licenses required to work in mental health settings, the following methods are utilized: wide distribution of position announcements, one-to-one outreach at conferences and workshops and targeted mailings to known bilingual professionals throughout the state encouraging them to consider Humboldt County as a potential home.

- The Office of Client and Cultural Diversity has initiated a "grow your own" effort with local educational systems and with community based organizations serving the growing Latino community. This includes participation in school-based job and career fairs, cultivation of community connections through promotores serving the area, and assuring that information about tuition and loan support programs reach potentially eligible students in the cultural and language groups of Humboldt County.

- Another recruitment strategy is the employment and job training services of the Mobile Engagement Vehicle program. These vehicles serve the outlying areas of the county that have a larger representation of Native American and Latino populations. One of the vehicle coordinators is bilingual in Spanish and always travels with the vehicle to provide services in Spanish.

C. Provide a summary of targets reached to grow a multicultural workforce in rolling out county WET planning and implementation efforts.

An occupational shortage for peer client and peer family member staff was identified in the analysis of the Workforce Needs Assessment. There has been an increase in the number of peer client and peer family member staff employed with the department since the development of the Mental Health Aid job classification. There has also been an increase in the number of peer client and peer family member volunteers who have completed the volunteer training program. Through leadership and training the value of people with lived experience participating in service delivery has increased in programs and among staff.

The Interpreter/Translator job classification has proven to be a very successful strategy and has allowed programs and staff to communicate with clients both in writing and orally in a more effective and efficient manner than the on-call contracted interpret/translators. The staff in this position has participated in a number of cultural competency trainings through the local LatinoNet as well as through Department of Health and Human Services and other community organizations. Trainings include but are limited to: “Teens and their Uniqueness” workshop, educational session addressing stigma and discrimination reduction, Transgender Communities, and a 4-day conference on Hispanic issues. In addition, the staff has attended two local interpreter trainings: a one-day workshop through the LatinoNet, and a ten week course (2 hours per week) for social services and medical providers.

The improved ability to capture and track workforce data has enabled the Department to recognize and address disparities.

D. Share lessons learned on efforts in rolling out county WET implementation efforts.

See Attachment W: Excerpt from Mental Health Services Act Annual Update Fiscal Year 2011/2012 Workforce Education and Training Approved Programs: Support to Peer Volunteers and Staff, eLearning Technology, Training for Evidence Based Practices and Full Service Partnerships.

E. Identify county technical assistance needs.

While Mental Health Interpreter Trainings are available, there is a need for Interpreter Training geared towards meeting the needs of small counties. Humboldt County would benefit from interpreter trainings offered locally or via technology.

CRITERION 7
COUNTY MENTAL HEALTH SYSTEM LANGUAGE CAPACITY

Rationale: Accurate and effective communication between clients, providers, staff, and administration is the most essential component of the mental health encounter. Bilingual providers and other staff who communicate directly with clients must demonstrate a command of both English and the threshold language that includes knowledge and facility with the terms and concepts relevant to the type of encounter (CLAS, Final Report).

I. Increase bilingual workforce capacity

A. Evidence of dedicated resources and strategies counties are undertaking to grow bilingual staff capacity, including the following:

1. Evidence in the Workforce Education and Training (WET) Plan on building bilingual staff capacity to address language needs.

The Workforce Education and Training - Workforce Needs Assessment includes the goals to increase the number of staff who are proficient Spanish speakers from six to 14 fulltime equivalent positions and staff who are proficient Hmong speakers from one to four fulltime equivalent positions (see Attachment V: Excerpt from Mental Health Services Act Workforce Education and Training Plan Fiscal Year 2009/2010 Workforce Needs Assessment).

The Humboldt County Department of Health and Human Services Office of Client and Cultural Diversity is engaged in several projects to increase the language proficiency of the workforce including the targeted distribution of employment job announcements to locations that would promote applications from racially and ethnically diverse populations. Primary goals of the Office of Client and Cultural Diversity include recruiting and retaining employees from prevalent client, family, culture and language groups, as well as maintaining and developing appropriate language capacity.

Although the Department faces challenges due to a shortage of bilingual workers possessing the qualifications and/or licenses required to work in mental health settings, the following methods are utilized: wide distribution of position announcements, one-to-one outreach at conferences and workshops and targeted mailings to known bilingual professionals throughout the state encouraging them to consider Humboldt County as a potential home.

The Office of Client and Cultural Diversity has initiated a “grow your own” effort with local educational systems and with community based organizations serving the growing Latino community. This includes participation in school-based job and career fairs, cultivation of community connections through promotores serving the area, and assuring that information about tuition and loan support programs reach potentially eligible students in the cultural and language groups of Humboldt County.

Another recruitment strategy is the employment and job training services of the Mobile Engagement Vehicle program. These vehicles serve the outlying areas of the county that have a larger representation of Native American and Latino populations. One of the vehicle coordinators is bilingual in Spanish and always travels with the vehicle to provide services in Spanish.

Mental Health Branch staff is encouraged to participate in vocational Spanish language courses in medical terminology, provided through the local university and community college.

The Mental Health Branch actively pursues qualified candidates with bilingual language capacity for intern placements in nursing and individual therapy through the local university. Some of these internships have resulted in hiring and retaining former interns after graduation.

Eligible and interested Mental Health Branch staff are encouraged to take the Spanish Bilingual Proficiency Examination administered through the County Personnel Department.

In 2008, the Humboldt County Department of Health and Human Services developed a new job classification titled Interpreter/Translator. This classification is not limited to a particular language and can be used by multiple programs.

The Mental Health Branch encourages its staff to apply for the Mental Health Services Act Loan Assumption Program, which is being offered to mental health professionals in the public mental health system in positions that are designated as hard to fill and/or retain including linguistic competence.

2. Updates from Mental Health Services Act (MHSA), Community Service and Supports (CSS), or WET Plans on bilingual staff members who speak the languages of the target populations.

See Attachment X: Excerpt from Mental Health Services Act Annual Update Fiscal Year 2011/2012 Overall Implementation Progress Report on Fiscal Year 2009/2010 Activities

3. Total annual dedicated resources for interpreter services in addition to bilingual staff.

The total dedicated resources for interpreter services in addition to bilingual staff amounts to $87,820 (Source: Department of Health and Human Services Finance Department). This includes Mental Health Branch expenditures for contracted interpreters and language line services, and the Department of Health and Human Services' Interpreter/Translator position.

Additional resources include Bi-lingual Specialty Pay for staff who passed the county Spanish Bilingual Proficiency Examination and work in a position that is formally designated as needing bilingual language skills.

II. Provide services to persons who have Limited English Proficiency (LEP) by using interpreter services.

A. Evidence of policies, procedures, and practices for meeting clients' language needs, including the following:

1. A 24-hour phone line with statewide toll-free access that has linguistic capability, including TDD or California Relay Service, shall be available for all individuals. Note: The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable.

The Mental Health Branch has implemented policies, procedures and practices to meet clients' language needs.

As outlined in the Humboldt County Medi-Cal Managed Mental Health Care Policy & Procedure Manual, it is the policy of the Mental Health Branch to provide a statewide, toll-free telephone number that will be answered 24 hours a day, seven days a week, with language capability via AT&T Language Line services in all the languages spoken by clients of the Mental Health Branch.

A Text Telephone (TTY) can be connected to the Mental Health Branch's statewide toll-free number for use with deaf, hearing-impaired or speech-impaired callers. Receptionists are also trained to utilize California Relay Services.

See Attachment Y: Policies and Procedures: "Access to Interpreters and Culturally and Linguistically Competent Providers", "Text Telephone (TYY) Use", "AT&T Language Line Use" and "Obtaining Interpretation, Translation and Special Needs Telephone Services"

2. Least preferable are language lines. Consider use of new technologies such as video language conferencing as resources are available. Use new technology capacity to grow language access.

As the Mental Health Branch is rolling out new electronic systems such as its Integrated Clinical and Administrative Information System (ICAIS), Trilogy eLearning system and expanding Telemedicine availability, it is considering the acquisition of new technology such as video language conferencing as resources allow. Contact with a company providing remote video interpretation services in health care environments has been established to inquire about their video services.

3. Description of protocol used for implementing language access through the county's 24-hour phone line with statewide toll-free access including staff training protocol.

The Mental Health Branch has implemented the following protocol:

The statewide toll-free access number for Humboldt County Department of Health and Human Services Mental Health Branch is 1-888-849-5728. This phone line is answered by the receptionists at the main clinic (720 Wood Street, Eureka) during regular business hours. The call will automatically forward to the Answering Service of Eureka – Communication Center after five rings, but receptionists are encouraged to answer all calls, when possible.

After hours and on weekends, the access line is answered by Answering Service of Eureka. If the caller does not speak English, the call is forwarded to the Psychiatric Emergency Services Unit for use of the AT&T Language Line. All staff at Answering Service of Eureka has been trained to utilize California Relay services. The Mental Health Branch Quality Improvement Unit provided Answering Services of Eureka with a script to use when answering calls (see Attachment Z: "Answering Service Script").

All front office and direct service staff are trained to access the Language Line Services for calls coming in from persons who have limited English proficiency. In 2008 and 2009 the Mental Health Branch Quality Improvement Unit provided multiple sessions of Language Line Trainings, including the opportunity to answer a practice call.

In 2010, PowerPoint training on how to access Language Line Services was posted on the county intranet website, for easy availability to all staff. This presentation includes information about California Relay Services. In-house training sessions for small groups of staff continue to be available upon request. See Attachment AA: Language Line Training flyer, Outline and print screen location.

B. Evidence that clients are informed in writing in their primary language, of their rights to language assistance services.

It is the policy of the Mental Health Branch to assure that the Informing Materials including the pamphlet "Notice to Medi-Cal Beneficiaries – About Medi-Cal Mental Health Services", be provided to clients when they first access services and upon request. Beneficiary Brochures printed in English, and Humboldt County's only threshold language, Spanish, are provided upon request and made available in the lobby area of all its Access Points and also at its contracted providers' waiting areas.

The Notice to Medi-Cal Beneficiaries includes information about a beneficiary's right to receive written information in the threshold language and that the Mental Health Branch must make oral interpreter services available at no cost for people who speak languages other than English.

See Attachment AB: Excerpt from Informing Materials “Guide to Medi-Cal Mental Health Services and Humboldt County Mental Health Branch’s access brochure entitled “Information about Humboldt County Mental Health”.

In addition, a bilingual English-Spanish sign titled, “Did you know?” along with the poster “Interpretation Services available” (the latter also assisting in language identification) are posted in the lobby areas of all access points and programs, including contracted providers (see Attachment AC: Posters: “Did you know?” and “Interpretation Services Available”).

Informing Materials are located visibly within easy reach of disabled persons, and accessible without staff assistance at all service delivery locations. When requested, staff is available to explain to a client the contents of the Informing Materials.

Upon a client’s first point of access, i.e. appearance at the front office, to schedule an appointment, or face-to-face assessment, the client is provided with a copy of the Informing Materials. Documentation that this information was provided is entered into the client’s record either in the progress note or on the assessment form.

Mental Health Branch staff and contract provider staff are responsible for keeping a current supply at each location. The Provider Relations Coordinator provides, within three days of receipt of a request, all access points and contract providers, with printed Beneficiary Brochures and Informing Materials as well as posters and signage to display and make available in their lobbies and/or waiting rooms. The Mental Health Branch Quality Improvement unit periodically checks access points for compliance with all posting requirements.

C. Evidence that the county/agency accommodate persons who have LEP by using bilingual staff or interpreter services.

The Mental Health Branch prohibits the expectation that families provide interpreter services for their family members who are receiving or requesting services; although at the client’s specific request and with appropriate releases, this can be facilitated.

The Mental Health Branch has implemented the following procedure to accommodate persons who have limited English proficiency (LEP):

All front office and direct service staff are trained in the following steps to provide appropriate interpreter services to clients.

Step 1: Identify language spoken (“Interpretation Service Available” posters and Language Identification Cards are placed at all access points).
Step 2: Offer the client free interpreter service by providing the Interpreter List.
Step 3: If an interpreter service is required for a future appointment, request the client to select an interpreter from the list. If the client refuses to use a local interpreter, contact Language Line Services.

Step 4: If Steps 2 and 3 fail to meet the client's needs, or client refuses those services, ask the client if he or she prefers to have family or other support provide the interpreter services.
Step 5: Document Steps 1 through 4 in the client's chart.

Appropriate translated materials are distri buted or posted at all points where clients access the mental health system.

The Mental Health Branch maintains a current list of contract providers. The list contains the names, clinic addresses, telephone numbers, cultural and linguistic skills and specialty populations served by each provider. This list is updated periodically and furnished to all Mental Health Branch front office staff and to contract providers. The front office staff makes this list available to clients upon request and informs them in a language that they understand that they have the right to free language assistance services.

When a client requests a specific provider from the contract provider list, this information is noted in the Request for Access to Services form and forwarded to the access staff. The access staff makes every effort to link the client with the provider of his or her choice.

D. Share historical challenges on efforts made on the items A, B, and C above. Share lessons learned.

In 2007, the Mental Health Branch encountered technical issues with its crisis phone line concerning tracking and transferring calls. This problem affected the system capability of linking to interpreters via AT&T language line services as well. Consequently, the Department of Health and Human Services Information Technology department conducted a discovery process to assess the issues and developed and implemented a new design which included converting phone lines, replacing or configuring phones, documenting operational details and providing staff training to resolve the issues.

Another challenge was newly hired staff members or staff who was not familiar with the use of language line services and therefore did not meet the needs of Limited English Proficiency clients at initial contact call-ins. The strategy to address this challenge, as described above in section II. A. 3, all front office and direct service staff were trained or re-trained to access Language Line Services. To monitor for quality, the Mental Health Branch Quality Improvement unit conducts multiple test calls every quarter and regularly reports results at Outpatient Quality Improvement Committee meetings. This strategy assures that issues are detected and addressed immediately.

Another historical challenge has been to recruit and retain diverse staff members who are bilingual. As stated in Criterion 2, approximately 80% of Humboldt County's population is White, 8% Hispanic/Latino, 6% Native American, 2% Asian/Pacific Islander and 1% African American.

One strategy has been to encourage bi-lingual employees to complete the Spanish Bilingual Proficiency exam through the County Personnel Department. Successful completion of this exam results in a pay differential. The Spanish Bilingual Proficiency is now offered more frequently and when it is offered is more widely advertised. However another challenge for staff taking the exam has been passing both the written and oral components of the exam. Standards are high because certification does not only attest for interpretation capability but also the ability to translate complex legal documents. Key for passing the exam is being proficient in both English and Spanish. One strategy is to prepare people prior to taking the exam by providing study guides or other materials.

It has also been a challenge to maintain the interpreter list for interpretation services for reasons such as interpreters no longer being available because they moved or have taken fulltime employment. Another challenge is the interpreter's varying levels of ability and areas of experience. The list is maintained by the Department of Health and Human Services Social Services Branch and is widely utilized in the community, including schools and the Sheriff's Department. One strategy is to develop a certification and/or credentialing mechanism for interpreters.

There are no challenges concerning informing clients in writing in their primary language of their rights to language assistance services. Appropriate signage and informing materials are widely available.

E. Identify county technical assistance needs. (DMH is requesting counties identify language access technical assistance needs so that DMH may aggregate information and find solutions for small county technical assistance needs.)

While Mental Health Interpreter Trainings are available, there is a need for Interpreter Training geared towards meeting the needs of small counties. Humboldt County would benefit from interpreter trainings offered locally or via technology.

III. Provide bilingual staff and/or interpreters for the threshold languages at all points of contact.

Note: The use of the language line is viewed as acceptable in the provision of services only when other options are unavailable. Counties should train their staff for the proper use of language lines but should seek other options such as training interpreters or training bilingual community members as interpreters.

A. Evidence of availability of interpreter (e.g. posters/bulletins) and/or bilingual staff for the languages spoken by community.

According to Department of Mental Health Information Notice 10-07, Humboldt County meets threshold language for Spanish language at 5.72% or 1,577 individuals who are

Medi-Cal beneficiaries. The second largest language population is Hmong at 1.13% or 311 individuals.

The Department of Health and Human Services Employee Services unit reports that the department employed 14 bilingual (English/Spanish) staff receiving bilingual specialty pay in 2009. These employees have been certified as bilingual by the Personnel Director following achievement of a passing score on the proficiency exam.

Humboldt County Department of Health and Human Services maintains an interpreter list composed of local community providers, with currently 15 interpreters listed for Spanish, and 4 for Hmong.

Front office and direct services staff are instructed to offer clients this interpreter list that includes the name and contact number of each Interpreter and the language they are providing interpreter services for.

Mental Health Branch clinical staff contacts interpreters from this list directly to arrange for their services. At the time of the first face-to-face contact, staff provides the interpreter with the Interpreter Agreement and Declaration of Confidentiality for signature, as well as the Invoice for Interpreters form (see Attachment AD: Interpreter List and Interpretation Services forms).

B. Documented evidence that interpreter services are offered and provided to clients and the response to the offer is recorded.

The Mental Health Branch's internal mechanism to document evidence that interpreter services are offered and provided is the use of the Use of Interpretation Services Documentation Form (see Attachment AE: Use of Interpreter Form).

The Use of Interpretation Services Documentation form is completed by staff who utilizes an interpreter to assist a client. "Interpreter" includes the Language Line Service, on-site interpreter who accompanies the client, or a staff member who is using bilingual language skills.

The Use of Interpretation Services Documentation is then included in the client's chart.

The use of this form is periodically monitored by the Managed Care Analyst. For example, between 1/6/10 through 9/14/10, forty nine Use of Interpretation Services Documentation forms were utilized and included in the client's chart. The forms indicated the use of language line services, face-to-face interpreters and interpreters provided by clients. Interpretation was needed for Korean, Hmong, Spanish, Russian and American Sign Language.

In addition, clinical staff documents the use of interpretation services in the progress notes. The Managed Care Analyst periodically monitors the corresponding progress notes to verify that the use of interpretation services is documented.

C. Evidence of providing contract or agency staff that are linguistically proficient in threshold languages during regular day operating hours.

According to Department of Mental Health Information Notice 10-07, Humboldt County meets threshold language for Spanish language at 5.72% or 1,577 individuals who are Medi-Cal beneficiaries. The second largest language population is Hmong at 1.13% or 311 individuals.

The Department of Health and Human Services Employee Services unit reports that the Department employed 14 bilingual (English/Spanish) staff receiving bilingual specialty pay in 2009. These employees have been certified as bilingual by the Personnel Director following achieving a passing score on the proficiency exam.

Humboldt County Department of Health and Human Services maintains an interpreter list composed of local community providers, currently with 15 interpreters listed for Spanish, and four for Hmong.

The Humboldt County Department of Health and Human Services employs a full time Interpreter/Translator. This staff is available to provide interpretation services in integrated programs.

As mentioned in section III. B., the mechanism to document evidence that interpreter services were offered and provided is the Use of Interpretation Services Documentation Form.

D. Evidence that counties have a process in place to ensure that interpreters are trained and monitored for language competence (e.g., formal testing).

The Department of Health and Human Services "County Qualification Assessment Process for Bi-lingual Proficiency" is as follows:

The DHHS Personnel Department periodically administers a Spanish Bilingual Proficiency Examination to eligible employees. Staff who are interested in taking the exam submit a Bilingual Proficiency Examination Registration Form directly to the Personnel Department.

To be eligible to receive Bilingual Specialty Pay, employees must pass the exam and hold a position that is formally designed by the Department as needing the skills of someone who is proficient in both English and Spanish. Once Personnel receive a request from the department, a list is provided of all the employees in the appropriate job classification who were successful on the Bilingual Proficiency Examination.

Specialty Pay becomes effective once the department receives the list, makes a selection and submits the necessary paperwork (see Attachment D: Spanish Bilingual Proficiency Examination Announcement).

IV. Provide services to all LEP clients not meeting the threshold language criteria who encounter the mental health system at all points of contact.

A. Policies, procedures, and practices that include the capability to refer, and otherwise link, clients who do not meet the threshold language criteria (e.g., LEP clients) who encounter the mental health system at all key points of contact, to culturally and linguistically appropriate services.

The Mental Health Branch's policy on access to interpreters and culturally and linguistically competent providers is all inclusive and does not distinguish between clients who speak the threshold language versus those who speak other languages.

B. Provide a written plan for how clients who do not meet the threshold language criteria, are assisted to secure, or linked to culturally and linguistically appropriate services.

As stated above, the Mental Health Branch's policy and procedure on access to interpreters and culturally and linguistically competent providers is all inclusive and does not distinguish between clients who speak the threshold language versus those who speak other languages.

C. Policies, procedures, and practices that comply with the following Title VI of the Civil Rights Act of 1964 requirements:

1. Prohibiting the expectation that family members provide interpreter services;

2. A client may choose to use a family member or friend as an interpreter after being informed of the availability of free interpreter services; and

3. Minor children should not be used as interpreters.

The Mental Health Branch prohibits the expectation that families will provide interpreter services for their family members who are receiving or requesting for services; although at the client's specific request and with appropriate releases, this can be facilitated.

The Mental Health Branch's policy on access to interpreters and culturally and linguistically competent providers is referenced in section II. C. above.

See Attachment Y: Policies and Procedures: "Access to Interpreters and Culturally and Linguistically Competent Providers", "Text Telephone (TYY) Use", "AT&T Language Line Use" and "Obtaining Interpretation, Translation and Special Needs Telephone Services"

V. Required translated documents, forms, signage, and client informing materials

The county shall have the following available for review during the compliance visit:

A. Culturally and linguistically appropriate written information for threshold languages, including the following, at minimum:
1. Member service handbook or brochure;
2. General correspondence;
3. Beneficiary problem, resolution, grievance, and fair hearing materials;
4. Beneficiary satisfaction surveys;
5. Informed Consent for Medication form;
6. Confidentiality and Release of Information form;
7. Service orientation for clients;
8. Mental health education materials, and
9. Evidence of appropriately distributed and utilized translated materials.

B. Documented evidence in the clinical chart, that clinical findings/reports are communicated in the clients' preferred language.

C. Consumer satisfaction survey translated in threshold languages, including a summary report of the results (e.g., back translation and culturally appropriate field testing).

D. Report mechanisms for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and culturally appropriate field testing).

E. Report mechanisms for ensuring translated materials are at an appropriate reading level (6th grade). Source: Department of Health Services and Managed Risk Medical Insurance Boards.

CRITERION 8
COUNTY MENTAL HEALTH SYSTEM
ADAPTATION OF SERVICES

Rationale: Organizations should ensure that clients/consumers receive from all staff members, effective, understandable, and respectful care, provided in a manner compatible with their cultural health beliefs and practices and preferred language (CLAS Final Report).

I. Client driven/operated recovery and wellness programs

A. List client-driven/operated recovery and wellness programs and options for consumers that accommodate racially, ethnically, culturally, and linguistically specific diverse differences.

The Humboldt County Department of Health and Human Services is dedicated to the provision of human services with a holistic approach including mental health and drug and alcohol related services. All services promote health and mental wellness as well as treat illness. The Department is dedicated to providing all services/programs in a client/family/community driven manner based on recovery and wellness principles that respond to cultural differences. The Department continuously evaluates the effectiveness of services and programs for the purpose of quality improvement.

Two programs are client-operated:

The Hope Center is staffed and operated by people with lived experience as mental health clients and family members. It is a recovery and wellness drop-in center that began in February of 2008. The mission of the Hope Center is to give people with mental health challenges a safe, positive, educational environment; to help people learn to take personal responsibility for their own recovery and to live the best life possible. The Center provides recovery services including peer-to-peer education and support, system navigation, and linkage to services. Workshops, classes and other activities are offered and facilitated by Peer Support Specialists and community volunteers. All activities are offered at no cost. Examples include a Walking Group, Peer Advocacy Group, Wellness Recovery Action Plan (WRAP), Leadership Training, Pathways to Recovery, Laughter Yoga, Men's Group, Women's Group Depression and Bipolar Support Alliance (DBSA), and a Lesbian/Gay/Bisexual/Queer/Questioning/Transgender Group. The Hope Center staff includes a Center Facilitator, an Activity Therapist, two full time and one part time Peer Support Specialists and seven trained volunteers. Staff support, supervision and consultation is provided by a Clinical Psychologist. Outreach efforts are made by Hope Center staff and volunteers to underserved people with a mental health diagnosis. Hope Center Peer Support Specialists offer groups on wellness and recovery at the Psychiatric Health Facility, Sempervirens. Hope Center staff and volunteers also participate in Prevention and Early Intervention activities by serving on the suicide prevention and stigma and discrimination reduction implementation committees and collaborating on the Speaker's Bureau.

The Humboldt County Transition Age Youth Collaboration (HCTAYC) is made up of organizations such as Y.O.U.T.H. Training Project, California Youth Connection, Youth in Mind, Humboldt County Department of Health and Human Services and most importantly the transition age youth in Humboldt County who utilize county services and want to make a positive difference for themselves and the future. The collaboration is committed to making change and improving services for youth in Humboldt County as they transition into adulthood and become independent. The direction of this project is guided by youth input, while the Department of Health and Human Services provides funding, logistical support and help in various ways as needed. One focus area of Collaboration's work is developing policy recommendations for Humboldt County Department of Health and Human Services systems improvement, including several Mental Health Branch programs.

See Attachment A: Excerpt from Mental Health Services Act Annual Update Fiscal Year 2011/2012 Overall Implementation Progress Report and Community Services and Supports Approved Programs for the Hope Center and the Humboldt County Transition Age Youth Collaboration.

II. Responsiveness of mental health services

A. Documented evidence that the county/contractor has available, as appropriate, alternatives and options that accommodate individual preference, or cultural and linguistic preferences, demonstrated by the provision of culture-specific programs, provided by the county/contractor and/or referral to community-based, culturally-appropriate, non-traditional mental health provider.

The Mental Health Branch developed and maintains the following listings of programs including culture specific information, that are widely distributed in our community (e.g. at all Mental Health Branch programs public access areas, contract provider clinics, non-profit organizations such as the Community Switchboard):

- Provider List which includes Cultural Competence information (see Attachment L: Provider Directory Humboldt County Medi-Cal Managed Mental Health Care and Attachment M: Directorio de Proveedores Condado de Humboldt Cuidado de Salud Mental de Medi-Cal).
- Extended listing of Humboldt County culture-specific resources including resources for people experiencing homelessness; Native American family resources; Gay, Lesbian, Bisexual, Transgender Resources; resources for older adults and transition age youth (see Attachment N: Humboldt County Resource List).
- Mental Health Branch's informational flyer about its programs (see Attachment AF: Mental Health Branch Services and Programs)
- List of Posting Requirements (see Attachment AG: Mental Health Branch Posting Requirements Checklist)

B. Evidence that the county informs clients of the availability of the above listing in their member services brochure.

Clients are informed about the availability of alternatives and options of cultural/linguistic services in the Mental Health Branch Access Brochure and Beneficiary Booklet (see Attachment AB: Excerpt from Informing Materials "Guide to Medi-Cal Mental Health Services and Humboldt County Mental Health Branch's access brochure entitled "Information about Humboldt County Mental Health").

C. Counties have policies, procedures, and practices to inform all Medi-Cal beneficiaries of available services under consolidation of specialty mental health services.

(Counties may include a.) Evidence of community information and education plans or policies that enable Medi-Cal beneficiaries to access specialty mental health services;

The Mental Health Branch has implemented the policy "Community Information and Education Plans" to provide information that enables access to specialty mental health services. Information is being disseminated through distribution of flyers and brochures, participation in community presentations, forums, and meetings, coordination with physical health care, and informally via outreach by Case Managers and other clinical staff (see Attachment AH: Policy and Procedure "Community Education Plan").

In addition, the Mental Health Branch ensures that the Informing Materials (including a list of current providers with culture-specific information, Problem Resolution Processes and Advance Directives) be provided to clients when they first access services and upon request. Beneficiary Brochures printed in English and Spanish are provided upon request and made available in the lobby areas of all access points including contract providers (see Attachment AI: Policy and Procedure "Distribution of Informing Materials").

or b.) Evidence of outreach for informing under-served populations of the availability of cultural and linguistic services and programs (e.g., number of community presentations and/or forums used to disseminate information about specialty mental health services, etc.)

The Rural Outreach Services Enterprise and other Mobile Engagement Vehicles programs provides mobile access to services with efforts focused on reducing cultural and ethnic barriers to underserved populations that tend to exist in more traditional mental health settings (see Attachment AJ: Mobile Engagement Vehicle Schedule).

The following is a chronology of Rural Outreach Services Enterprise outreach activities, meetings and trainings that occurred in 2010 and early 2011.

April Coordination activities for the outreach program were initiated in April, 2010.

4/13 Multi-Tribal Roundtable Meeting
4/14 Family Resource/Community Resource Center planning meeting
4/20 Visit made by Outreach Coordinator to Hoopa Human Services in Hoopa and offices of the Yurok and Karuk Tribes.

May In this month, the outreach program first began to visit outlying communities. Those first communities were Redway, Orick, Fortuna and Blue Lake. Visitors to the mobile engagement vehicles were provided assistance with Medi-Cal, Food Stamps and received housing help with Emergency Contingency Funding. Translation services were provided to Spanish speakers. Information about access to Specialty Mental Health services was provided.

5/3 All Region, Family Resource/Community Resource Center Meeting.
5/7 Unit meeting for Adult Probation staff. Outreach Coordinator attended and presented Rural Outreach Services Enterprise program mission and goals.
5/11 MultiTribal Round Table: Transitions committee and general group meetings.
5/14 Latino Net meeting. Brief presentation of the Rural Outreach Services Enterprise outreach program.
5/19 Child Welfare Services unit meeting. Presented Rural Outreach Services Enterprise program mission and goals.
5/20 St. Joseph Health Care **"**Promotoras" meeting. Provided information on the Rural Outreach Services Enterprise Program.
5/27 Public Health unit meeting. Presented Rural Outreach Services Enterprise program mission and goals. Gave staff opportunity to go on board the mobile engagement vehicle.
5/28 Visit to Yurok Tribal office in Weitchpec. Met staff, explained program mission.
5/28 Visit to the Public Health outstation in Willow Creek for introductions and to present the outreach program.

June Communities visited by the outreach program included Weitchpec, Redway, McKinleyville, Orick, Pine Hill and South Bay schools, Fortuna, Blue Lake, Manila and Bridgeville. Additionally, the outreach program attended the Hoopa Health Fair.

6/7 Department of Health and Human Services/Family Resource Centers/Community Resource Centers Partnership meeting. Update group on Rural Outreach Services Enterprise program.
6/16 Hoopa Health Fair.
6/18 CalWorks unit meeting, present Rural Outreach Services Enterprise program and outreach plans.
6/30 Training, "Looking at the Challenges for the Transgender Community".

July Same communities visited as in June; with the exception of Loleta which the Rural Outreach Services Enterprise program began visiting in July. In Loleta, the outreach program works with a participant group that is primarily made up of Spanish speaking individuals.

7/9 LatinoNet meeting; outreach to the Latino community.
7/13 MultiTribal Round Table meeting.
7/15 MultiTribal; Transitions Committee meeting. The task taken up by this committee is to explore ways to help Native youth transition into or out of Juvenile Hall.
7/26 MultiTribal Roundtable; Transitions committee.
7/29 Planning/committee meeting for the Latino Health Fair.

August The outreach program continued to visit the same communities as in the previous months. The "Food for Kids" program was initiated in this month. In order to ensure that as many eligible families as possible were benefitted by the food giveaway, most communities were visited twice in August. Nearly 240 food bags were distributed in August.

8/9 and 8/16 MultiTribal Roundtable Transitions Committee meetings.
8/12 Meeting with CWS staff to discuss Rural Outreach Services Enterprise outreach.
8/19 Latino Health Fair planning committee meeting.
8/26 HomePage interview at KHSU. Radio presentation about program.

September The outreach program continued providing food boxes to eligible families with188 food bags given out. Mental Health Clinician began working with the outreach program this month.

9/10 LatinoNet meeting; networking with Latino community partners.
9/14 MultiTribal RoundTable Transitions Committee meeting.
9/20 Contact and planning with Karuk Tribal Clinic staff for Orleans outreach.
9/22 Differential Response meeting at the Willow Creek Resource Center.
9/23 Distinguished Lecture Series: Mental Health Fiscal Training.
9/24 Humboldt Health Fair at Mad River Hospital; program outreach.
9/30 Training: Client Diversity and Inclusion.

October In October, Orleans was incorporated into the outreach program's monthly schedule. Because of their isolation, the "river communities" (Willow Creek, Hoopa, Weitchpec and Orleans) are seen as a focus area for the program and are visited regularly by the mobile engagement vehicle during the first three weeks of each month.

The outreach program, with the mobile engagement vehicle in attendance, participated in this year's Latino health fair; "Festejando Nuestra Salud" helping to establish ties with the Latino community.

10/1 Food Stamp Strategic planning committee at Social Services Branch.
10/5 Community Health group meeting coordinated by Maternal Child Adolescent Health (MCAH) staff and community meeting. Presented Rural Outreach Services Enterprise program and introduced Mental Health Clinician to group.
10/7 Latino Health Fair, outreach event with the Latino community.
10/22 Mental Health All Staff Meeting: brief presentation on the program.
10/23 Evidence Based Practice training.
10/28 Children's Health Initiative, Healthy Kids Humboldt joins program for Bridgeville outreach.

November In this month, the program was contacted by Child Welfare Services, one of two recent calls for referrals for Mental Health services with the outreach program. Orleans was visited in November. The program has been well received by the community with notably high visitation to the mobile engagement vehicle.

11/7 In Home Support Services (IHSS) outreach to Fortuna; fingerprinting service for care providers.
11/15 Meeting with Women Infants and Children (WIC) staff to discuss possible program collaboration.
11/30 Transportation Assistance Program (TAP) services provided to the Southern Humboldt area.

December This was the last month that the program carried food boxes out to the communities. Many families were benefitted by this program with 803 food bags distributed between August and December.

Staff unit meeting for Adult Probation was attended by the Mental Health Clinician and Outreach Coordinator. Brief program presentation was provided. Clinician reported that two referrals for mental health services resulted from the meeting; contacts with Juvenile Probation have generated at least one referral as well. Outreach activities included writing articles for publication in the Humboldt Beacon and Redwood Times.

12/1 In Home Support Services outreach to Weitchpec; fingerprinting service.
12/3 Adult Probation staff unit meeting.
12/13 Department of Health and Human Services/Family Resource Center Partnership meeting. Rural Outreach Services Enterprise update provided.
12/14 MultiTribal Roundtable Meeting.
12/14 Paso a Paso meeting to discuss Mental Health services to the Spanish speaking community.

January (2011) Snow and ice prevented the outreach program from visiting Orleans in early January; otherwise all communities were visited this month. A review of service logs indicates that mental health service contacts at the sites and referrals are growing. Apart from the Medi-Cal, Food Stamps and County Medical Services (CMSP) applications taken in the field, the logs document these mental health related services:

1/5 One mental health assessment; Weitchpec
1/12 One mental health assessment and 1 referral to Clinician; Fortuna
1/19 One mental health assessment and two referrals/appointments; Hoopa/Willow Creek
1/20 One referral to Mental Health Clinician; Orick

D. Evidence that the county has assessed factors and developed plans to facilitate the ease with which culturally and linguistically diverse populations can obtain services. Such factors should include:

1. Location, transportation, hours of operation, or other relevant areas;

The Humboldt County Mental Health Branch has implemented the following:

Rural communities in the county face difficulty in accessing transportation to the Eureka area. The Rural Outreach Services Enterprise program addresses this barrier through the utilization of mobile engagement vehicles to provide culturally appropriate services with efforts focused on reducing cultural and ethnic barriers to access that tend to exist in more traditional mental health settings. Rural Outreach Services Enterprise links with and provides support to existing community organizations such as Family and Community Resource Centers, community clinics, and Tribal Organizations in order to reach those previously unserved and underserved populations in those areas of the county. Rural Outreach Services Enterprise provides an integrated response with Social Services, Mental Health and Public Health Branches as an outreach program for individuals with a variety of physical, behavioral, and social needs as well as prevention and education activities, thereby reducing the stigma associated with accessing behavioral health services.

The Street Outreach Services (SOS) program also utilizes a mobile engagement vehicle to provide services to people with severe mental illness who experience homelessness.

The Mental Health Branch has been providing psychiatric telemedicine services to Southern Humboldt County residents since September 2006, and has expanded this service in March of 2011 to the eastern part of the county. Telemedicine in these

outlying areas provides greater access to mental health services as well as reduced cost and inconvenience to clients.

The Comprehensive Community Treatment (CCT) program makes available intensive community services and supports (e.g.: housing, medical, educational, social, vocational, rehabilitative, or other needed community services) to achieve recovery. Personal Services Coordinators (PSCs), including peer clients and peer family members whenever possible, provide services in the community, which alleviates the potential challenge for clients to travel to the main clinic locations. Comprehensive Community Treatment offers expanded hours of operation. Nursing Care as well as Case Management services are available 7 days a week. Nurses cover the hours from 8:00am to 7:00pm and Case Managers work 8:00am to 5:00pm including weekends, with expanded hours on Mondays to provide a family group until 7:00pm.

Since 2009, the Mental Health Branch has established a decentralized access process for its Children and Family Services (C&FS) division. Staffing has been increased to support the effort. Presently, Children and Family Services clinicians travel to provide assessments in the southern part of the county. Locations for access in other outlying areas throughout the county are being developed.

Children and Family Services offer a walk-in clinic for Medi-Cal clients on Tuesday and Thursday afternoon. In the Adult system of care, Same Day Services are available for mental health crisis walk-ins.

2. Adapting physical facilities to be accessible to disabled persons, while being comfortable and inviting to persons of diverse cultural backgrounds (e.g., posters, magazines, décor, signs); and

All Mental Health Branch facilities comply with enforceable Americans with Disabilities Act (ADA) standards for accessible design.

In order to create a welcoming environment to clients of diverse cultural backgrounds, the Mental Health Branch has implemented the following:

Art work produced by people with lived experience is on display on the walls of program waiting areas and group therapy rooms as well as at the Psychiatric Emergency Services unit. This art work can be purchased and is rotated regularly with new pieces. Posters produced by the Youth Training Project are posted in lobby areas (see Attachment AK: Poster “Hate Free Zone”).

The Ethnic Services Manager regularly receives Spanish language flyers announcing community events and educational opportunities from the local community group LatinoNet and distributes them to lobby areas for posting.

Spanish language posters and Spanish educational materials have been obtained from Substance Abuse and Mental Health Services Administration (SAMHSA) and distributed to programs for posting.

“Every BODY has an issue”, first place winning poster of the 2010 Prevention and Early Intervention Program to reduce stigma and discrimination related to mental health is also widely posted (see Attachment AL: Poster “Every BODY has an issue”).

Posters promoting acceptance of Lesbian/Gay/Bisexual/Queer/Questioning/ Transgender youth obtained from the Y.O.U.T.H. (Youth Offering Unique Tangible Help) Training Project are posted throughout the Department.

The Humboldt County Transition Age Youth Collaboration (HCTAYC) presented policy recommendations to Sempervirens (the county’s Psychiatric Health Facility), Psychiatric Emergency Services (PES), the Crisis Line and the Children Center. The recommendations’ purpose is to improve the cultural appropriateness of services provided to culturally diverse transition age youth. The following is a list of changes that were implemented as a result of the Humboldt County Transition Age Youth Collaboration recommendations:

At Sempervirens:
- Extended visiting hours
- Additional diverse and healthful meals
- Magazines and other reading materials appropriate for diverse populations
- Increased art supplies
- Displayed client produced art work
- Created friendlier atmosphere through mural project, fresh paint, new bedspreads, wall paper, curtains, flooring
- Humboldt County Transition Age Youth Collaboration facilitated training for clinical staff
- Created an admission folder containing diverse resources and content

At the Children Center:
- Searches of personal effects of residents occur only due to a reasonable cause for concern
- Residents may have unscheduled visits with family and friends at any time unless it has been prohibited by their Social Worker or it is disruptive of a Children’s Center activity
- Residents are allowed to possess and use personal electronic devises such as games and cell phones on condition that they are not misused or violate another resident’s rights.

3. Locating facilities in settings that are non-threatening and reduce stigma, including co-location of services and /or partnerships, such as primary care and in community settings.

As an integrated agency, the Humboldt County Department of Health and Human Services mental health staff is co-located with programs including but not limited to:

- Child Welfare Services within the Emergency Response Unit and the Foster Care Units to provide services to children and youth referred by Child Welfare Services.
- CalWorks Division and the HumWorks Program provide services to clients with the Temporary Assistance to Needy Families (TANF) and who are eligible for Welfare to Work. Services are for clients who have mental health, substance use or domestic violence issues to address barriers to employment. Services include comprehensive mental health assessments, case management services, group, and individual counseling.
- General Relief to provide mental health assessments, referrals, and treatment for General Relief recipients.
- Alternative Response Team (ART) at Public Health, serving the mental health needs of families referred by Child Welfare Services.
- Older Adults and Dependent Adults Program Expansion provides in-home services to disabled adults, at-risk adults and older adults. The enhanced adult services team expands an existing partnership between Social Services, Adult Protective Services, In Home Support Services, Public Health Nursing, and a Mental Health Clinician to provide assessment and treatment planning to older and dependent adults with a serious mental illness who are at risk of abuse or neglect or who are in need of support services to remain in their home.
- Outpatient Medication Services Expansion provides medication support to people with a serious mental illness residing in remote rural areas utilizing video conferencing equipment. The above mentioned Telemedicine Clinics are co-located in rural outstations of the Department of Health and Human Services, which also house Public Health Branch and Social Services Branch staff.
- Multiple outpatient Mental Health programs (e.g. Older Adults, Healthy Moms, and Integrated Foster Care Behavioral Health Expansion) are located throughout the county and located in mixed residential and business areas, therefore reducing the stigma attached to receiving services at the main Mental Health Branch clinic.

III. Quality Assurance

Requirement: A description of current or planned processes to assess the quality of care provided for all consumers under the consolidation of specialty mental health services. The focus is on the added or unique measures that shall be used or planned in order to accurately determine the outcome of services to consumers from diverse cultures including, but not limited to, the following:

A. Grievances and Complaints: Provide a description of how the county mental health process for Medi-Cal and non-Medi-Cal client Grievance and

Complaint/Issues Resolution Process data is analyzed and any comparison rates between the general beneficiary population and ethnic beneficiaries.

The Quality Improvement division of the Humboldt County Mental Health Branch ensures that individuals receive thoughtful and timely response to requests for problem resolution, including Grievances, Appeals, Requests for Change of Provider, Requests for Culture-Specific Providers and Requests for Second Opinion. The Quality Improvement Coordinator (QIC) or designee coordinates, facilitates, logs and tracks all requests for problem resolution. The Quality Improvement Coordinator or designee is the assigned staff member responsible for responding to clients questions regarding the status of their requests for problem resolution. Trended data from the problem resolution process is utilized in the Quality Improvement program in order to improve quality of care. All requests for problem resolution are reported to the Mental Health Branch's Outpatient Quality Improvement Committee on a quarterly basis. An Annual Client Concern Summary is included in the branch's yearly updated Quality Improvement Workplan. This summary lists the number and types of grievances, number of requests for Change of Provider and Second Opinion, timeliness of responses, status of the complaint as well as number of Appeals and State Fair Hearings. This annual summary is also reported at the Outpatient Quality Improvement Committee. Additionally, an Annual Beneficiary Grievance/Appeal Report is submitted to the Department of Mental Health.

For example, below is a summary of all grievances and complaints received between January 1 and March 31, 2011:
Of twenty-eight total grievances and complaints, three were requests for 2nd opinion, nineteen were requests for Change of Provider, five were grievances and one an expedited appeal.
One client's ethnicity was Unknown, twenty-one (or 75%) were White, one (or 4%) were Asian Indian, two (or 7%) were American Indian and three (or 11%) indicated two ethnicities, White and American Indian.
Of the six clients who indicated ethnicities other than white, four requested a change of service provider; one filed a grievance and one an expedited appeal.

Attachment A

Excerpt from
Mental Health Services Act Annual Update
Fiscal Year 2011/2012
Overall Implementation Progress Report and
Community Services and Supports
Approved Programs

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

County: Humboldt

Date: March 12, 2011

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHSA including CSS, WET, PEI, and INN components during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

CSS, WET, PEI, and INN

1. Briefly report on how the implementation of the MHSA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.

   Please check box if your county did NOT begin implementation of the following components in FY 09/10:
   ☐ WET
   ☐ PEI
   ☒ INN

Mental Health Services Act programs are progressing as described in the approved Plan. To ensure the most effective use of resources, avoid duplication of effort, and maximize the leveraging of ongoing efforts and community strengths, Mental Health Services Act programming is developed and delivered with careful consideration of the common goals of other Humboldt County Department of Health and Human Services initiatives and using the transformation strategies and vision that have guided planning and service delivery in Humboldt County for more than a decade.

It is helpful to the understanding of Community Services and Supports programs to be aware of some of the background of Humboldt County Department of Health and Human Services.

Humboldt County Department of Health and Human Services is a consolidated and integrated Health and Human Services Agency under the State's Integrated Services Initiative (AB 315 Berg) and includes the branches of Mental Health, Public Health and Social Services. Since its consolidation in 1999, Humboldt County Department of Health and Human Services has been engaged in true system transformation and redesign through numerous key strategies, including but not limited to:

- Establishing consolidated administrative support infrastructure(s);
- Establishing consolidated program support infrastructures(s);
- Developing governmental "rapid cycle" change management processes;
- Importing or developing evidence based practices and other outcome based approaches to services;
- Developing integrated, co-located and decentralized services concurrently;
- Establishing client and cultural inclusion structures/processes that will advise the Department in terms of policy and programming;
- Focusing on quality improvement and systems accountability in terms of outcomes linked to improved individual and family recovery and self sufficiency, as well as improved community health;

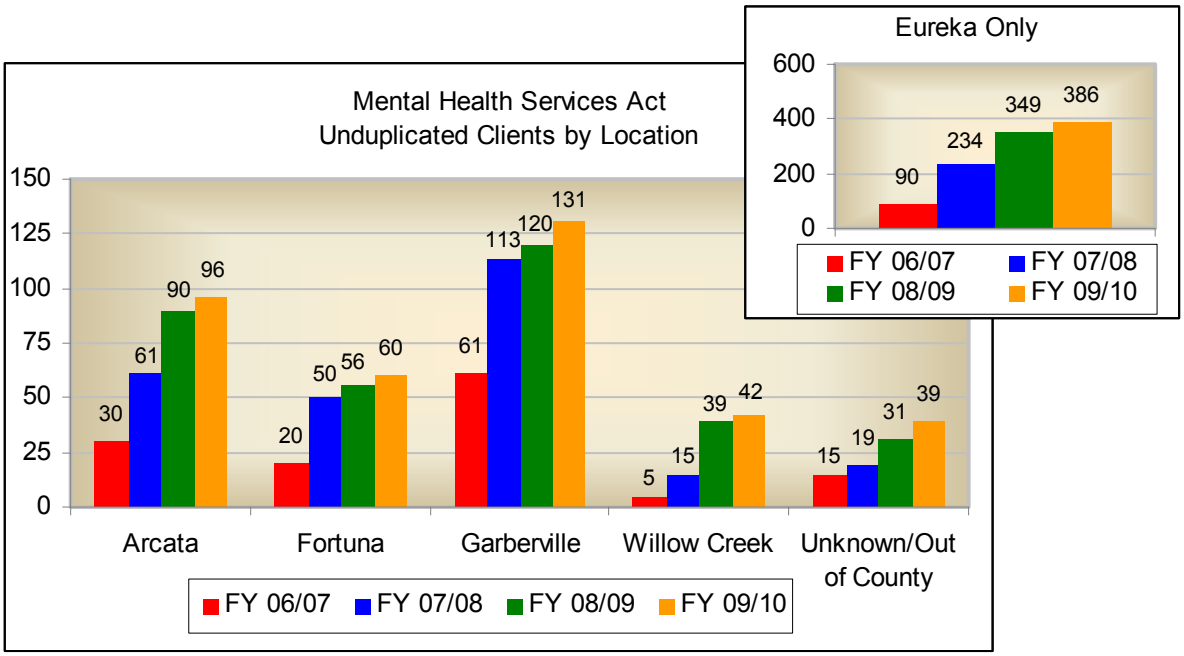
- Using a "3 x 5" approach to program design which spans:

Three Service Strategies	Five Target Populations
Universal	Children, Youth and Families
Selective	Transition Age Youth
Indicated	Adults
	Older Adults
	Community

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

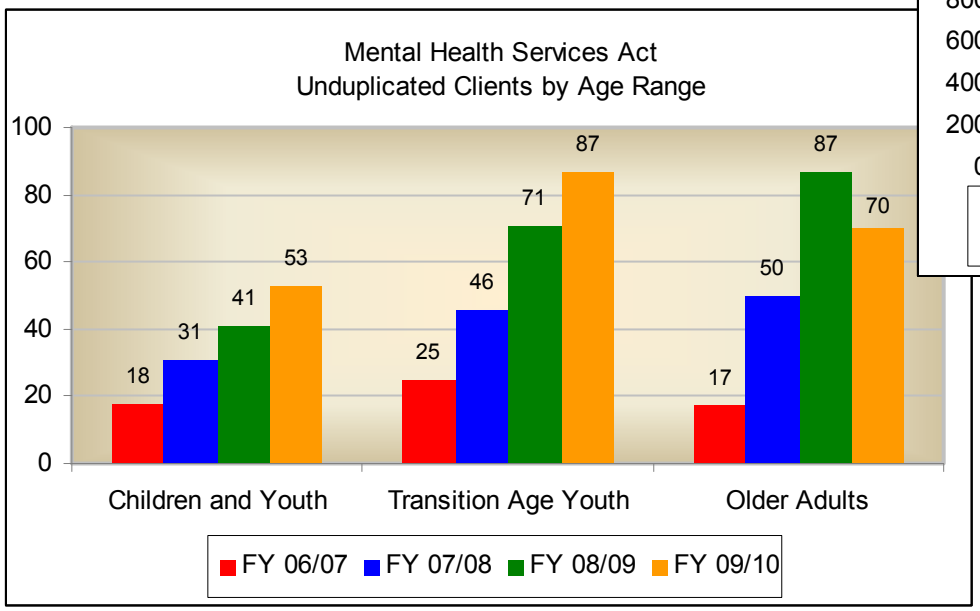
It is through AB315 and these transformational strategies that the Humboldt County Department of Health and Human Services has planned and implemented its Mental Health Services Act programming. Humboldt County's approved Community Services and Supports Plans, Workforce Education and Training Work Plans, Capital Facilities and Information Technology Needs Plan, Prevention and Early Intervention Plan, and Innovation Plan were developed and are being implemented with cross-departmental integration aimed at the delivery of holistic and transformational programs.

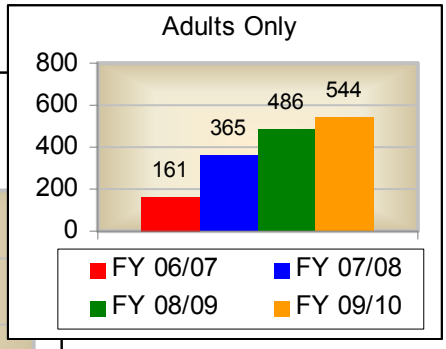
Community Services and Supports programs continue to increase services throughout the County. Individuals residing in the outlying rural areas of the County were identified in the community planning process as underserved and unserved. As this chart illustrates there has been a 115% increase in the numbers of individuals served in Garberville and 740% increase in the number individuals served in Willow Creek between Fiscal Years 2006/2007 and 2009/2010.



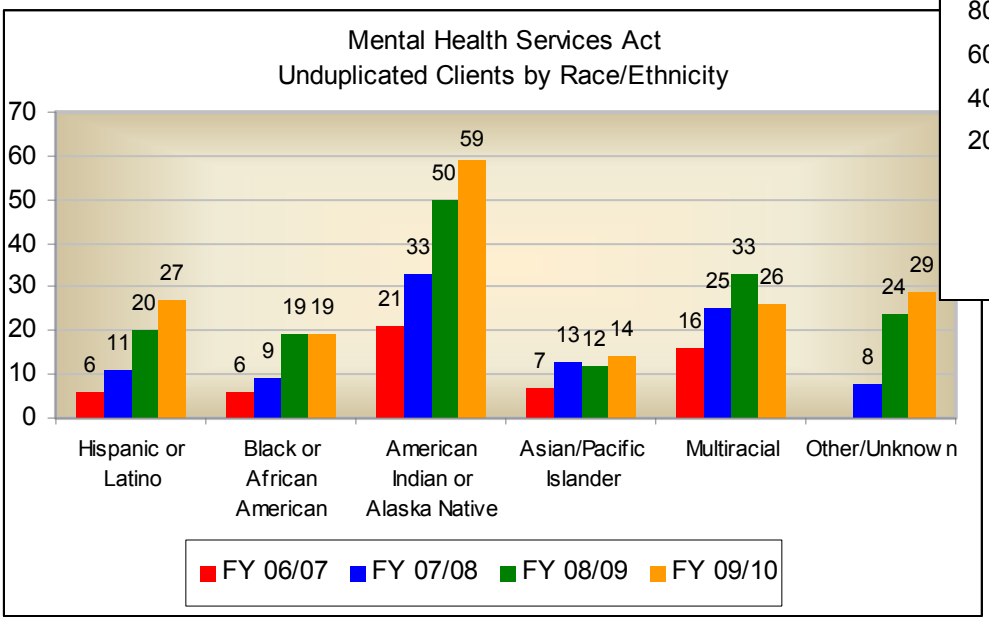
OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

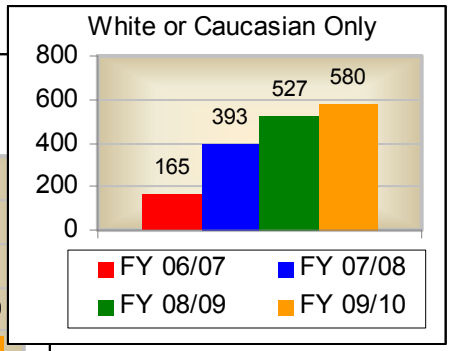
Community Services and Supports programs continue to increase services to individuals of all age groups. Transition age youth, individuals generally between the ages of 16 to 26 years old, were identified in the community planning process as underserved and unserved. As this chart illustrates there has been a 248% increase in the number of individuals who are transition age youth served between Fiscal Years 2006/2007 and 2009/2010.





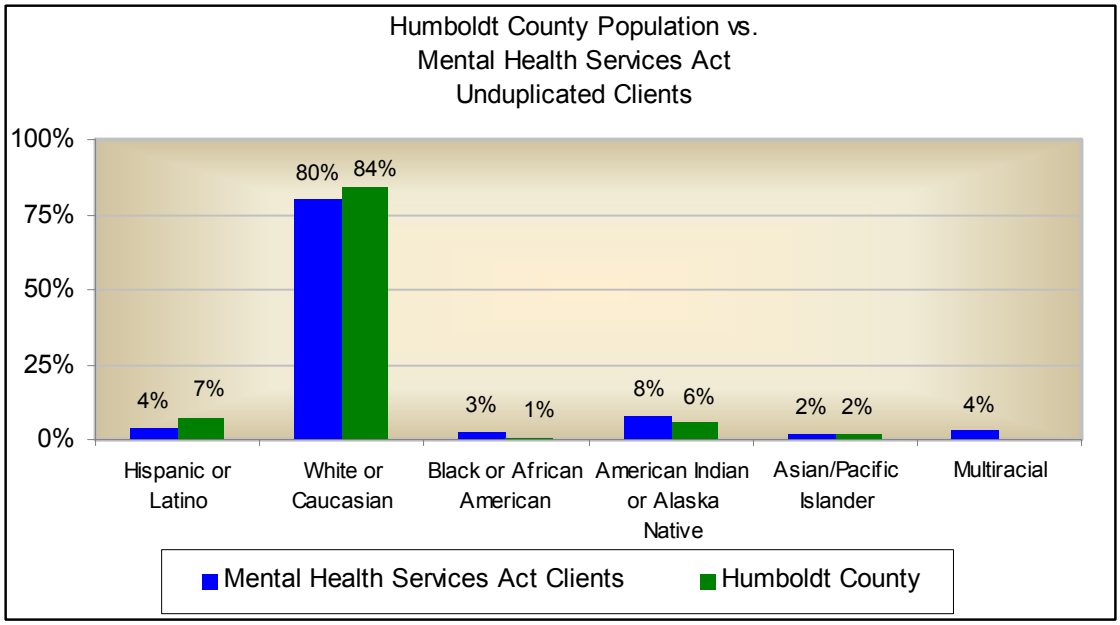
Community Services and Supports programs continue to increase services to individuals of all race/ethnicities. People who identify as Hispanic or Latino and American Indian or Alaskan Natives were identified in the community planning process as underserved and unserved. As this chart illustrates there has been a 350% increase in the number of individuals who identify as Hispanic or Latino and a 181% increase in the number of individuals who identify as American Indian or Alaskan Natives served between Fiscal Years 2006/2007 and 2009/2010.





OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

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



To improve the cultural competency of Mental Health Services Act program development and service delivery, training continued in Fiscal Year 2009/2010. A Cultural Competency Training was developed and nine three-hour sessions were provided with over 220 staff in attendance. To encourage night shift staff members from Sempervirens Hospital, the Children's Center and Psychiatric Emergency Services to attend, there was a session offered in the evening from 7:30pm to 10:30pm.

Although cultural competency encompasses a broad scope of knowledge about the influences of an individual's identity, such as ethnicity, race, language, sexual orientation, gender identity, age, disability, or socioeconomic status, the focus of this training was narrowed to three interconnected topics.

First, a look at how racism gets embedded in the body and affects both physical and mental health. Second, an exercise that raises the awareness of privilege. Lastly, a look at the value that people with lived experience as mental health clients and their family members have as providers in recovery-oriented mental health care.

"It increased my understanding of how important consumers are as employees."

"It brought a difficult subject to the table."

"My eyes have been opened . . ."

~staff attending cultural competency training

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

Each topic was introduced with specific learning materials. We viewed the videos, "When the Bough Breaks", a segment of the "Unnatural Causes" documentary which explores the effects of chronic stress resulting from racism, and "Paving the Way" produced by San Mateo County Behavioral Health and Recovery Services, which describes the county's strategy of hiring consumers and family members in the mental health workforce. Participants also took part in an awareness survey from the Peggy McIntosh article "Unpacking the Invisible Knapsack", which examines instances of privilege in everyday life situations.

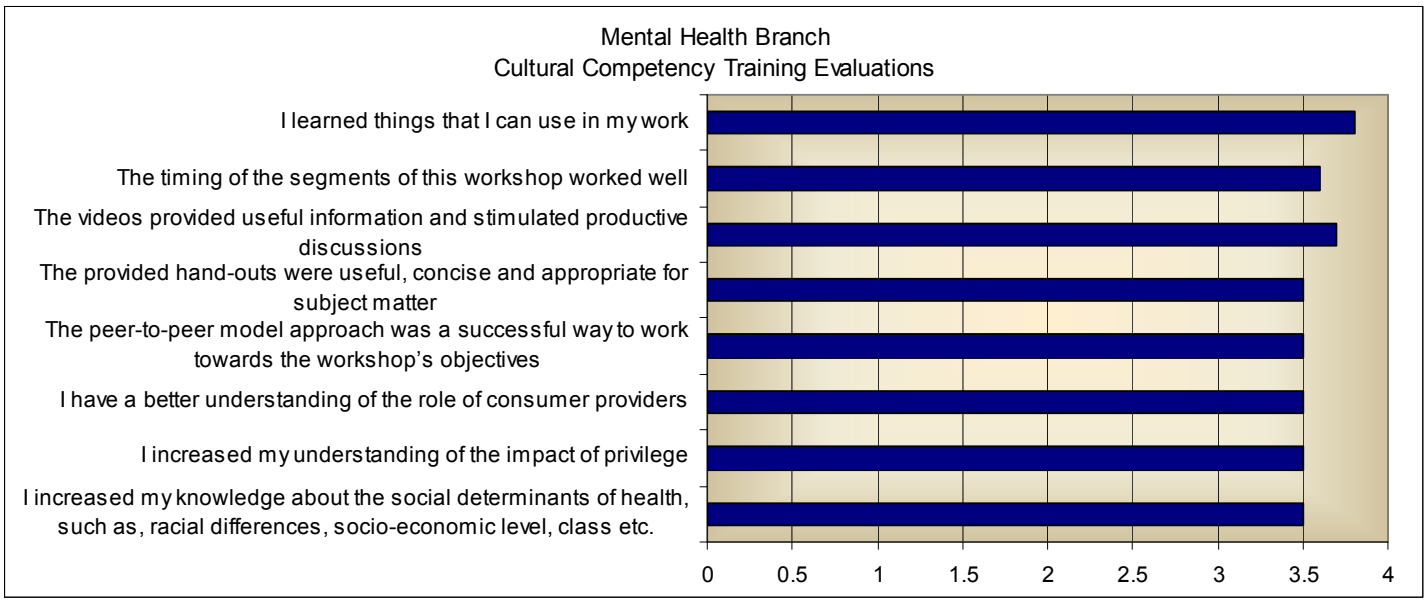
The learning method for this training was a peer-to-peer model. This core principle of adult education recognizes that every participant can be both a teacher and a learner. Participants share their knowledge and experience with one another in a small group discussion format. One of the benefits of this approach is that it provides locally relevant information delivered by peers, and thus by those who staff naturally turn to for information. Furthermore, learning can continue in the workplace, through ongoing exchanges and discussions inspired by the workshop.

"Very well done. Instructors provided a comfortable learning environment and were very knowledgeable."

"I learned to be aware of things I did not realize before, and to keep an open mind."

~staff attending cultural competency training

Approximately 200 evaluations were completed and as the chart below illustrates the workshops were very well received, averaging an overall 3.5 out of a possible 4 points for increasing awareness, knowledge and "learning things I can take back to work."



Workforce education also continued in Fiscal Year 2009/2010 with trainings offered to staff in new and unique ways such as the *Distinguished Lecture Series* which began in September 2009. Workshops occur monthly from noon to one o'clock on the mental health services main campus. The workshops are provided at no cost to attendees and are open to all including Department of Health and Human Services staff, community partners, and clients and family members. The series offered attendees the unique opportunity to expand their knowledge on familiar topics while learning about new topics, in a relaxed and comfortable environment. The presenters are Department of Health and Human Services staff and providers who are experts in their field and have graciously volunteered their lunch hour to share their knowledge with our community. In Fiscal Year 2009/2010 326 attendees at twelve workshops. About half of the attendees have been Mental Health Branch staff and the other half have come from the Public Health Branch, Social Services Branch, or community based organizations, and many have self-identified as clients and family members. Evaluations have been excellent with an average score of 4.3 out of 5. Topics and presenters have included, Motivational Interviewing, Dementia, A Brief Overview, Post Traumatic Stress Disorder in Children, Verbal De-escalation, Wellness Recovery Action Plans, A Whirlwind Tour of the Personality Disorders, Counter-Transference, Transition Age Youth: Overcoming the Odds, Transgender Communities, and Department of Health and Human Services Financing 101.

Vendor selection and the contract process occurred for the Departments e-learning technology program. The support to peer volunteers and staff program activities contributed to the development and retention of clients and family members in mental health service delivery. The identification and training of newly adopted evidence based practices has occurred.

2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)

The Initial Community Program and Planning Process occurred in 2005 and the resulting Mental Health Services Act Three-Year Program and Expenditure Plan for Community Services and Supports for Fiscal Year 2005/2006, 2006/2007, and 2007/2008 was approved and implementation began in 2006.

The initial planning process strategies included holding six Regional Community Meetings, thirteen Targeted Stakeholder Meetings, distributing Community Strengths & Needs Surveys at various locations as well as the website, and, convening four Age-Specific Advisory Groups. In addition, ongoing planning activities and Local Review processes include but are not limited to:

- MHSA Innovation Plan
- Humboldt County Transition Age Youth Collaboration Recommendations
- MHSA Capital Facilities and Information Technology Needs Planning Process
- Superior Region WET Partnership
- MHSA Workforce Education and Training Planning Process
- MHSA Fiscal Year 2010/2011 Update
- MHSA Fiscal Year 2009/2010 Update
- Prevention and Early Intervention Planning Process

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

- Community Services and Supports Fiscal Year 2008/2009 Update
- Community Services and Supports Expansion Plan
- Community Services and Supports One-Time Augmentation Plan
- Community Services and Supports FY05/06 Remaining Funds Plan
- 2007 Community Services and Supports Progress Report
- 2006 Community Services and Supports Progress Report
- Community Services and Supports implementation activities
- The initial Community Services and Supports planning process

The following matrix is an extraction from the County's Three-Year Program And Expenditure Plan Community Services and Supports Fiscal Years 2005/2006, 2006/2007, & 2007/2008. The matrix shows the community issues identified during community planning and the Mental Health Services Act programs that address the issues.

Children and Youth		Transition Age Youth	
Issues	**Programs**	**Issues**	**Programs**
• Outreach to children, youth and families where they naturally congregate. • Provide services outside of the 9-5 workday. • Use technology to increase county-wide services. • Develop low-cost and free transportation options. • Focus on culturally-inclusive outreach.	• Rural Outreach Services Enterprise • Hope Center • Outpatient Medication Services Expansion - Telemedicine • Alternative Response Team • Crisis Intervention Services • Integrated Services and Supports • Full Service Partnership • Integerated Clinical and Administartive Information System	• Create a transition age youth committee focused on outreach, prevention and intervention.	• Transition Age Youth Partnership
• Launch a system-wide initiative to include youth voice.	• Transition Age Youth Partnership	• Provide support to and by transition age youth to transition into adulthood (ie, building relationships, developing life skills, connecting with culturally relevant supports).	• Transition Age Youth Partnership • Adaptation to Peer Transition Age Youth Support
• Public awareness and professional alignment • Develop an education and awareness program aimed at de-stigmatizing mental health issues.	• Stigma and Discrimination Reduction • Crisis Intervention Services	• Education and training • Develop a training program for professionals. • Develop an educational program for public. • Develop a program for consumers that include peer-support groups for transition age youth. • Develop a program for	• Hope Center • Crisis Intervention Services • Integrated Services and Supports • Support to Peer Volunteers and Staff • Workforce development through e-learning technology • Training for evidence-

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

		families. • Develop a navigation system.	based practices and full service partnerships • Suicide Prevention • Stigma and Discrimination Reduction • Adaptation to Peer Transition Age Youth Support
• Quality data • Create a database and delivery system. • Create an evaluation and feedback system.	• Integrated Services and Supports • Integerated Clinical and Administartive Information System	• Create a mobile service, consultation and resource team. • Establish mental health annexes in outlying areas. • Create a mobile crisis team.	• Rural Outreach Services Enterprise • Crisis Intervention Services
• Education and training • Create a Department education and training unit and develop strategies to meeting the needs of children, youth, parents, families, caregivers, community providers, staff and the public.	• Integrated Services and Supports • Workforce development through e-learning technology • Training for evidence-based practices and full service partnerships • Crisis Intervention Services • Suicide Prevention		

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

Adults		Older Adults	
Issues	**Programs**	**Issues**	**Programs**
• Improve the access and availability of mental health services to residents. • Moderate and remove operational barriers. • Assist clients in identifying and receiving services. • Provide respectful engagement of the whole person. • Emphasize recovery and wellness.	• Rural Outreach Services Enterprise • Hope Center • Outpatient Medication Services Expansion - Telemedicine • Older Adults and Dependent Adults Expansion • Crisis Intervention Services • Integrated Services and Supports • Full Service Partnership • Support to Peer Volunteers and Staff	• Access and availability of services • Create a system where mental health services are blended with other high-use services and provided in natural settings frequented by older adults. • Ensure transportation supports are aligned with different levels of functioning and ability. • Utilize a multi-disciplinary, collaborative, and culturally competent approach to service delivery. • Utilize tele-support and tele-medicine sites and links to provide culturally competent, 24/7 services and supports.	• Rural Outreach Services Enterprise • Hope Center • Outpatient Medication Services Expansion - Telemedicine • Older Adults and Dependent Adults Expansion • Crisis Intervention Services • Full Service Partnership
• Collaboration • Create multi-disciplinary teams. • Match authority with accountability. • Make the key guiding principle be that “We are all Service Providers”. • Create Middle Mgmt Teams. • Use community storefronts. • Include adult clients as part of the team. • Provide systematic support to multi-disciplinary teams. • Enhance creativity and service. • Address co-occurring disorders for mental health and alcohol and other drugs. • Focus on outcomes.	• Rural Outreach Services Enterprise • Hope Center • Outpatient Medication Services Expansion - Telemedicine • Alternative Response Team • Older Adults and Dependent Adults Expansion • Crisis Intervention Services • Integrated Services and Supports • Full Service Partnership • Support to Peer Volunteers and Staff • Workforce development through e-learning technology • Training for evidence-based practices and full service partnerships • Stigma and Discrimination Reduction	• Education • Create an educational program for service providers, educators, law enforcement and community members that will help to reduce the stigma associated with mental illness and encourage people to seek help early.	• Hope Center • Older Adults and Dependent Adults Expansion • Crisis Intervention Services • Workforce development through e-learning technology • Training for evidence-based practices and full service partnerships • Suicide Prevention • Stigma and Discrimination Reduction
• Create an infrastructure (eg, people and systems) grounded in the philosophy of harm	• Rural Outreach Services Enterprise • Hope Center • Full Service Partnership	• Create a single, centrally-managed, data collection system that is client-centered and accessible	• Integrated Services and Supports • Integerated Clinical and Administartive Information

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

reduction. • Create a system that focuses on supporting persons with mental health and alcohol and other drug issues. • Create and maintain an integrated delivery system that promotes timely delivery of primary services and follow-up services through an increased number of case managers. • Provide supportive services through a community-integration approach that is consumer-centered. • Enhance the availability of stable, affordable housing to permit persons with mental illness to experience security during recovery.	• Support to Peer Volunteers and Staff • Training for evidence-based practices and full service partnerships • Stigma and Discrimination Reduction • Mental Health Services Act Housing	to all agencies involved with clients.	System
• Create a county-wide program targeting prevention and/or early intervention focusing on mental health and alcohol and other drug issues.	• Rural Outreach Services Enterprise • Hope Center • Older Adults and Dependent Adults Expansion • Crisis Intervention Services • Support to Peer Volunteers and Staff • Workforce development through e-learning technology • Suicide Prevention • Stigma and Discrimination Reduction	• Hire providers that represent different cultural groups who are discreet, using appropriate age interpreters when necessary. • Ensure providers are aware of cultural stigma attached to mental illness and possible fears of the medical community. • Providers would investigate clients' medical status thoroughly and honor their cultural values.	• Hope Center • Older Adults and Dependent Adults Expansion • Integrated Services and Supports • Full Service Partnership • Support to Peer Volunteers and Staff • Workforce development through e-learning technology • Stigma and Discrimination Reduction

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Humboldt ☐ **No funding is being requested for this program.**

Program Number/Name: Rural Outreach Services Enterprise (ROSE)

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# Individuals General System Development	% Individuals General System Development	# Individuals Outreach and Engagement	% Individuals Outreach and Engagement
Child and Youth	20	7%		
TAY	38	14%		
Adults	196	72%		
Older Adults	18	7%		
Total	272	100%	8	Individuals served are not currently being captured by Age Range
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			280	

List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# Individuals	% Individuals
White	188	69%
African American	5	2%
Asian/Pacific Islander	4	1%
Native American	33	12%
Hispanic	3	1%
Multi	30	12%
Unknown	9	3%

Primary Language	# Individuals	% Individuals
English	260	96%
Spanish	1	
Farsi	1	
American Sign language	1	
Other	9	3%

Culture	# Individuals	% Individuals
LGBTQ		
Veteran		
Other		

Individuals served are not currently being captured by Culture

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

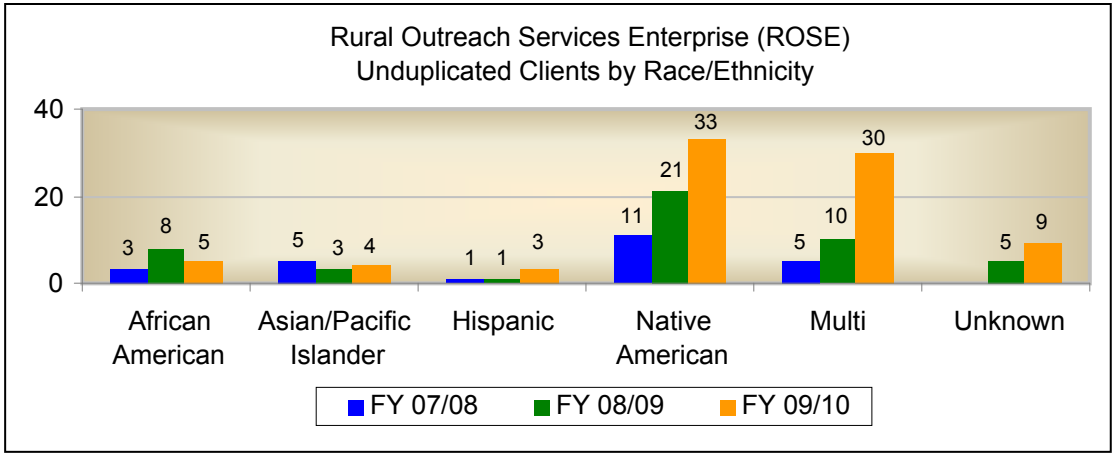
Answer the following questions about this program.

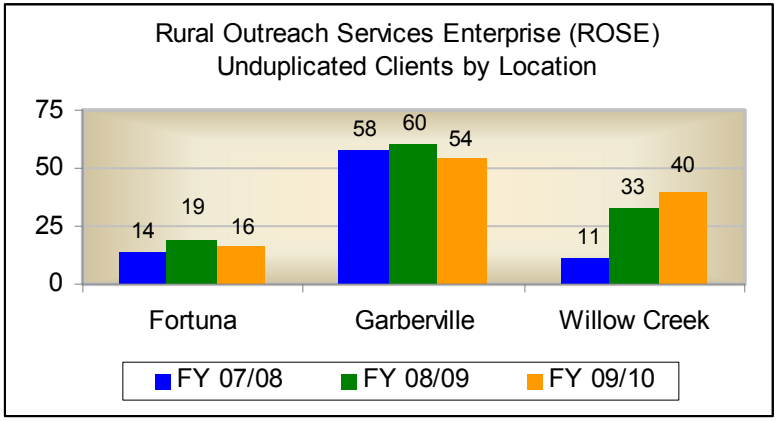
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In Fiscal Year 2009/2010 Rural Outreach Services Enterprise contributed to the increase of services to previously unserved and underserved populations throughout the County. By bringing services to outlying communities, ROSE addresses the barriers of transportation and the stigma of clinic based services.

ROSE serves previously unserved and underserved racial/ethnic populations.

Mental health services for Native American clients have increased from 11 unduplicated clients in Fiscal Year 2007/2008 to 33 in Fiscal Year 2009/2010.



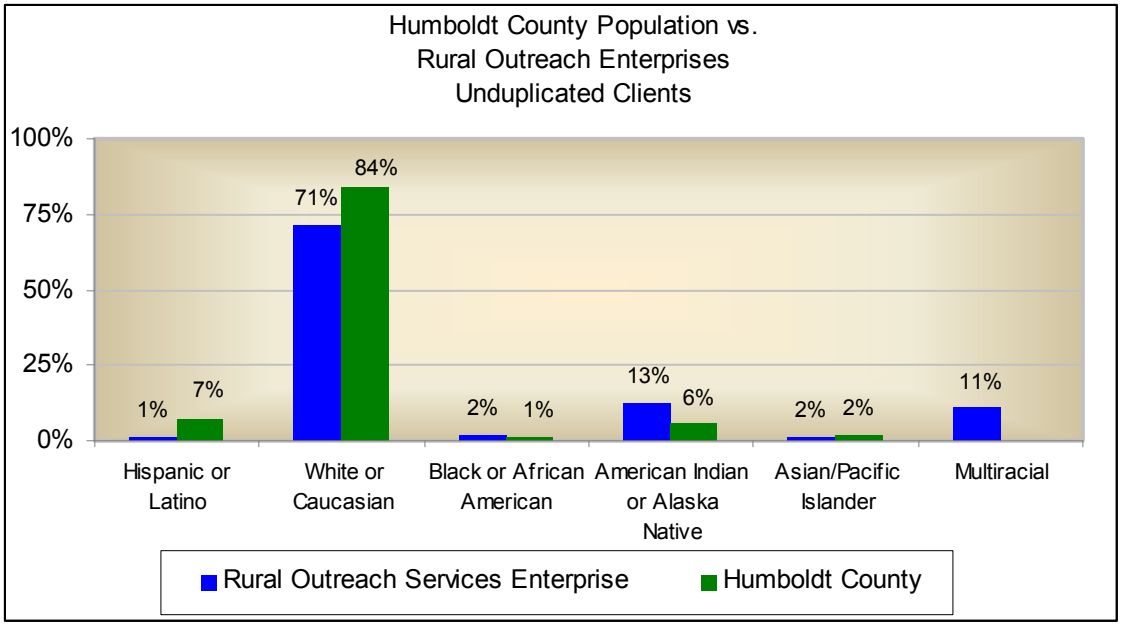


ROSE serves previously unserved and underserved rural populations in outlying areas of the County.

11 unduplicated mental health clients residing in Willow Creek were served in Fiscal Year 2007/2008 which increased to 40 in Fiscal Year 2009/2010.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Rural Outreach Services Enterprise is progressing in its efforts to reduce ethnic and racial disparities. As the graph below illustrates, 30% of mental health clients served by Rural Outreach Services Enterprises, report a race/ethnicity other than white as compared to the Humboldt County Population that reports 16%.



"Casterlin Family Resource Center continues a positive, helpful relationship with the Rural Outreach Services Enterprise mental health outreach worker who visits regularly."

~Casterlin School Family Resource Center

Key Accomplishments

- This year, with the mobilization of a department wide outreach effort, geographically distant areas have received support from a mobile engagement vehicle which travels to areas in the southern and northeast areas of the county. Services provided include assistance with food boxes, food stamp and benefit application. Mental health outreach and services have increased with the addition of a new mental health clinician and a new case manager. This service, by responding to and supporting community members in attaining basic assistance, has increased the positive visibility of Rural Outreach Services Enterprise.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

In Fiscal Year 2009/2010 there were no major challenges with implementation of this program as a result of the fluctuation in Mental Health Services Act funding or overall mental health funding.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
702,154	526,616	-25%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# Individuals General System Development	% Individuals General System Development	# Individuals Outreach and Engagement	% Individuals Outreach and Engagement
Child and Youth	20			
TAY	40			
Adults	200			
Older Adults	20			
Total	280		10	
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 290				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Rural Outreach Services Enterprise (ROSE) serves all age groups throughout the county including rural, remote, and outlying geographic areas. The MHSA CSS component of this integrated program serves individuals with severe mental illness or serious emotional disturbance including people who are homeless and at-risk of homelessness. ROSE provides mobile access to culturally appropriate services with efforts focused on reducing cultural and ethnic barriers to access that tend to exist in more traditional mental health settings. ROSE links with and provides support to existing community organizations such as Family and Community Resource Centers, community clinics, and Tribal Organizations in order to reach the unserved and underserved populations in those areas of the county. Humboldt County covers over 3,573 square miles and has pockets of population in many rural, remote, and outlying areas where there is little or no public transportation available. A unique solution to this issue is to take the services to the clients. ROSE is an integrated response with Social Services, Mental Health and Public Health Branches as an outreach program for individuals with a variety of physical, behavioral, and social needs as well as prevention and education activities, thereby reducing the stigma associated with accessing behavioral health services. Services and supports meet locally identified needs with the focus to improve access and includes: integrated outreach and prevention, clinical services including some medication support services, case management, information and referral, peer education and support, and system navigation. ROSE includes outreach, peer education and support, and system navigation provided by peer client and peer family member staff.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

County: Humboldt ☐ **No funding is being requested for this program.**

Program Number/Name: Hope Center

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# Individuals General System Development	% Individuals General System Development	# Individuals Outreach and Engagement	% Individuals Outreach and Engagement
Child and Youth				
TAY				
Adults				
Older Adults				
Total	784			

Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 784

Individuals served are not currently being captured by Age Group.

List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# Individuals	% Individuals	Primary Language	# Individuals	% Individuals	Culture	# Individuals	% Individuals
White			English			LGBTQ		
African American			Spanish			Veteran		
Asian/Pacific Islander			Other			Other		
Native American								
Hispanic								
Multi								
Unknown								

Individuals served are not currently being captured by Race and Ethnicity.

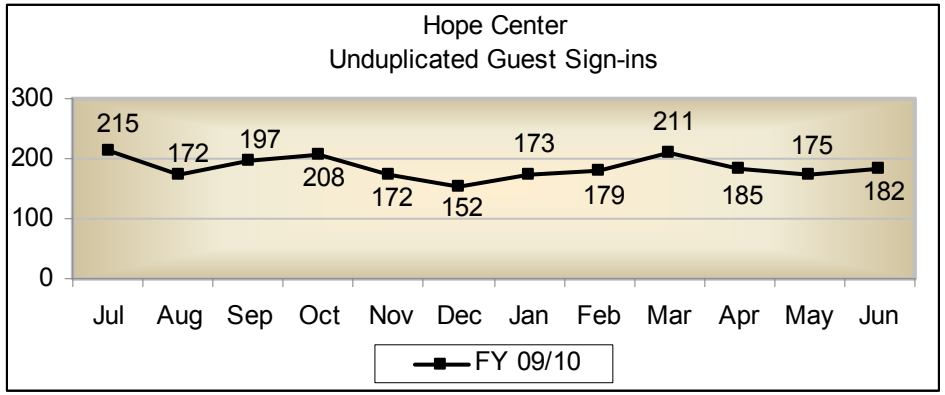
Individuals served are not currently being captured by Primary language.

Individuals served are not currently being captured by Culture.

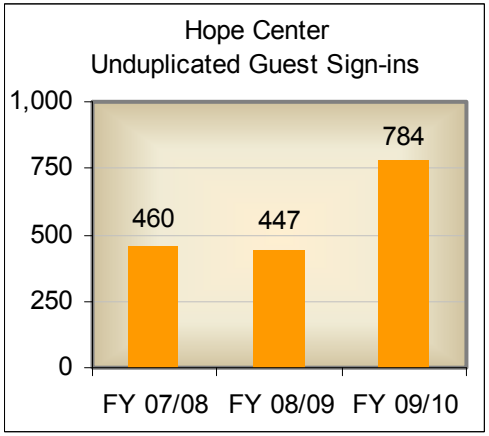
Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

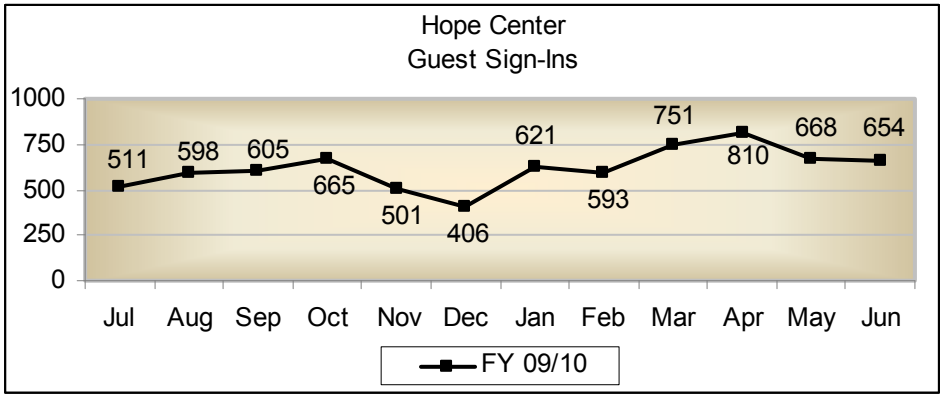
The Hope Center provides peer-to-peer services to previously unserved and underserved populations. As the chart below indicates, there was a 75% increase in participation at the Hope Center from Fiscal Year 2008/2009 to Fiscal Year 2009/2010. The Hope Center is currently in the planning stages for capturing participant demographic information including race/ethnicity.

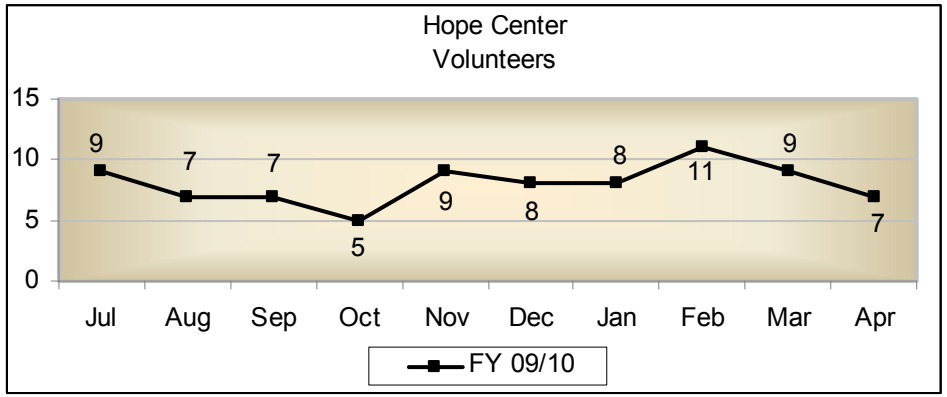


"Guests" include Department of Health and Human Services staff, volunteers, community members, visitors at special events, and people who participate in Hope Center activities such as Wellness Recovery Action Plans (WRAP) or Peer Advocacy.



"Unduplicated Guest Sign-ins" is the number of unduplicated individual people who sign in as a guest at the Hope Center each month. "Guest Sign-ins" is the number of times people sign-in as a guest at the Hope Center each month. For example if a person visits the Hope Center nine times in a single month he or she will be counted once in the "Unduplicated Guest Sign-ins" and nine times in the "Guest Sign-ins".

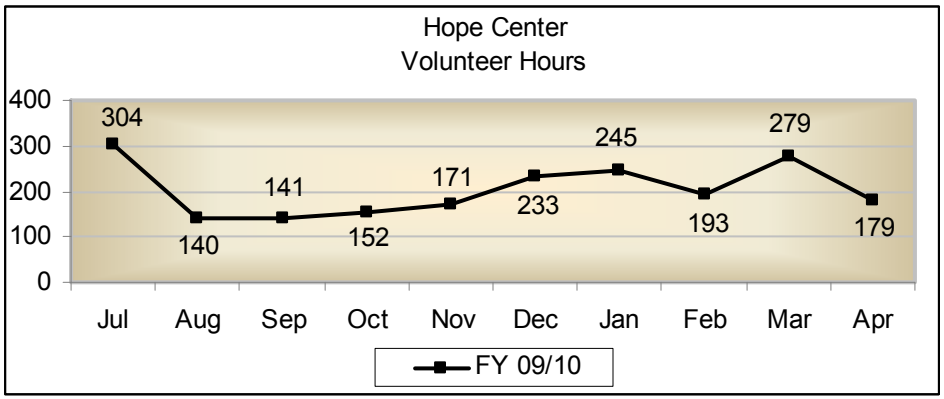




Hope Center volunteer staff perform duties such as: providing one-on-one peer support with participants, running the front desk, conducting and supervising daily chores, facilitating groups, data entry, representing the Hope Center as members on committees such as the MHSA Prevention and Early Intervention Implementation Team and the MHSA Humboldt County Transition Age Youth Collaboration.

There are currently nine Hope Center volunteer staff who after completion of the volunteer training, completed Health Insurance Portability and Accountability Act (HIPAA) training and completed a law enforcement background check (Live Scan). Both are required by the Department of Health and Human Services for all direct service care providers.

The number of volunteer hours at the Hope Center fluctuates over time usually due to special events sponsored by or occurring at the Hope Center such trainings, an art show, open house, picnic, or bake sale.



Key Accomplishments

- Updated Hope Center Mission Statement: Hope is a key ingredient to wellness. The Hope Center recognizes diversity in goals, needs, concerns, strengths and motivations. We are person centered where individuals experience is validated. We share resources for recovery and build skills to empower the person to make informed choices.

- Updated Hope Center Agreements: Keeping the center drug and alcohol free is a need within our community. Caring for and cleaning up our environment is a personal responsibility. The Hope Center is your center and a place to explore what recovery means to you and share in decision making. Creating personal boundaries and being mindful of the need for space and privacy makes us feel safe. Our community is made up of many different backgrounds. Acknowledging the differences without judgment helps us learn tolerance. Words are powerful. Using them to support and build each other up is always helpful. Kind words and deeds are encouraged in our community. Your possessions are yours alone. Sharing is encouraged. The Hope Center is a place for peer support and self and mutual help groups in a safe environment. Everyone has the capacity for learning, and growth.

- Developed and coordinated wellness and recovery activities at the Hope Center (See Attached Calendar) such as: Peer Support Group: a place to share and get support if you have mental health issues. Depression Workbook: a workbook written by Mary Ellen Copeland that deals with a varied of issues depression, mania, coping, and triggers to name a few. DBSA: Depression Bipolar Support Alliance. GLBT: Gay Lesbian Bisexual Transgender group. Grief Group: a group for people suffering from any type of loss. Mind Menders: a sharing group for someone who struggles or is in recovery of mental health issues. Brain Q&A: education for various mental health diagnoses and the effect on the brain. Peer Advocacy: learning to advocate for yourself through peer support. AOD: alcohol and other drug group. Cookie Walk: A walk to the bakery and back for 5cent cookie Tuesdays. Pathways to Recovery: learning new ways to live with mental health issues. Interactive Art: Work on various projects and encourage exploration of our own talents through interaction and feelings. Gardening: Hope Center participants created a list of gardening tasks. Participants can pick up the list and tools and work in the garden. Leadership: reaching out into the community to volunteer on committees and board groups.

- Developed and implemented a peer training and volunteer program for folks who are interested in volunteering at the Hope Center. Each Session is three hours long and typically, volunteers complete three sessions for a total of nine hours of training. Sessions include topics such as basic duties of volunteers, healthy boundaries, crisis intervention (e.g. whom to contact in what situations), Wellness Recovery Action Plans (WRAP), privacy/confidentiality, and peer counseling.

- Developed and conducted Wellness and Recovery Groups at the inpatient psychiatric hospital, Sempervirens, three to four days a week with attendance varying from 4 to 15 people per session.

- Developed and conducted a Wellness Recovery Action Plan informational review for Department of Health and Human Services Staff with 32 participants in attendance, 15 of which received continuing education credits. The training received a 4.4 out of a possible 5 on the evaluations.

"There are volunteers that work here that you can talk to about issues you might be dealing with; there's groups targeted to mental health challenges; there's resources--a telephone, a place to go on holidays."

"Thanks! Totally honorable and never-ending kind service."

"It's the best place I ever discovered... you people, the place, it's so darn convenient. It's way cool."

~ Participants at the Hope Center

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Success and Challenges

- Over 25 Hope Center staff, volunteers, and participants worked with the Prevention and Early Intervention teams in various ways such as implementation committee members and speakers at events. They provide input on program development, participated in training activities and were fundamental to the success of the suicide prevention and stigma and discrimination reduction activities.

- Hope Center staff, volunteers, and participants served as panel members in Crisis Intervention Training, the mental health and law enforcement training, to tell their own personal stories and answer questions from training attendees.

- Coordinated opportunities to participate in and learn about mental health program development such as stakeholder input sessions for the Mental Health Services Act planning and implementation, Mental Health Board meetings, and Alcohol and Other Drug Board meetings.

- Coordinated opportunities for participants to receive no cost hair cuts, dental cleaning, and chamber music and theater event tickets.

- Coordinated with the Department of Health and Human Services Public Health Branch to provide 13 participants with H1N1 vaccinations at the Hope Center.

- Provided Hope Center representation on multiple committees and boards including the Prevention and Early Intervention Suicide Prevention, Stigma and Discrimination Reduction Implementation teams, the Humboldt County Transition Age Youth Collaboration, and the Humboldt Chapter of the National Alliance on Mental Illness (NAMI).

- Coordinated Guest speakers at the Center such as the Department of Health and Human Services, Medical Director, Director of Nursing, and the Office of Client and Cultural Diversity.

- Participated in activities such as the May is Mental Health Month Walk and the Board of Supervisors Proclamation.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $161,183 | $120,887 | -25% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	 Yes ☐ No ☒ Yes ☐ No ☒

NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	#	%	#	%
	Individuals General System Development		**Individuals Outreach and Engagement**	
Child and Youth				
TAY				
Adults				
Older Adults				
Total	850			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 850				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Hope Center serves unserved and underserved populations including transition age youth, adults and older adults who have a severe mental illness and their family members. The Hope Center provides a safe, welcoming environment based on recovery self-help principles and the resources necessary for people with a mental health diagnosis and their families to be empowered in their efforts to be self sufficient. The Hope Center is client/family member run with a Center Facilitator, an Activity Therapist, two full time and one part time Peer Support Specialists. Staff support, supervision and consultation is provided by a Clinical Psychologist. The Center provides recovery services including peer-to-peer education and support, system navigation, and linkage to services. Outreach efforts are made by Hope Center peer staff and volunteers to underserved people with a mental health diagnosis.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

The Hope Center……

A place where everyone learns to grow in a warm, supporting atmosphere.

A place where everyone is a peer.

Susan Hoffman, Co Facilitator

Email: shoffman@co.humboldt.ca.us

Shelly Fitzgerald, Co Facilitator

Email: sfitzgerald@co.humboldt.ca.us

Kellie Jack (Josey) Co Facilitator

Email: kjosey@co.humboldt.ca.us

The Hope Center

2933 H Street

Eureka, California 95501

Modular Building

(between Harris and Wood Streets)

441-3783

The Hope Center is open everyday,

Monday thru Friday, from 8am to 4pm.

It is a place to relax, create, socialize, play games, read, learn new skills, and maximize your potential.

Where every person is

worth understanding

The Hope Center

A Place To Grow

A safe, positive environment to learn to live the best life possible; personally, socially, mentally and emotionally.

Hope Center's Mission

Hope is a key ingredient to wellness.

The Hope Center recognizes diversity in goals, needs, concerns, strengths and motivations. We are person centered where individual's experience is validated. We share resources for recovery and build skills to empower the person to make informed choices and to live the best life possible.

Workshops, classes and other activities are offered and facilitated by peer volunteers. All activities are offered free of charge, however we do ask that donations be made for snacks, sodas and coffee so that we may be able to continue to provide them.

Offerings

The Hope Center offers activities such as:

Watercolor class
Bingo
Peer Advocacy group
Quilting
Guest Speakers
WRAP (the Wellness Recovery Action Plan)
Grief Group
Men's groups
Women's groups
And other activities as well!

Some activities change from month to month, so keep checking in to see what's new!

A calendar of activities is available at the Center.

What is WRAP?

The WRAP is the Wellness Recovery Action Plan, developed by Mary Ellen Copeland. This is a plan that you develop in case things break down and you need help. It helps to keep your recovery in check by developing a plan for what to do to keep yourself well, and it identifies what others can do to help when things break down.

MAY *2010*

407-7836 ***Shelly Fitzgerald***

The Hope Center
2933 "H" Street
Eureka, CA 95501
Open 8am – 4pm
441–3723 ***Susan Hoffman***

MAY *2010*

834-1093 ***Kellie Josey***

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1 12-4 SOLOLIST @ ARKLEY 6-9 ARTS ALIVE
2 12:00 Women in Unity NA Group	3 10:30 Water Color Class 11:00 Bingo 12:00 Peer Advocacy 1:00 Community Meeting 2:00 Men's Group/Women's Grp	4 10:00 Quilting w/ Oceana 12:00 DBSA Meeting 1:30 Movie 3:30 clean up everyone	5 10:00 Pathways to Recovery 11:00 Grief Group *12:30 HOPE Center Business Meeting 1st Weds. of month* 1:30 Volunteer Meeting 1:30 Movie : Larry's choice	6 9:30 AA with Joe & Charlie 11:00 Movie: AVATAR 1:30-3pm Mind Menders	7 11 - 2pm Art for Life In Rainbow room Poster making @ Hope Center 12-2pm	8 
9 12:00 Women in Unity NA Group Mother's Day	10 10:30 Water Color Class 11:00 Bingo 12:00 Peer Advocacy 1:00 Community Meeting 2:00 Men's Group/Women's Grp	11  May's Mental Health Walk 12:15pm @ Hope Center	12 10:00 Pathways to Recovery 11:00 Grief Group 12: bring a lunch and hang out 1:00 ART- FACES OF RECOVERY paper Mache'	13 9:30 AA with Joe & Charlie 11:00 Guest speaker: Amy Larum 1:30-3pm Mind Menders	14 HOPE CENTER BBQ @ SEQUOIA PARK 12-3pm	15 
16 12:00 Women in Unity NA Group	17 10:30 Water Color Class 11:00 Bingo 12:00 Peer Advocacy 1:00 Community Meeting 2:00 Men's Group/Women's Grp	18 10:00 Quilting w/ Oceana 12:00 DBSA Meeting 1:30 Movie 3:30 clean up	19 10:00 Pathways to Recovery 11:00 Grief Group 12: bring a lunch and hang out 1:00 ART- FACES OF RECOVERY paper Mache'	20 9:30 AA with Joe & Charlie 11:00 Guest speaker: Dr Duggal Medical Director 1:30-3pm Mind Menders	21 11:00 WRAP 12:30 Poetry Group 12:30 ART , GAMES, ECT. 6pm MOVIE NIGHT 2:00 DBSA- GLBT	22
23/30 12:00 Women in Unity NA Group	*24/31* 10:30 Water Color Class 11:00 Bingo 12:00 Peer Advocacy 1:00 Community Meeting 2:00 Men's Group/Women's Grp	25 10:00 2 hour Beach Trip 12:00 DBSA Meeting 1:30 Movie 3:30 clean up	26 10:00 Pathways to Recovery 11:00 Grief Group 12: bring a lunch and hang out 1:00 ART- FACES OF RECOVERY paper Mache'	27 9:30 AA with Joe & Charlie 11:00 Guest speaker: TBA 1:30-3pm Mind Menders	28 11:00 WRAP 12:30 Poetry Group 12:30 ART , GAMES, ECT. 1:30 MONTHLY BIRTHDAYS 2:00 DBSA-GLBT	29 

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Humboldt ☐ **No funding is being requested for this program.**

Program Number/Name: Outpatient Medication Services Expansion - Telemedicine

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# Individuals General System Development	% Individuals General System Development	# Individuals Outreach and Engagement	% Individuals Outreach and Engagement
Child and Youth	0			
TAY	14	18%		
Adults	59	74%		
Older Adults	7	8%		
Total	80	100%		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			80	

List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# Individuals	% Individuals
White	64	80%
African American	2	3%
Asian/Pacific Islander	3	4%
Native American	6	8%
Hispanic	0	
Multi	4	5%
Unknown	0	
Other	1	

Primary Language	# Individuals	% Individuals
English	80	100%
Spanish		
Other		

Culture	# Individuals	% Individuals
LGBTQ		
Veteran		
Other		

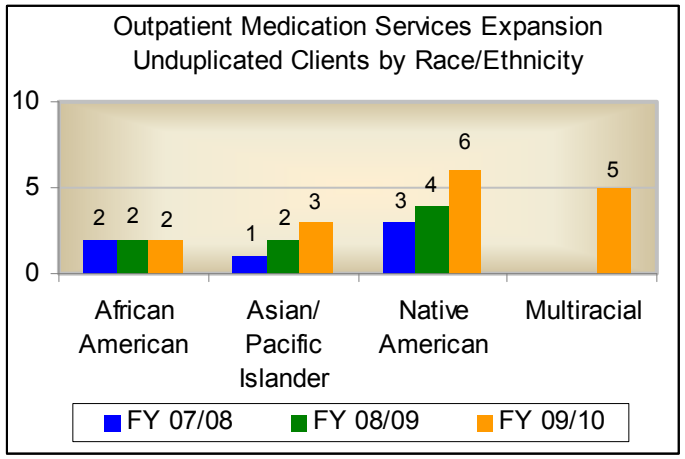
Individuals served are not currently being captured by Culture.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In Fiscal Year 2009/2010 Outpatient Medication Services Expansion contributed to the increase of services to previously unserved and underserved racial/ethnic and geographically isolated populations in a rural region of the County. By bringing telemedicine services, this expansion addresses the barriers of transportation and the stigma of clinic based services. In August of 2010 telemedicine services in the southern part of the County celebrated three years (see attached newsletter article). Also in Fiscal Year 2009/2010, based on the analysis of data and an identified community need, planning occurred to expand telemedicine services to the eastern part of the County.



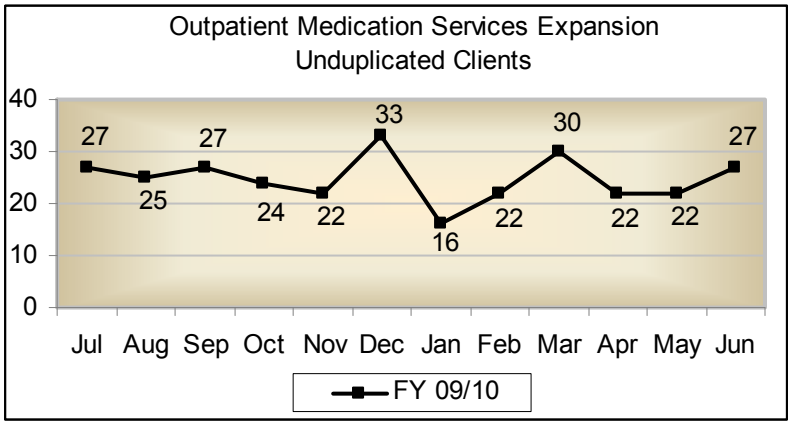
Services for people who identify as Native Americans have increased from 3 unduplicated clients in Fiscal Year 2007/2008 to 6 in Fiscal Year 2009/2010.

This expansion is progressing in its efforts to reduce racial/ethnic disparities. There is a 167% increase from Fiscal Year 2007/2008 to Fiscal Year 2009/2010 in clients served that report a race/ethnicity other than white.

In Fiscal Year 2009-2010 there was a total 80 unduplicated individuals served with an average of 25 unduplicated individuals each month.

"It used to be a hassle for me to find a ride or take the bus to get to the mental health clinic, now I can stay in Southern Humboldt and have been doing much better".

~ Client with telemedicine in Garberville



PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
In Fiscal Year 2009/2010 there were no major challenges with implementation of this program as a result of the fluctuation in Mental Health Services Act funding or overall mental health funding.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $208,058 | $156,044 | -25% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ Yes ☐	No ☒ No ☒

NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	#	%	#	%
	Individuals General System Development		Individuals Outreach and Engagement	
Child and Youth	4			
TAY	14			
Adults	79			
Older Adults	10			
Total	107			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 107				

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Outpatient Medication Services Expansion - Telemedicine serves unserved and underserved populations residing in rural areas of the county including children, transition age youth, adults and older adults who have a severe mental illness or serious emotional disturbance. Outpatient Medication Services Expansion provides medication support utilizing video conferencing equipment. It allows clients to receive services at locations that are closer to where they reside eliminating burdensome travel that often was a barrier in receiving services.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

Program Highlight

Telemedicine Services to Southern Humboldt

by Amy Larum, Director of Nursing

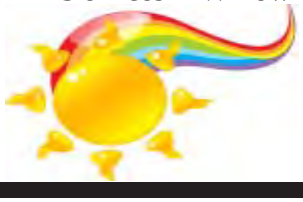
DHHS's Mental Health Branch is celebrating 3 years of psychiatric telemedicine services to Southern Humboldt County residents. The weather and terrain of our county, coupled with a poor transit system, used to cause many people living at the outer edges of Humboldt County financial and weather periling hardships while traveling to our Eureka office. Providing telemedicine in the outlying, already operational DHHS integrated Garberville clinic has provided greater access to mental health services, as well as reduced the cost and inconvenience to our clients who were traveling an hour or more to reach our centralized Eureka mental health clinics.

When we started the telemedicine program, the clients were asked if they would be willing to participate in the change during their doctor visits in the Garberville clinic. Many expressed concern that they would miss the face-to-face appointment with the doctor, but agreed to participate. They were told that the nurse would be there to provide nursing assessments for each visit, as well as try to make them feel comfortable with the telemedicine equipment. The clients see the Nurse Practitioner via a television monitor and they communicate in real time.

Community stakeholders and DHHS staff recognized a shortage of both psychiatrists and psychiatric nurses to serve the many people of our county who sought services from a remote area. Telemedicine has reduced travel time for our Nurse Practitioner, Wendy Brandon, RN, NP, and has provided more nursing care for our clients. Other goals of telemedicine were to provide a nurse in the Southern Humboldt clinic to physically assess the patient, provide Abnormal Involuntary Movement Scale testing, medication management, referrals and a consistent human connection. This has been working very smoothly and the patients enjoy the personalized nursing relationship offered by Marcile Raney, RN, who has been a consistent presence in the clinic.

Having our psychiatric telemedicine clinic located in a DHHS site has also afforded our clients access to preventive health education and other programs to meet their needs in a more holistic manner. One measurable aspect of our change in service has been an increase in the number of clients' appointments. We are now serving 51 unduplicated clients, and last fiscal year a total of 245 services were provided. The clinic is available two days per week. We have also reduced the travel time for those clients who are prescribed long acting injectable medication on a monthly basis, since our nurse now administers the injections in Southern Humboldt. Finally, we are identifying a reduction in admissions to our acute hospital from that area of the county.

We are very pleased to have had the ability to provide medication support services to Southern Humboldt residents by combining telemedicine and face to face services. The clients enjoy the same personalized attention from the nurse and Nurse Practitioner as if they were in Eureka. All of the clients are thankful to be able to have services close to home. We are planning to extend these services through shared DHHS offices in Willow Creek in the near future. We will update you as this project develops.



PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Humboldt ☐ **No funding is being requested for this program.**

Program Number/Name: Alternative Response Team Expansion (ART)

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# Individuals General System Development	%	# Individuals Outreach and Engagement	%
Child and Youth	29	97%	5	
TAY	1	3%	20	
Adults			20	
Older Adults				
Total	30		45	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			75	

List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# Individuals	%	Primary Language	# Individuals	%	Culture	# Individuals	%
White	24	80%	English	30	100%	LGBTQ		
African American	2	7%	Spanish			Veteran		
Asian			Other			Other		
Pacific Islander								
Native American	3	10%						
Hispanic								
Multi	1	3%						
Unknown								
Other								

Race/Ethnicity and Primary Language currently being captured for General System Development only.

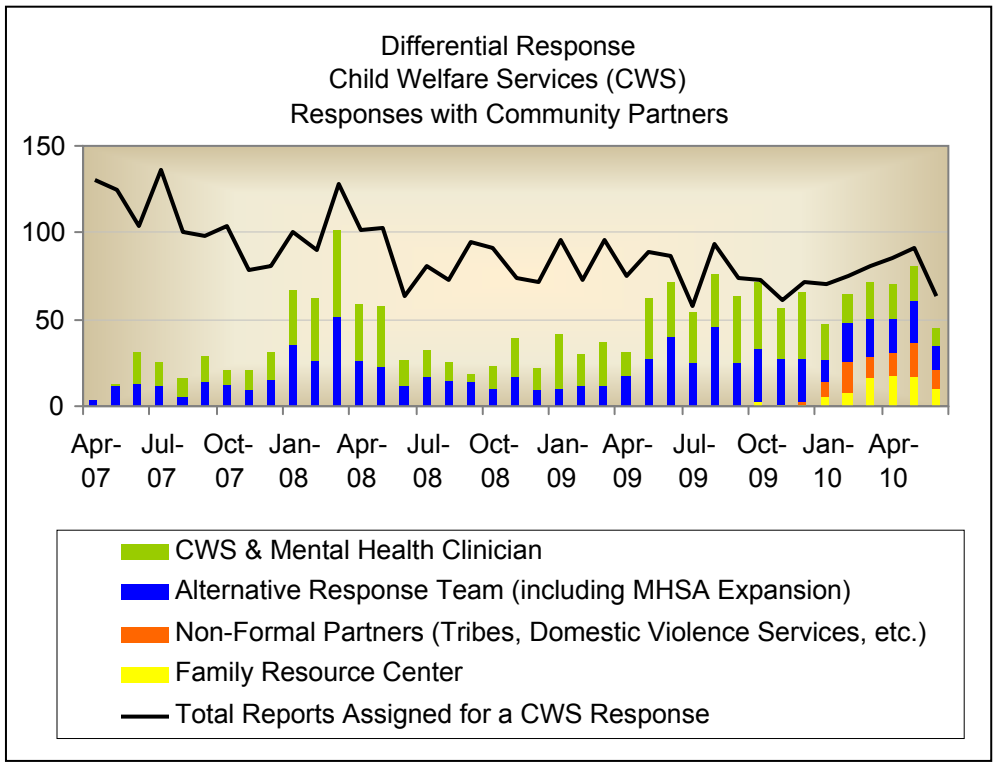
Individuals served are not currently being captured by Culture.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In Fiscal Year 2009/2010 the Alternative Response Team Expansion contributed to the increase of services to previously unserved and underserved populations throughout the County. The children and families that are served by the program's mental health clinician, were referred through Child Welfare Services and the County's Differential Response initiative. Previous to this integrated referral and response initiative these families were unserved by mental health. By providing services that occur in the community, this program addresses the barriers of transportation and the stigma of clinic based services. The barrier of stigma is also addressed by the multidisciplinary and integrated approach of the program.

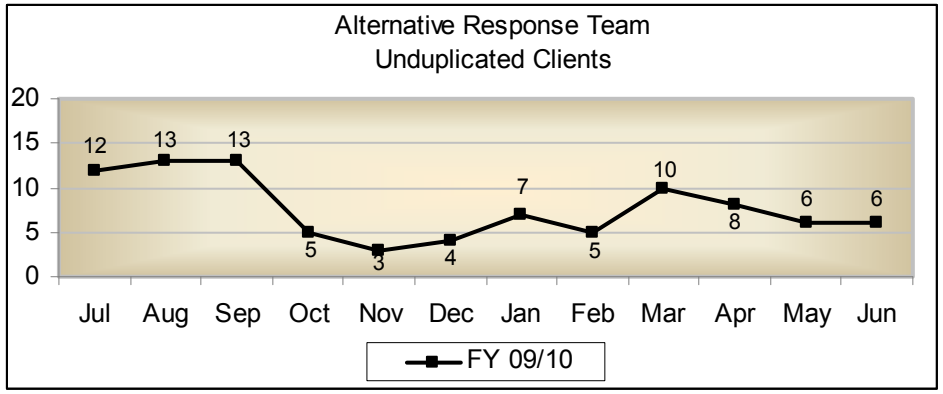


The voluntary Alternative Response Team services are offered to a family when a child abuse or neglect allegation does not meet statutory definitions for a Child Welfare Services in person response, yet there are indications that the family is experiencing problems that could be addressed by appropriate services.

This graph illustrates that as the number of referrals receiving a community based integrated response increase there is a decrease in the reports assigned for a Child Welfare Services Response, hence fewer referrals requiring a formal intervention.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

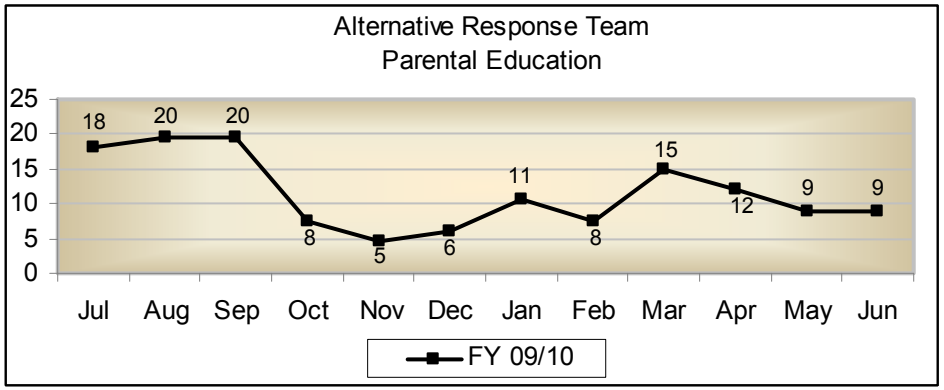
Differential Response is built around three guiding principles: 1) Children are safer and families are stronger when communities work together. 2) The earlier family issues are identified and addressed, the better children and families do 3) Families can resolve issues more successfully when they voluntarily engage in services, supports, and solutions.



The Alternative Response Team serves previously unserved and underserved populations.

In Fiscal Year 2009/2010 an average of 8 unduplicated clients received mental health services per month 20% of which reported a race/ethnicity other than white.

As a multidisciplinary and integrated team, the Alternative Response Team mental health clinician provided parental education to an average of 12 unduplicated families being served by the program per month in Fiscal Year 2009/2010.



PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Successes and Challenges

- 29 referrals completed to the program's Mental Health Services Act – Mental Health Clinician. Majority of families remained engaged with mental health services after completing program.
- 52 families or 331 individuals graduated from Alternative Response Team services for Fiscal Year 2009/2010. 1089 individualized client goals were identified with 784 goals completed (72%). Health related goals completed included 96% of child immunizations are up to date, 92% obtained child medical care, 52% of families obtained dental care, and 100% obtained prenatal care.
- 73% of families had no further Child Welfare Services referrals or allegations twelve months after completing program.
- Updated and translated the Alternative Response Team brochure into Spanish.
- Staff recruitment and retention impacted the consistency and availability of the program's Mental Health Services Act – Mental Health Clinician.

"I liked the access to counseling that we got for my daughter. It is hard to do everything as a single parent and it is a great relief and helps to have someone work with us every week on emotional issues that I simply don't have the knowledge of, or the know-how to fix. The parenting resources she has supplied me with have been so valuable and have improved my relationship with my daughter greatly. I believe the county workers who visited did everything within their jurisdiction that they could do to provide support resources for me and my daughter."

"The Alternative Response Team was a great support to my family. If I needed something they would make an effort to do so, or find out where I could get assistance. They were very supportive during a very stressful time in our lives. Thanks so much."

"Whatever my team did, everyone should work like mine. They are great and I am happy to have learned from them. Thanks."

~ Families participating in the Alternative Response Team

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

In Fiscal Year 2009/2010 there were no major challenges with implementation of this program as a result of the fluctuation in Mental Health Services Act funding or overall mental health funding.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below:	

FY 10/11 funding	FY 11/12 funding	Percent Change
$(6,191)	$(7,738)	25%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	#	%	#	%
	Individuals General System Development		Individuals Outreach and Engagement	
Child and Youth	29	97%	5	
TAY	1	3%	20	
Adults			20	
Older Adults				
Total	30		45	
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:			75	

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Alternative Response Team serves children at-risk of Child Welfare Services (CWS) intervention and their families. The Mental Health Services Act component of this integrated program serves children with serious emotional disturbance and their families. The Alternative Response Team Expansion is a collaboration of state initiatives including Mental Health Services Act and a Child Welfare Improvement Activity. Initiated in 1996, the Alternative Response 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. The team provides prevention services in the home for at-risk families with children aged 0-8 years of age that were referred to Child Welfare Services but did not meet the criteria for intervention. In September 2006, through Mental Health Services Act funding, a full time Mental Health Clinician position was added to the interdisciplinary team resulting in a more integrated and holistic service experience to families. Using the evidence based practice, Parent Child Interaction Therapy (PCIT), mental health staff provides screening and assessment services, consultation, parent education, and wellness/recovery/resiliency focused clinical services.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

PHN
Public Health Nursing

Place Stamp Here

Other Public Health Nursing Programs

- Childhood Lead Poisoning Education and Follow-up
- Sudden Infant Death Syndrome Counseling and Follow-up
- Communicable Disease Investigation and Surveillance
- AIDS Drug Assistance Program
- Tuberculosis Control Program
- Nurse Family Partnership

AMERICANS WITH DISABILITIES ACT: The County does not discriminate on the basis of disability in services, programs, activities, or employment. The County does not discriminate on the basis of race, religion, color, national origin, ancestry, age, disability, sex or sexual orientation. Persons with disabilities requiring special assistance or accommodations contact: (707) 268-2122

Revised 1/11

A.R.T.
529 I Street
Eureka, CA 95501

PHN
Public Health Nursing

A.R.T. Alternative Response Team

529 I St.
Eureka, CA 95501
(707) 476-4915

Garberville Office
(707) 923-1259

Willow Creek Office
(530) 629-2410

Toll Free 1-866-597-1574

8:00am - 12:00pm
and
1:00pm – 5:00pm

Program Description

The purpose of the Alternative Response Team (ART) is to provide preventative services that address general neglect that, if left untreated, may eventually require Child Welfare Services (CWS) intervention.

By enhancing parental functioning and child development, and by preventing abuse and neglect, the health and dignity of children and their parents will be improved and the integrity of families will be preserved. ART recognizes that children are best served by remaining with their families.

ART is a voluntary nurse case management in-home visiting program that provides intensive case management for up to six months to respond to the needs of families with children age 0-8 years old. These services are available countywide.

Referrals

Families are referred to ART by CWS and consist of general neglect cases that do not meet the legal mandates for CWS intervention. Clients can self-refer by calling Child Welfare Services at (707) 445-6180.

ART Helps Families With:

- Medical, dental, and mental health services
- Anger management
- Nutrition
- Parenting techniques
- Child care resources
- Information and referral
- Transportation
- Health promotion
- Immunizations
- Birth control/family planning
- Safety and supervision training
- Organizational skills
- Time management
- Stress management
- Budgeting/financial management

ART Partners

The ART program works with Federal, State, County and local non-profit agencies throughout Humboldt County.

We offer our families resources and encouragement. We help them to identify their strengths and how to build on them.

Family Success

Following are some of the goals families have achieved by participating in ART:

- Accessed medical, dental and mental health services for their family
- New parenting, supervision and coping skills
- Became clean and sober
- Accessed stable housing
- Learned how to advocate for themselves and their children
- Obtained drivers training, permit, or license
- Passed their GED, returned to school, attended college or learned to read
- Learned about personal and/or household hygiene
- Learned about budgeting or accessed payee services

PHN
Public Health Nursing

Otros programas de enfermería de la Salud Pública

- Programa de visitación y educación para los bebés de alto riesgo
- Educación y seguir el caso del envenenamiento con plomo durante la infancia
- Síndrome de muerte súbita del lactante conserjería y seguimiento
- Investigación y vigilancia de enfermedades transmisibles
- Atención de salud preventiva de la vejez
- Programa de asistencia de medicamentos para el SIDA
- Programa de Control de la Tuberculosis

ACTO DE ESTADOUNIDENSES CON DISCAPACIDADES: El condado no discrimina en la basis de incapacidades en servicios, programas, actividades ni empleo. El condado no discrimina en el basis de raza, religión, color, origen nacional, ascendencia, discapacidad de edad, sexo u orientación sexual. Personas con incapacidades que requieren auxilio especial o acomodaciones, pueden llamar al: (707) 441-5510

A.R.T.
529 I Street
Eureka, CA 95501

PHN
Public Health Nursing

Alternative Response Team A.R.T.

529 I St.
Eureka, CA 95501
(707) 476-4915

Garberville Office
(707) 923-1259

Willow Creek Office
(530) 629-2410

Llamada gratis 1-866-597-1574

8:00am - 12:00pm
y
1:00pm – 5:00pm

Descripción del Programa

El Departamento de Salud y Servicios Humanos (los departamentos de la Salud Pública y Servicios Sociales) formaron el Equipo de Resolución Alternativa (ART) en junio del 1996. El propósito del ART es prevenir la negligencia que, si no es tratada puede requerir la intervención de Servicios de Protección para Niños (CWS). Es la creencia de los socios de ART que aumentando el la función en la crianza de sus niños y el desarrollo de niños, y previniendo el abuso y la negligencia, que la salud y la dignidad de niños y de sus padres sean mejoradas y la integridad de familias será preservada. La central a esa creencia es el reconocimiento que se aprovechan mejor los niños manteniéndose con sus familias. ART es un programa voluntario basado en su casa que proveerá un manejo del caso intensivo utilizando un equipo de Enfermeras de la Salud Publica y Trabajador/a de Salud Comunitaria para responder a las necesidades de familias con niños de 0-8 años de edad. Estos servicios son disponibles por todo el condado.

Remisiones

Las familias son referidas al programa de ART por el programa de CWS y consistirán de casos generales de negligencia que no satisfacen los mandatos legales para la intervención de CWS. Los clientes pueden pedir la ayuda ellos mismos llamando a Child Welfare Services al (707) 445-6180.

El ART ofrece Educación de Salud y los recursos según las siguientes preocupaciones:

- Manejo de la ira
- Nutrición
- Técnicas de crianza de niños
- Recursos para guarderías infantiles
- Información y referencias
- Transportación
- Promoción de salud
- Mantenimiento de salud
- Inmunizaciones (vacunas)
- Enfermedades contagiosas
- Anticonceptivos/planificación familiar
- Seguridad
- Habilidades de organización/ manejo de tiempo
- Crecimiento y desarrollo
- Manejo de estrés
- Presupuestos y manejo financiero

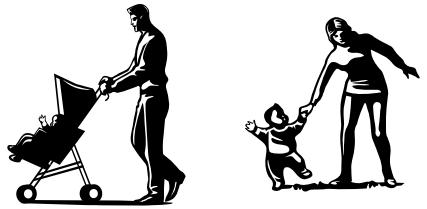
Socios de ART

El Equipo de Resolución Alternativa ha trabajado con más de 150 recursos en nuestra comunidad. Esto consiste de agencias Federales, Estatales, del Condado y agencias de fines no lucrativos por todo el Condado de Humboldt. Se determinan las agencias con cuales trabajamos dependiendo en las necesidades de cada familia.

¿Cuales metas pueden ser realizadas?

- Han conseguido servicios médicos, dentales y salud mental para su familia
- Aprendieron nuevas maneras de supervisión, crianza de niños y enfrentar
- Dejaron las drogas
- Obtener un hogar estable
- Aprendieron como trabajar con proveedores de servicios y como abogar por ellos mismos y sus niños
- Obtener preparación, permiso o licencia para conducir
- Recibir su diploma general, regresar a la escuela, ir al colegio o aprender a leer
- Aprender de la limpieza personal y/o de la casa
- Aprender de presupuestos o tener acceso a los servicios de beneficiarios
- Instrucción en seguridad y supervisión

Nosotros ofrecemos recursos y apoyo a nuestras familias. Nosotros los ayudamos identificar sus fuerzas y como desarrollarlas



PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Humboldt ☐ **No funding is being requested for this program.**

Program Number/Name: Older Adults and Dependent Adults Expansion

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# Individuals General System Development	% Individuals General System Development	# Individuals Outreach and Engagement	% Individuals Outreach and Engagement
Child and Youth				
TAY				
Adults	1	50%		
Older Adults	1	50%		
Total	2	100%		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			2	

List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# Individuals	% Individuals	Primary Language	# Individuals	% Individuals	Culture	# Individuals	% Individuals
White	2	100%	English	1	50%	LGBTQ		
African American			Spanish			Veteran		
Asian			Other	1	50%	Other		
Pacific Islander								
Native American								
Hispanic								
Multi								
Unknown								
Other								

Individuals served are not currently being captured by Culture

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The Mental Health Services Act component of this program is an expansion and the mental health service needs are addressed for clients that have involvement with Adult Protective Services, the inpatient unit, as well as with law enforcement and local hospitals. We continue to recruit staff for this program so that further expansion can be planned.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
In Fiscal Year 2009/2010 there were no major challenges with implementation of this program as a result of the fluctuation in Mental Health Services Act funding or overall mental health funding.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐	No ☒
2) Is there a change in services?	Yes ☐	No ☒
3) a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$113,412	$85,059	-25%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	#	%	#	%
	Individuals General System Development		Individuals Outreach and Engagement	
Child and Youth				
TAY				
Adults	7	14%	12	14%
Older Adults	43	86%	73	86%
Total	50		85	
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 135				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Older Adults and Dependent Adults Program Expansion serves adults and older adults at-risk of higher level of care or higher level of supervision. The Mental Health Services Act component of this integrated program serves adults and older adults with severe mental illness. Older Adults and Dependent Adults Program Expansion provides in home services to disabled adults, at-risk adults and older adults. The enhanced adult services team expands an existing collaboration between Social Services, Adult Protective Services, In Home Support Services, Public Health Nursing, and a mental health clinician to provide assessment and treatment planning to older and dependent adults with a serious mental illness who are at risk of abuse or neglect or who are in need of support services to remain in their home.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

County: Humboldt ☐ **No funding is being requested for this program.**

Program Number/Name: Crisis Intervention Services (CIS)

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# Individuals General System Development	% Individuals General System Development	# Individuals Outreach and Engagement	% Individuals Outreach and Engagement
Child and Youth			3	6%
TAY			8	14%
Adults			37	66%
Older Adults			8	14%
Total			56	100%
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			56	

List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# Individuals	% Individuals
White	45	80%
African American	1	2%
Asian/Pacific Islander	1	2%
Native American	1	2%
Hispanic	1	2%
Multi	7	12%
Unknown		
Other		

Primary Language	# Individuals	% Individuals
English	55	98%
Spanish		
Other	1	2%

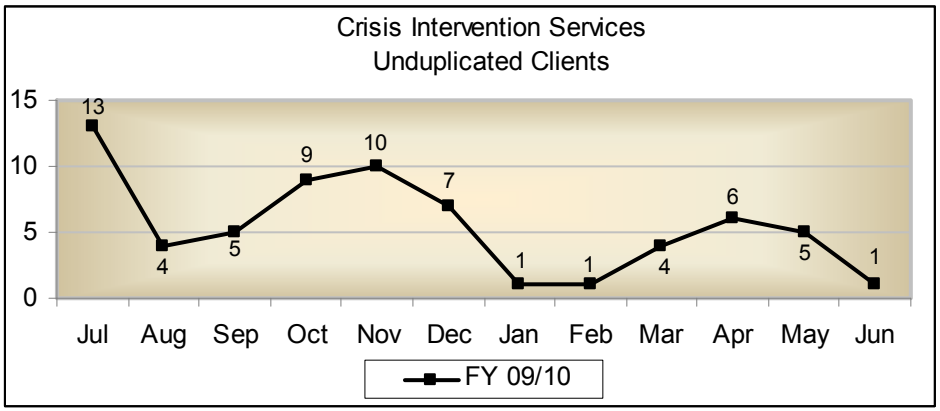
Culture	# Individuals	% Individuals
LGBTQ		
Veteran		
Other		

Individuals served are not currently being captured by Culture.

Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Through partnering with local law enforcement and other community agencies Crisis Intervention Services contributed to the increase of culturally competent services to previously unserved and underserved populations throughout the County in Fiscal Year 2009/2010.

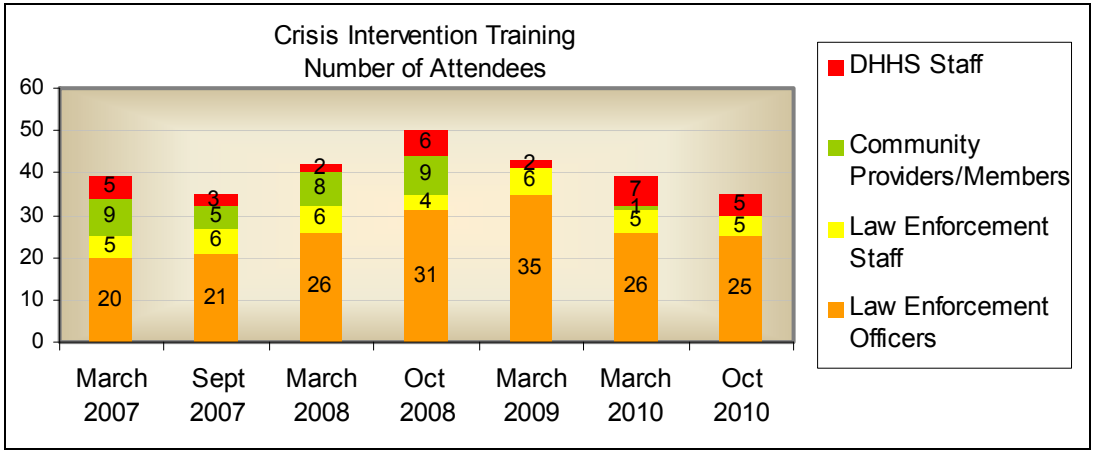


Crisis Intervention Services provided crisis and critical incident services to an average of 6 mental health clients per month in Fiscal Year 2009/2010. 20% of which reported a race/ethnicity other than white.

The Crisis Intervention Team was awarded the 2009 "Patriot Award" by the Redwood Chapter of the American Civil Liberties Union (ACLU).

Crisis Intervention Training is a national model where partnerships between law enforcement, mental health systems, clients and their family members can help in efforts to assist people who are experiencing a mental health crisis.

Mental Health Branch Staff trained in the Crisis Intervention Team model have sponsored and provided local training. To date, seven sessions of the four day training have trained 184 law enforcement officers and staff, 37 community providers/members, and 30 Department of Health and Human Services staff.



Successes and Challenges

- Crisis Intervention Training has lead to the expansion of mental health crisis services including direct cell phone access for officers to mental health responders, thirty minute field response time to assist officers in the community, and a ride-along program with law enforcement for mental health staff.

> *I am not aware of any program available to law enforcement personnel which is as important or more beneficial than Crisis Intervention Training. It is mandated for all of our sworn and non-sworn personnel, and there is no doubt in my mind that this training has reduced the use of force and probably prevented the use of serious or deadly force in our community. As our front line police personnel encounter greater numbers of individuals with mental health issues, the ability to recognize and be equipped with even rudimentary tools is invaluable. As important is the fact that our officers are much more familiar with available resources and how to engage them when they encounter persons with mental health issues.*
>
> *~ Garr Nielsen, Chief of Police*
> *Eureka Police Department*

- Increased utilization of mental health services at the County Correctional Facility which enables people with a mental illness to be treated in an appropriate treatment setting.

- Continued work on operational polices and procedures for Crisis Intervention Training responses.

- Over 300 outreach and engagement contacts with law enforcement since 2006.

> *Because of my involvement with Crisis Intervention Training, my encounters with police officers went form fearful and arrogant to enjoyable conversation. I really think it works. I believe not only do police get to begin to understand us but we get to begin to understand them too."*
>
> *~Joe Jack, Client Panel Speaker*

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

- One mental health staff trained in Advanced Hostage Negotiation and four mental health staff trained in Basic Hostage Negotiation.
- Awarded the 2009 "Patriot Award" by the Redwood Chapter of the American Civil Liberties Union (ACLU). This award goes to the community member or members who have demonstrated a patriotic commitment to defending and preserving Constitutional rights and liberties.

"When someone is having a mental health crisis, they cannot stand up for their constitutional rights, such as the right to due process. The Crisis Intervention Training therefore gives mental health staff and law enforcement personnel effective tools to defend the rights of others when they are at their most vulnerable"

~ Greg Allen, Chair
Redwood ACLU

"We are really pleased with the success of this program and hope that resources continue to be dedicated to it."

~ Christina Albright, Vice Chair
Redwood ACLU

"This training has increased communication, and morale, improved skills, decreased stigma and most importantly, it will save lives."

~Tim Ash, NAMI and Mental Health Board Member

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

In Fiscal Year 2009/2010 there were no major challenges with implementation of this program as a result of the fluctuation in Mental Health Services Act funding or overall mental health funding.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below:	

FY 10/11 funding	FY 11/12 funding	Percent Change
$106,618	$79,963	-25%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# Individuals General System Development	% Individuals General System Development	# Individuals Outreach and Engagement	% Individuals Outreach and Engagement
Child and Youth			5	8%
TAY			10	17%
Adults			35	58%
Older Adults			10	17%
Total			60	100%
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 60				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Crisis Intervention Services serves transition age youth, adults and older adults experiencing crises and at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental illness who may be homeless, including those with co-occurring disorders. Crisis Intervention Services staff responds to intervene and prevent hospitalizations and incarcerations. CIS provides crisis support during critical incidents or potential critical incidents involving persons who may have a mental illness or co-occurring disorder. Mental health staff responds to assess, engage, and refer clients to appropriate services and supports; and to develop more direct outreach, engagement, and access strategies.

Crisis Intervention Services also conducts and sponsors Crisis Intervention Team trainings. Crisis Intervention Team 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.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

CRISIS INTERVENTION TEAM TRAINING

A Collaboration between DHHS Mental Health Branch and Law Enforcement

Tuesday, October 12 through Friday, October 15, 2010

8:00 AM to 5:00 PM (continental breakfast at 7:30 AM)

Humboldt Bay Aquatic Center

921 Waterfront Dr., Eureka

This four day training will enhance skills in dealing with persons with mental illness and other disabilities that are in crisis.

Trainers for this interactive workshop will come from law enforcement, the courts, community based organizations, and the Mental Health Branch. Information will be presented about legal issues, officer and citizen safety, and crisis and suicide intervention. The primary goal of the workshop is to increase knowledge about mental health services and issues for officers in the field.

Cost: Cost of registration is $50.00. For those wanting POST/College of the Redwoods credit an additional $39.00 per person will be billed to the agency after the training.

Law Enforcement Credits: This is a 32 hour POST-certified training for Law Enforcement. STC credit will be offered for Probation, Corrections, and Parole.

Continuing Education Credits: This course meets the qualifications for 28.0 hours of continuing education credit for MFTs and LCSWs as required by the California Board of Behavioral Sciences, Provider Number PCE 250, Department of Health and Human Services. Provider also approved by the Calfornia Board of Registered Nurses, Provider Number, CEP 15353 for 28 contact hours.

Course Objectives: Upon completion of this course, participants will: a) have a clear understanding of the Welfare and Institution Code 5150 and Law, b) have reviewed major mental health disorders and other disabilities and acquired specific techniques for responding to them in the field, and c) learned about available services for mental health clients in Humboldt County

Sponsored by:

Registration Form

(seating is limited; register early)

One person per registration form please(use photocopies for additonal attendees). Payment is due at time of registration
Please RSVP via email to pcone@co.humboldt.ca.us. Questions? Call 441-5528

Attendee Name:_____

Organization:_____

Mailing Addres:_____

City, State, Zip Code:_____

E-mail address:_____

Phone:_____

Registration fee: $50.00 (See cost section above)

Registration fee enclosed: $_____

Make checks payable to: DHHS

Your check will be your receipt.

Mail check and registration form to:

DHHS

Attn: Mental Health Fiscal

507 F St.

Eureka, Ca 95501

Humboldt County Department of Health and Human Services
Mental Health Branch Crisis Intervention Team (CIT) March 2010 Training Schedule

Tuesday, March 9, 2010	Wednesday, March 10, 2010	Thursday, March 11, 2010	Friday, March 12, 2010
0730-0800 Continental Breakfast	0730-0800 Continental Breakfast	0730-0800 Continental Breakfast	0730-0800 Continental Breakfast
0800-0900 **Introduction/Training Overview** *Lt. Lynne Soderberg* *Jet DeKruse, MFT*	0800-0930 **CIT** *Officer Joel Fay, Psy. D., San Rafael Police Department, Deputy Joshua Todt, Marin County Sherriff*	0800-0845 QPR **Suicide Prevention** *Kris Huschle & Karen Diers*	0800-0900 **Co-Occurring Disorders- Mental Illness and Substance Abuse** *Doug Rose-Noble, LCSW*
0900-0915 Break		0845-0900 Break	
0915-1015 **5150** *Judge Feeney*	0930-0945 Break	0900-0945 **Coordination of Care: Emergency Rooms and Mental Health** *Mark Lamers, Ph.D.*	0900-0915 Break
1015-1030 **Patients' Rights Advocate** *Jim Snow*	0945-1045 **CIT** *Officer Joel Fay, Psy. D., San Rafael Police Department, Deputy Joshua Todt, Marin County Sherriff*	945-1045 **Redwood Coast Regional Center** *Rob Enge, MSW* *Dr. Kim Smalley, Ph.D.*	0915-1015 **De-escalation, Reducing Uncontrolled Behaviors** *Marcia Bowman, LPT* *Donna Fletcher, LPT*
1030-1045 Break	1045-1100 Break	1045-1100 Break	
1045-1145 **Mental Illness Overview** *Ruby Bayan, M.D.*	1100-1200 **CIT** *Officer Joel Fay, Psy. D., San Rafael Police Department, Deputy Joshua Todt, Marin County Sherriff*	1100-1200 **Access to Sempervirens, Psychiatric Emergency Services, Same Day Services** *Jet DeKruse, MFT, Senior Program Manager of 24 Hour Services*	1015-1045 **Mental Health Services in the Jail** *Kelly Cole ACSW*
1145-1230 Lunch			1045-1100 Break
1230-1315 **Veteran's Presentation** *Andy Durham, Mary Baker*	1200-1300 Lunch		1100-1200 **Exercise** *Lt. Lynne Soderberg, University Police*
1315-1630 **Facility Tours** Sempervirens, Psychiatric Emergency Services, Same Day Services, Crestwood, Double RR Care Home, Street Outreach Services, Four Paths Gallery, Hope Center	1300-1330 **Communication** *Amanda Nichols, Eureka Police Department Dispatcher, Adam Laird, Eureka Police Department Officer, Muneca "Moonie" Higginson MHW*	1200-1315 Lunch	1200-1300 Lunch
	1330-1430 **CIT** *Officer Joel Fay, Psy. D., San Rafael Police Department, Deputy Joshua Todt, Marin County Sherriff*	1315-1415 **NAMI Family Panel**	1300-1330 **Recovery and Wellness** *Lea Nagy*
	1430-1445 Break	1415-1430 Break	
	1445-1545 **CIT** *Officer Joel Fay, Psy. D., San Rafael Police Department, Deputy Joshua Todt, Marin County Sherriff*	1430-1515 **Older Adults - Dementia** *Maggie Kraft, MSW*	1330-1430 **NAMI Consumers**
			1430-1445 Break
		1515-1545 **Making Headway** *Gail Pascoe, RN*	1445-1545 **CIT Panel** *Pamlyn Millsap, Facilitator*
		1545-1600 Break	1545-1600 Break; Complete Evaluations
1630-1700 **Discussion** *Lt. Lynne Soderberg, University Police, Jet DeKruse, MFT*	1545-1600 Break	1600-1700 **Exercise** *Lt. Lynne Soderberg, University Police*	1600-1700 **Graduation**
	1600-1700 **Exercise** *Lt. Lynne Soderberg, University Police*		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Humboldt ☐ **No funding is being requested for this program.**

Program Number/Name: Integrated Services and Supports

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# Individuals General System Development	% Individuals General System Development	# Individuals Outreach and Engagement	% Individuals Outreach and Engagement
Child and Youth				
TAY				
Adults				
Older Adults				
Total	5,869			

Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 5,869

Individuals served is not currently being captured by Age Range

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# Individuals	% Individuals
White		
African American		
Asian		
Pacific Islander		
Native American		
Hispanic		
Multi		
Unknown		

Individuals served is not currently being captured by Race/Ethnicity

Primary Language	# Individuals	% Individuals
English		
Spanish		
Other		

Individuals served is not currently being captured by Primary language

Culture	# Individuals	% Individuals
LGBTQ		
Veteran		
Other		

Individuals served is not currently being captured by Culture

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

C. Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

There are three central components of Integrated Services and Supports

- Research & Evaluation
- Training, Education & Supervision
- Office of Client & Cultural Diversity

Key Accomplishments

- The Research & Evaluation unit provides the Department of Health and Human Services with the ability to collect and track data and outcomes across systems in order to improve and increase the system's ability to provide culturally competent, values driven, and evidence based services and supports. Research & Evaluation also provides training, consultation, and technical assistance to branches, units, and programs, helping maintain service integrity and quality. Research & Evaluation supports outcome and evaluation capacity by managing routine, regularly occurring tasks, as well as branch requested special project when resources allow. Both task areas are designed to assist the Department's commitment toward increased outcome and evaluation capacity, as well as providing access to effective evidence based practices. Regularly occurring tasks include: Evaluation planning and implementation for evidence based practices programs and grants, including program logic models used to help implement newly operational evidence based practices and/or assist in application for new grant funding. In Fiscal Year 2009/2010, nine logical models were completed by the Research & Evaluation unit to help serve this purpose. Attend monthly evidence based practice team meetings to advise, as needed, on issues of data collection, outcomes, and evaluation strategies. Provide quarterly evidence based practice orientation trainings. Provide quarterly written evaluation reports for four evidence based practice programs, with plans to provide additional reports for three new practices. A total of 16 evidence based practices evaluation reports were completed during this fiscal year. Quarterly compilation of the H*umboldt County Department of Health and Human Services Integrated Progress and Trends Report.* Overall, the Research & Evaluation Unit produced 34 written reports during the last reporting cycle.

- The Training, Education & Supervision unit increases the capacity to provide cross branch education and training opportunities targeted toward improving and increasing the system's ability to provide culturally appropriate services and reduce disparities. Trainings are available for agency staff and community partners. Education and outreach activities for ethnic and other cultural populations, families, and clients are provided. The Training, Education & Supervision unit also provides pre-licensure clinical supervision and, when applicable, ensures training Continuing Education Units (CEU) are offered for professional development.

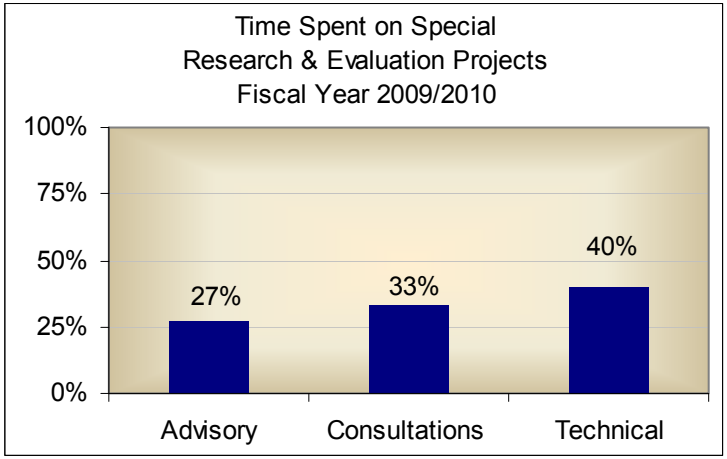
PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

- A primary focus of the Office of Client & Cultural Diversity is to increase and improve the system's capacity to deliver culturally competent, consumer driven services to populations throughout the county. The Office provides cross branch leadership for policy and program development. The Client & Cultural Diversity Advisory Committee works in conjunction with the Office of Client & Cultural Diversity. This committee is comprised of employees from the Mental Health Branch, Public Health Branch, and Social Services Branch, as well as clients, family members, and other community partners.

Successes and Challenges

- One of the top goals of Research & Evaluation is to assist programs in developing practices and policies to help maximize branch level outcome and evaluation capacities. Toward this goal, Research & Evaluation provides branches with in house research and evaluation expertise through three specialized forms of assistance: Advisory assistance involves Research & Evaluation as a participant in meetings and/or workgroups to provide suggestions on areas related to sound outcome and evaluation techniques. Consultations are project requests from Branches and programs seeking in-depth, in-person assistance on projects requiring expertise in research and evaluation. Technical Assistance can be conducted without in-person assistance, and generally involves data assistance, trouble shooting and statistical analysis.

As the chart below illustrates, consultations and technical assistance were the most frequently utilized services accessed by programs.

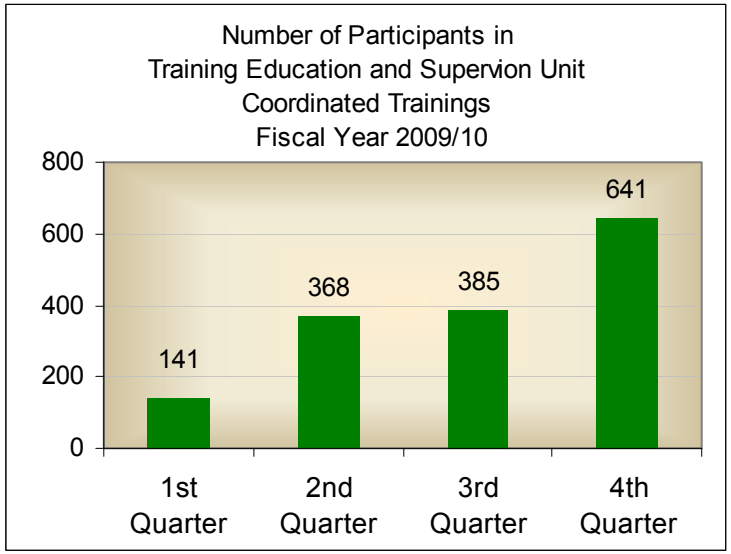


PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

- Workforce development and capacity building are critical to increasing the Department's ability to provide effective and appropriate services to the community over time. The Department of Health and Human Services maintains a commitment to developing and increasing the workforce. The Training, Education, and Supervision unit builds this capacity through three primary activities: Pre-licensure supervision to help Associate Social Workers (ASWs) and Marriage and Families Therapy Interns (MFTIs) meet the Board of Behavioral Sciences requirements of 104 weeks of individual and group supervision. Ensuring Continuing Education Units (CEU) are available for licensed professionals participating in trainings whenever possible. Coordination and provision of trainings. In Fiscal Year 2009/2010, 160 Continuing Education Units were offered. A total of 53 individuals have received supervision services. Of these, 30 are still actively working toward licensure. Eight individuals have completed supervision for a cumulative total of 832 weeks. Four employees have passed their licensure exams after completing their licensure supervision.

- The Training, Education, and Supervision unit continues to build system capacity by developing, coordinating, and integrating all resources to provide cross branch training and education. Trainings provide core and continuing education opportunities to staff, clients, family members, parents, families, community partners, and providers. This includes coordinating in-house and outsourced trainings to ensure consistency with DHHS values.

As the chart below illustrates, a total of 1,535 individuals participated in trainings in Fiscal Year 2009/2010. 28% of those participants were clients, family and community members. A total of 197 hours of training were offered to these participants.



PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

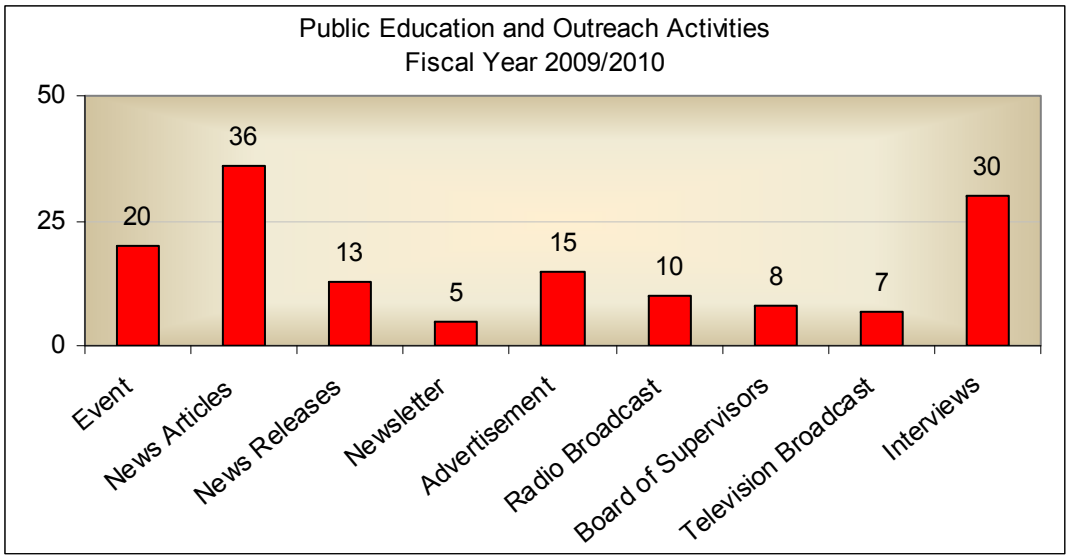
As shown in the chart below, Training, Education, and Supervision unit coordinated 49 trainings in Fiscal Year 2009/2010. Participation varied according to the type of training. Of the 49 trainings, nine had more than 50 people in attendance.

Title of Training	Attendees	Title of Training	Attendees	Title of Training	Attendees
Evidence Based Practices Introduction	27	Intimate Partner Violence	24	Trauma Focused Cognitive Behavior Therapy	9
Youth Education Summit	88	The Incidence/Impact of Child Abuse and Neglect in Families Affected by Substance Abuse	4	Question-Persuade - Refer Suicide Prevention	21
Motivational Interviewing	26	Question-Persuade - Refer Suicide Prevention	32	Safety Assessment and Planning for Children of Families Affected by Substance Abuse	4
Beyond the Bench	110	Question-Persuade - Refer Suicide Prevention	14	Infant Sleep-Related Deaths	55
Evidence Based Practices Introduction	14	Crisis Intervention Training	35	Trauma Focused Cognitive Behavior Therapy	14
Dementia: A Brief Overview	34	Wellness Recovery Action Plan (WRAP)	32	Soloist Screening - Prevention and Early Intervention	57
Healthy Aging	116	Question-Persuade - Refer Suicide Prevention	17	Leadership Training-Continuing the Transformation	18
Well Child Dental Visit	17	Soloist Screening - Prevention and Early Intervention	58	Whirlwind Tour of Personality Disorders	38
Question-Persuade - Refer Suicide Prevention	25	Law and Ethics	63	Understanding Substance-Abusing Fathers in Systems of Care	3
Post Traumatic Stress Disorder (PTSD) Children	36	Welcoming Based Cultures	49	Meeting the Needs of Substance-Abusing Fathers in Systems of Care	2
Trilogy Demonstration - E-learning	16	Prenatal Substance Exposure	9	Trauma Focused Cognitive Behavior Therapy	10
Evidence Based Practices Introduction	13	Mom Has HIV: Now What?	2	Counter-Transference	30
Verbal De-escalation	31	Verbal De-escalation	25	Mental Health Branch - Cultural Competence	29
Question-Persuade - Refer Suicide Prevention	25	Writing in Plain Language	21	Mental Health Branch - Cultural Competence	24
Supervisee Training	32	Evidence Based Practices Introduction	10	Transgender Communities	62
5150 -The Art of the Hold	44	Got Y.O.U.T.H.	52	Leadership Training-Continuing the Transformation	15
Traumatic Brain Injury	21	Trauma Focused Cognitive Behavior Therapy	22		

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

- The Department of Health and Human Services Media Calendar was developed to systematically sort and track media related activities making it easier to access and view media activities online. The Media Calendar links the type of media activity to the media sources making it easier to find and read specific media events about a topic easier and more efficient. The Public Education and Outreach program is responsible for external communications to help raise community awareness and understanding about the Department of Health and Human Services and the services and supports offered. News releases, newspaper and print articles, as well as public services announcements help accomplish the important task of bridging the Department with the community. When funding permits, the Public Education and Outreach program also helps coordinate advertising campaigns, including television announcements, information displays and campaigns. Public Education and Outreach activities vary reflecting the changing needs of the community, by providing alerts, resource topics, and Department of Health and Human Services news.

The chart below illustrates the number of media related activities according to nine activity types. Of the 144 total media activities, news articles were the most frequently used media type at 25% of all activities. Interviews were also a frequent media activity over the last fiscal year.



PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

- The Office of Client & Cultural Diversity actively works to emphasize client-centered, family-focused, and community-based services that are culturally appropriate, linguistically competent, and provided in an integrated setting. The Office strives to increase awareness, opportunity, and understanding of the importance of a culturally relevant service system reflective of community values through a wide variety of activities including: Coordinated meetings with the Client and Cultural Diversity Advisory Committee, including a meeting hosted by the Hope Center to discuss recovery. Sought input from Branch Directors and Deputy Directors by inviting them to provide ideas for developing client and cultural competence. Contributed articles about cultural competency to the Department newsletter. Facilitated roll out of the Rural Outreach Services Enterprise (ROSE) Mobile Engagement Vehicles to targeted areas of the county. As a result, the Office has begun to widen the reach of the Department out to the community while carrying forth the hope of recovery, reducing stigma and decreasing disparities to all members of the community, including those in the more rural areas. Wrote grants geared toward reducing homelessness through supported housing and at reducing stigma through better integration of behavioral and physical health care. Maintained a listserv of individuals who receive updates on resources, supports, outreach, events and training opportunities. Examples of community events and resources circulated through the Office include: *Art and Soul* Artist Reception held at the Mental Health Branch celebrating artists from the Art for Life Studio, Four Paths Gallery, Hope Center Art, and Bridge House Artists in honor of May is Mental Health Month. A celebration of “May is Mental Health Month” with the Art for Life Opening Exhibit. Promoted screenings of films and videos, such as “The Soloist”, as a way to create dialogue and understanding about diversity.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
In Fiscal Year 2009/2010 there were no major challenges with implementation of this program as a result of the fluctuation in Mental Health Services Act funding or overall mental health funding.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below:	

FY 10/11 funding	FY 11/12 funding	Percent Change
$207,729	$155,797	-25%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	# Individuals General System Development	% Individuals General System Development	# Individuals Outreach and Engagement	% Individuals Outreach and Engagement
Child and Youth				
TAY				
Adults				
Older Adults				
Total	6,044			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 6,044				

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Integrated Services and Supports serves unserved and underserved children, transition age youth, adults, and older adults who have serious mental illness and/or serious emotional disturbance. It is a further integration and expansion of a newly developed division at the Department of Health and Human Services. To facilitate progress toward Mental Health Services Act goals, Integrated Services and Supports includes the following infrastructure enhancements:

The Office of Client & Cultural Diversity provides cross-branch leadership to the Department 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.

The Research and Evaluation unit includes a full spectrum of evaluation services from data management, data verification, statistical analysis and interpretation, to written progress reports; increasing the Department's capacity for outcomes based program planning and improvement. These data offer a measure of how a program or service, overtime, affects the community.

The Training, Education and Supervision unit 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.

Clients are indirectly served by these structures. Benefits to clients include: Service provision by staff who have received core, ongoing, and continuing training and evidence based practice training. Use of evaluative services to guide service delivery and evidence based practice targeted toward the identified target populations. Increased access to culturally appropriate services and reduced barriers to services.

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Humboldt ☐ **No funding is being requested for this program.**

Program Number/Name: Full Service Partnership

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	# Individuals Full Service Partnership	% Individuals Full Service Partnership	# Individuals General System Development	% Individuals General System Development	# Individuals Outreach and Engagement	% Individuals Outreach and Engagement	Cost per Client Full Service Partnership Only
Child and Youth	0		0				
TAY	15	12%	15	12%			$22,197
Adults	94	76%	94	76%			$22,197
Older Adults	15	12%	15	12%			$22,197
Total	124	100%	124	100%			

Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 124

List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	# Individuals	% Individuals	Primary Language	# Individuals	% Individuals	Culture	# Individuals	% Individuals
White	102		English	124		LGBTQ		
African American	5		Spanish			Veteran		
Asian/Pacific Islander	1		Other			Other		
Native American	10							
Hispanic	6							
Multi								
Unknown								
Other								

Individuals served are not currently being captured by Culture.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

Answer the following questions about this program.

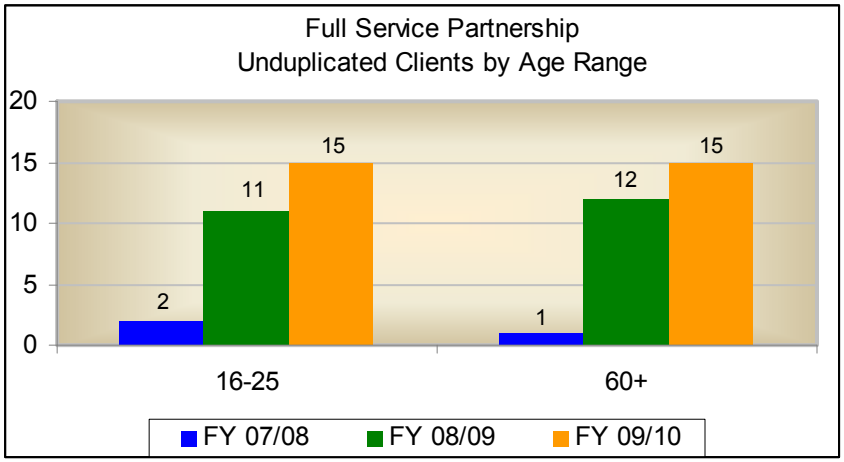
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

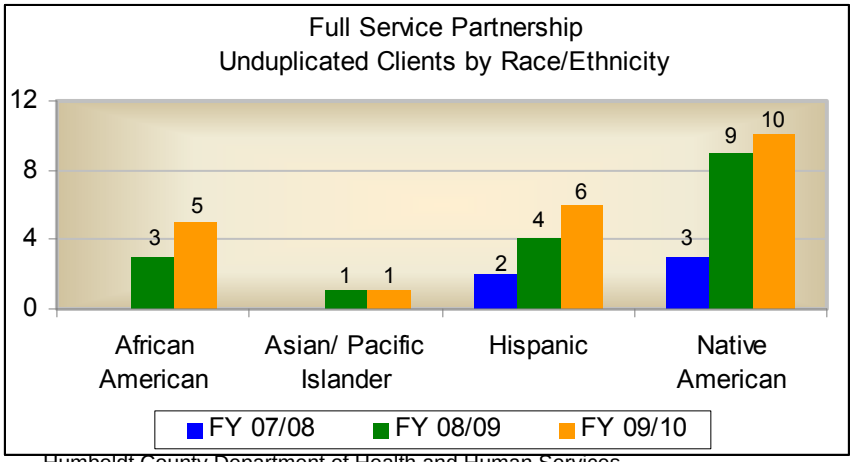
Key Accomplishments

- In Fiscal Year 2009/2010 Full Service Partnership enrollment contributed to the increase of services to previously unserved and underserved populations in the County.

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

From Fiscal Year 2007/2008 to Fiscal Year 2009/2010 mental health services for Transition Age Youth and Older Adult clients have increased from 2 to 15 and 1 to 15 respectively.

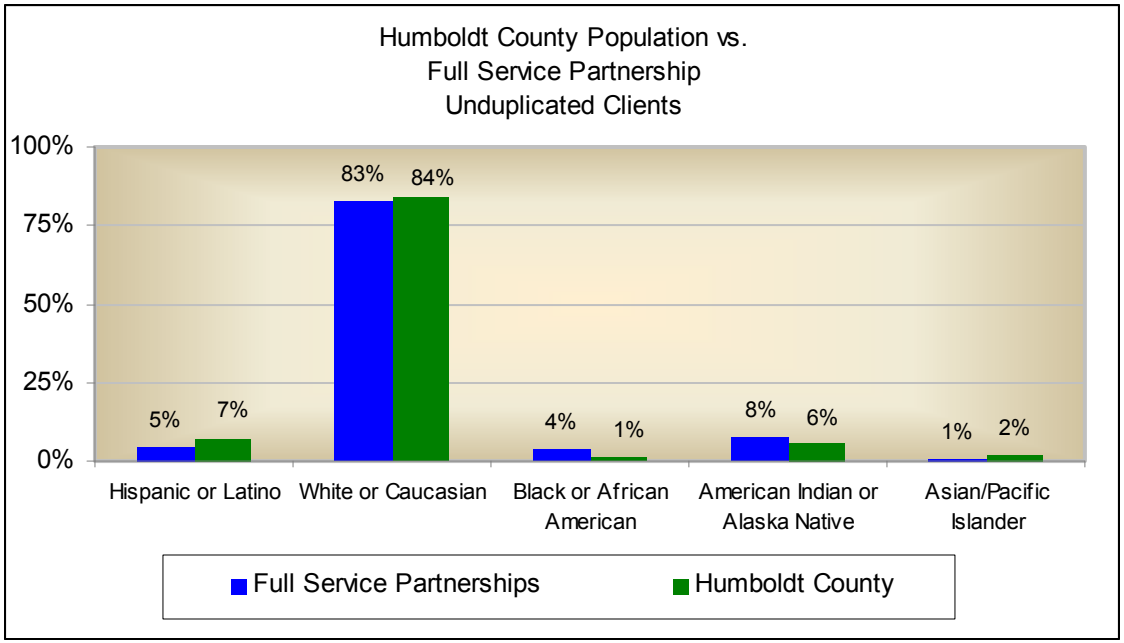




Full Service Partnerships serve previously unserved and underserved racial/ethnic populations.

Mental health services for Native American partners have increased from 3 unduplicated clients in Fiscal Year 2007/2008 to 10 in Fiscal Year 2009/2010.

- Full Service Partnerships are progressing in their efforts to reduce ethnic and racial disparities. As the graph below illustrates, the percentage of people who are being served in Full Service Partnerships and identify with a race/ethnicity of Black or African American, and American Indian or Alaska Native, meet or exceed the percentage in the Humboldt County general population.



- Through partnering efforts with tribal community and Native American providers, clients who identify as Native American have accessed culturally appropriate supports and services in the community. In addition, coordinated responses occur for clients that are at risk for hospitalization and long term placement.

- Personal Services Coordinators availability has been increased to evening hours and weekends. A second Psychiatric Nurse has joined the program team.

- The services provided by the Comprehensive Community Treatment Team have supported the vision of the department, which is to reduce the use of long term placements and to increase the numbers of clients that reside in the community and are able to link with mental health services that enable them to retain their bonds to the community. The team is cohesive, dedicated and energized. Their conversations are filled with stories of day to day successes and new ideas for helping clients to meet their goals.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
In Fiscal Year 2009/2010 there were no major challenges with implementation of this program as a result of the fluctuation in Mental Health Services Act funding or overall mental health funding.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes ☐ No ☒
2) Is there a change in services?	Yes ☐ No ☒
3) a) Complete the table below:	

FY 10/11 funding	FY 11/12 funding	Percent Change
$1,548,914	$1,161,686	-25%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐ No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐ No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	#	%	#	%	#	%	Cost per Client Full Service Partnership Only
	Individuals Full Service Partnership		Individuals General System Development		Individuals Outreach and Engagement		
Child and Youth							
TAY	15	12%	15	12%			$22,197
Adults	94	76%	94	76%			$22,197
Older Adults	15	12%	15	12%			$22,197
Total	124	100%	124	100%			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:						124	

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

Full Service Partnerships serve transition age youth, adults and older adults with severe and persistent mental illness. This program provides intensive community services and supports (e.g.: housing, medical, educational, social, vocational, rehabilitative, or other needed community services) as defined by the partner to achieve recovery. Personal Services Coordinators (PSCs), including peer clients and peer family members, provide services to partners in the community. The mission of the program is to support people with severe mental illnesses live successfully in the community. Individualized services are provided to meet specific client needs. A team of providers collaborates to deliver integrated services of the recipients' choice, monitor progress towards goals, and adjust services over time to meet the recipient's changing needs. This program is Full Service Partnership based on the Assertive Community Treatment model with modifications for smaller rural communities. The program objectives are to work with individuals with severe mental illness to:

- Decrease mental health symptoms & prevent recurrent episodes
- Meet basic needs & enhance quality of life
- Improve functioning in social and employment settings
- Assist family members/care providers
- Provide support for people to stay in their communities

2. If this is a consolidation of two or more programs, provide the following information:
   a) Names of the programs being consolidated.
   b) How existing populations and services to achieve the same outcomes as the previously approved programs.
   c) The rationale for the decision to consolidate programs.

N/A

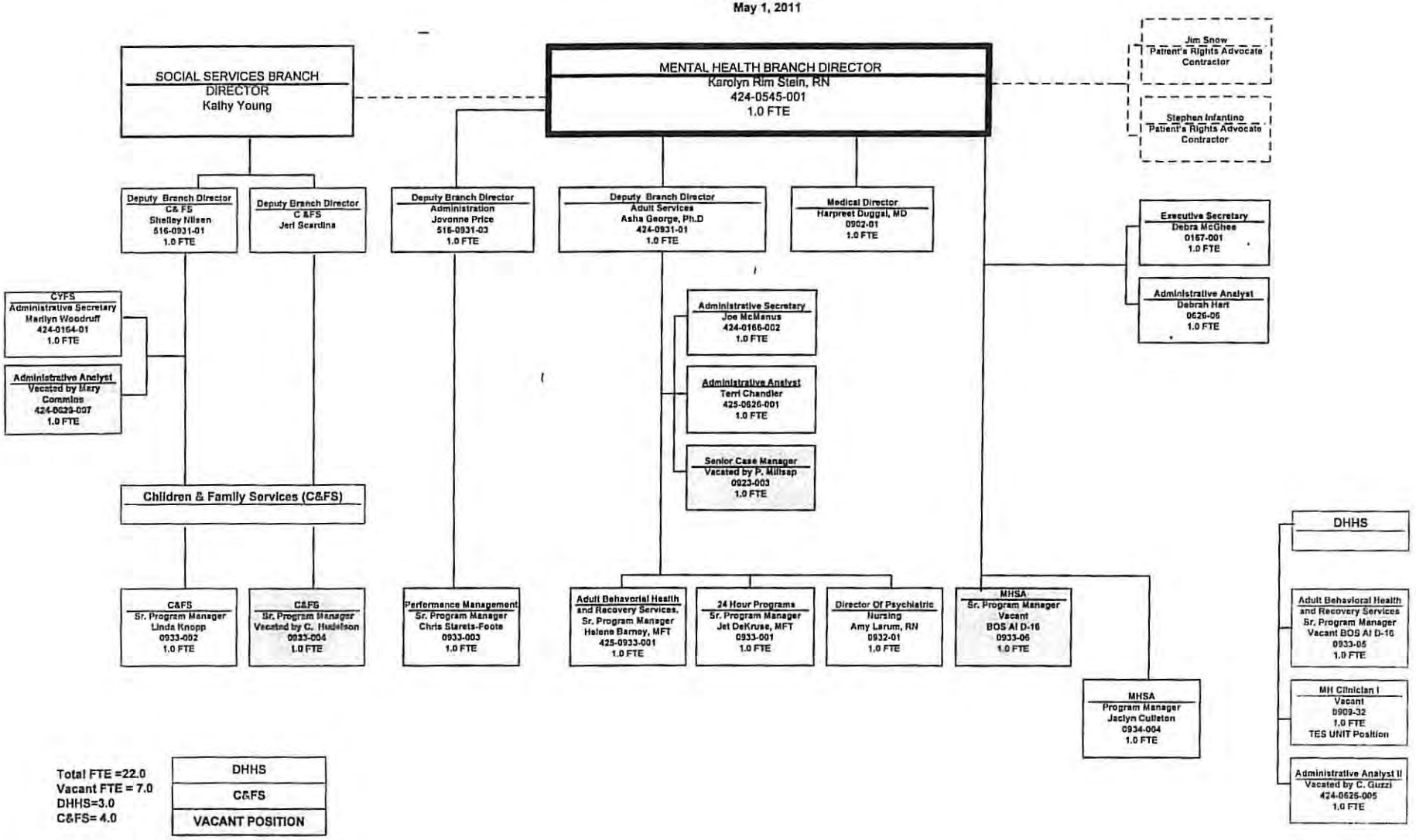
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A

Attachment B

Mental Health Branch
Administrative Organizational Chart

County of Humboldt
Department of Health and Human Services
Mental Health Branch
Administration
May 1, 2011



Page 1

Attachment C

Translator/Interpreter Job Description

TRANSLATOR/INTERPRETER

DEFINITION

Under general supervision, performs translating and interpreting services for a County department in support of client and service activities; performs information and referral; may perform varied clerical tasks; performs related work as assigned.

DISTINGUISHING CHARACTERISTICS

This class performs duties as an interpreter for clients and County staff and translates a variety of forms, documents and correspondence; participates on committees and community groups in support of the non-English speaking community. Incumbents in this classification are not eligible for bilingual compensation.

EXAMPLES OF DUTIES (Illustrative Only)

- Interprets conversations and statements between two or more persons conversing in English and a non-English language.
- Interprets written or spoken instructions for non-English speaking persons.
- Translates correspondence, educational brochures, forms and other documents from English to a non -English language and vice versa.
- Reviews written translations with others as appropriate to ensure accuracy.
- Maintains a variety of records and data to support translation and interpreting activities; prepares reports using data and records maintained.
- Participates on committees and community groups.
- Maintains information and referral data base and performs information and referral services for the non-English speaking community.
- Provides support to department staff regarding culturally appropriate materials, services and delivery methods.
- Assists department staff by participating in home visits when the family receiving the visit is non-English speaking.
- Provides training on specific topics to non-English speaking clients and families.
- Performs a variety of support duties including filing, answering telephones, preparing correspondence and other related duties.

QUALIFICATIONS

Knowledge of:

- Principles and practices of translation of documents and other written materials.
- Principles and practices of interpretation of conversations for business purposes.
- Basic interviewing techniques and methods.
- Principles and practices of proof reading technical and other written translations.
- Community resources appropriate to client needs.
- Standard office practices and procedures including record keeping and the use of personal computer and database management.
- Business English including grammar and punctuation.
- Basic business arithmetic.

Skill in:

- Translating documents and other written materials accurately.
- Interpreting conversations between clients and staff accurately and effectively.
- Conducting interviews in English and non-English.
- Locating community resources and making appropriate referrals.
- Operating standard office machines including a personal computer.
- Understanding and carrying out written and oral instructions.
- Establishing and maintaining effective working relationships with those contacted in the course of the work.

Other Requirements:

Must be certified as proficient on the bilingual written and oral examination.

Desirable Education and Experience:

A typical way to obtain the knowledge and skills above is:

Some college level coursework in social services, health, communications or a related field and two years experience explaining rules and regulations to a largely non-English speaking client group including the written translation of documents and other written materials.

Attachment D

Spanish Bilingual Proficiency Examination Announcement

HUMBOLDT COUNTY

AN EQUAL OPPORTUNITY EMPLOYER

ANNOUNCES AN EXAMINATION FOR:

SPANISH BILINGUAL PROFICIENCY

CONTINUOUS RECRUITMENT

Humboldt County employees filling a regular position designated by their department head as requiring the use of bilingual skills to translate, answer phone calls, do research and speak with or write to clients in a language other than English, shall receive specialty pay compensation if the employee has been certified as bilingual by the Personnel Director following achieving a passing score on the oral, or oral and written, proficiency exam.

For positions which the department head has designated requiring bilingual skills on the average of at least 10% of the employee's work time, the specialty pay shall be as follows:

Oral certification
37.5 hour work week - $30.00 per pay period
40.0 hour work week - $32.00 per pay period

Oral and written certification

37.5 hour work week - $45.00 per pay period
40.0 hour work week - $48.00 per pay period

For positions which the department head has designated as requiring bilingual skills on the average of less than 10% of the employee's work time, the specialty pay shall be as follows:

Oral certification
37.5 hour work week - $18.75 per pay period
40.0 hour work week - $20.00 per pay period

Oral and written certification

37.5 hour work week - $30.00 per pay period
40.0 hour work week - $32.00 per pay period

Employees working less than full-time shall receive a pro-rated amount of the above Bilingual Specialty Pay. An employee who receives a bilingual premium who is called upon to assist employees in other classifications who do not have bilingual skills shall not be considered as working out of his classification. The County retains the right to rotate employees receiving Bilingual Specialty Pay for the purposes of training, experience, or non-performance of duties.

Humboldt County employees interested in testing for Spanish Bilingual Proficiency must complete a Bilingual Proficiency Examination Registration Form. Forms are available at Humboldt County Personnel, 825 5th Street, Room 100, Eureka, CA 95501 (707) 476-2349.

The County of Humboldt does not discriminate on the basis of mental or physical disability in the admission or access to, or treatment or employment in, its programs or activities. The Personnel Department is wheelchair-accessible by entering the Courthouse from the ramp located on the east side of the building next to the marked handicapped parking. Special testing arrangements may be made to accommodate disabilities or religious convictions. Contact the Personnel Department at (707) 476-2349 well in advance of the examination for assistance.

Attachment E

Cultural Competency Data Definitions and Sources

Cultural Competency Plan Requirements Modification
Data Definitions and Sources

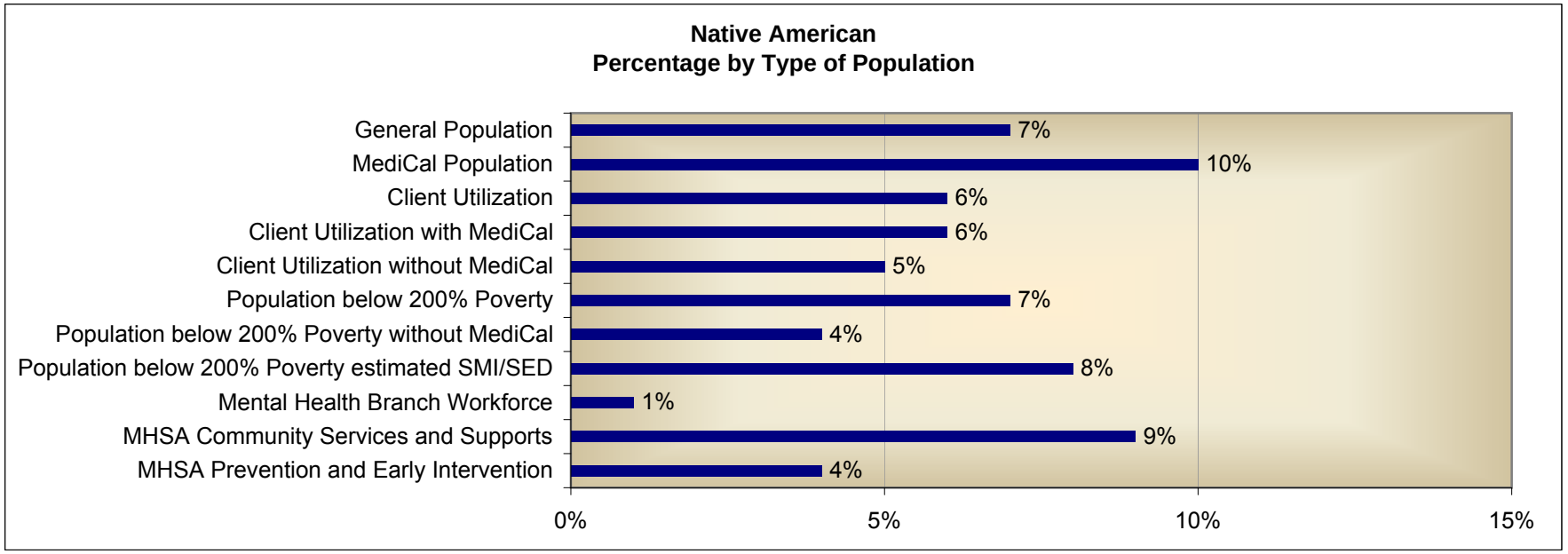
Definition	Source
General Population Population estimates or projections for all people living in Humboldt County. Race and Ethnicity estimates are as of July 1st 2008. Age Range and Gender projections are for July 1st 2010. Available Age Ranges are calculated as Children: 0-14 years old Transition Age Youth:15-24 years old Adults: 25-59 years old Older Adults: 60+ years old **Note:** All additional data pertaining to general population (e.g. foreign born, language spoken at home) is the latest data available from the 2000 census.	State of California, Department of Finance, California County Race / Ethnic Population Estimates and Components of Change by Year, July 1, 2000–2008. Sacramento, California, June 2010. http://www.dof.ca.gov/research/demographic/reports/estimates/e-3/by_year_2000-08/ State of California, Department of Finance, Population Projections for California and Its Counties 2000-2050, by Age, Gender and Race/Ethnicity, Sacramento, California, July 2007. http://www.dof.ca.gov/research/demographic/reports/projections/p-3/documents/HUMBOLDT.XLS U.S. Census Bureau http://www.census.gov/main/www/cen2000.html
MediCal Population People living in Humboldt County who in 2009 received a health care service that was covered by MediCal. Available Age Ranges are calculated as Children: 0-15 years old Transition Age Youth:16-25 years old Adults: 26-59 years old Older Adults: 60+ years old	APS Healthcare/California External Review Organization, Medi-Cal Approved Claims Data for HUMBOLDT County MHP Calendar Year 09. Data sources DMH Approved Claims and MMEF (MEDS Monthly Extract File) Data
Client Utilization People who received a mental health service from the Humboldt County Department of Health and Human Services, Mental Health Branch directly or through a contracted provider in 2009 regardless of type of coverage. Available Age Ranges are calculated as Children: 0-16 years old Transition Age Youth:16-25 years old Adults: 26-59 years old Older Adults: 60+ years old	Humboldt County Mental Health Branch - Community Mental Health Centers Management Information System (CMHC)

Client Utilization with MediCal People who received a mental health service from the Humboldt County Department of Health and Human Services - Mental Health Branch directly or through a contracted provider in 2009 who were covered by MediCal.	APS Healthcare/California External Review Organization, Medi-Cal Approved Claims Data for HUMBOLDT County MHP Calendar Year 09. Data sources DMH Approved Claims and MMEF (MEDS Monthly Extract File) Data
Client Utilization without MediCal People who received a mental health service from the Humboldt County Department of Health and Human Services - Mental Health Branch directly or through a contracted provider in 2009 who were not covered by MediCal.	This data was calculated by subtracting "Client Utilization covered by MediCal" from "Client Utilization".
Population below 200% Poverty Estimates of the people living in Humboldt County in 2007 with an income less than 200 percent of the federal poverty level, as defined by the U.S. Office of Management and Budget. Available Age Ranges are calculated as Children: 0-17 years old Transition Age Youth:18-24 years old Adults: 26-65 years old Older Adults: 65+ years old	Series P5 Estimates of Need for Mental Health Services For California for Serious Mental Illness (wsmi01) for 2007 Index for Population all ages. http://www.dmh.cahwnet.gov/Statistics_and_Data_Analysis/Total_Population_by_County.asp
Population below 200% Poverty without MediCal Estimates of the people living in Humboldt County in 2007 with an income less than 200 percent of the federal poverty level, as defined by the U.S. Office of Management and Budget who do not have MediCal coverage.	This data was calculated by subtracting "Client Utilization covered by MediCal" from "Population below 200% Poverty"
Population below 200% Poverty estimated Severe Mental Illness or Serious Emotional Disturbance (SMI/SED) Estimates of the people living in Humboldt County in 2007 who have a mental health diagnoses that would be considered a serious mental illness in adults, or for youth, a seriously emotional disturbance, with an income less than 200 percent of the federal poverty level, as defined by the U.S. Office of Management and Budget.	*Series P5 Estimates of Need for Mental Health Services For California for Serious Mental Illness (wsmi01) for 2007 Index for Population all ages. http://www.dmh.cahwnet.gov/Statistics_and_Data_Analysis/Total_Population_by_County.asp*

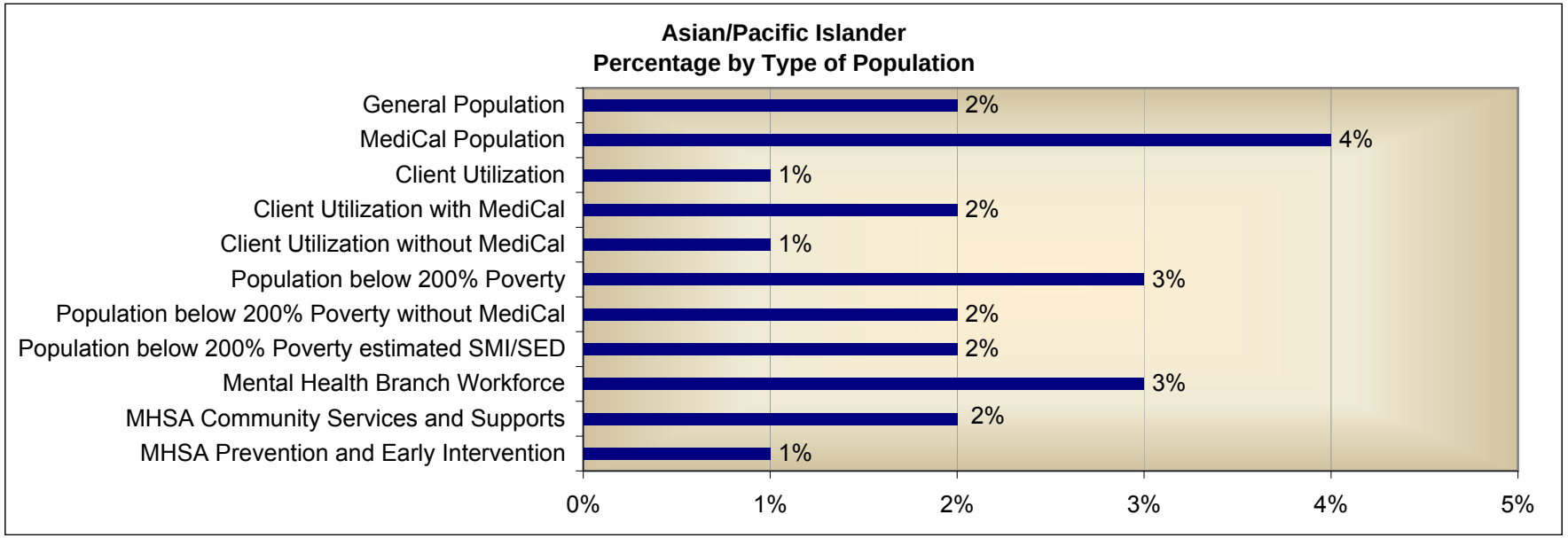
Mental Health Branch Workforce Staff employed with the Humboldt County Department of Health and Human Services, Mental Health Branch or a contracted provider. Race and Ethnicity calculated from Employee Services records in 2008. Age Ranges and Gender estimated from Department wide Staff Survey.	Humboldt County Department of Health and Human Services, Mental Health Branch: Mental Health Services Act - Workforce Education and Training Plan. http://www.co.humboldt.ca.us/hhs/mhb/mhsa/ Humboldt County Department of Health and Human Services, Mental Health Branch Staff Survey, 2006
Mental Health Services Act (MHSA) Community Services and Supports People who received a mental health service in Fiscal Year 2009/2010 through a Mental Health Services Act: Community Services and Supports program or program expansion with the Humboldt County Department of Health and Human Services, Mental Health Branch. **Note:** this is a sub-group of "Client Utilization" and only includes those who are considered "open in the system". This does not include people provided an "outreach and/or engagement" service such as people who participate at the peer run Hope Center, people who participate in Crisis Intervention Trainings, or when contact is made with people in the community. **Note:** For those sections of the Cultural Competence Plan Requirements Modification that specifically request the Community Services and Supports Population Assessment and Disparities Analysis contained in the initial Mental Health Services Act Plan submitted in 2005, the data and analysis from that Plan are utilized.	Humboldt County Mental Health Branch - Community Mental Health Centers Management Information System (CMHC) Humboldt County Department of Health and Human Services - Mental Health Services Act Community Services and Supports Plan 2004/2005
Mental Health Services Act (MHSA) Prevention and Early Intervention People who participated in Mental Health Services Act: Prevention and Early Intervention activity in Fiscal Year 2009/2010 and completed a demographic information form. Approximately 75% completed a demographic information form.	Humboldt County Department of Health and Human Services: Mental Health Services Act, Prevention and Early Intervention Database.

Attachment F

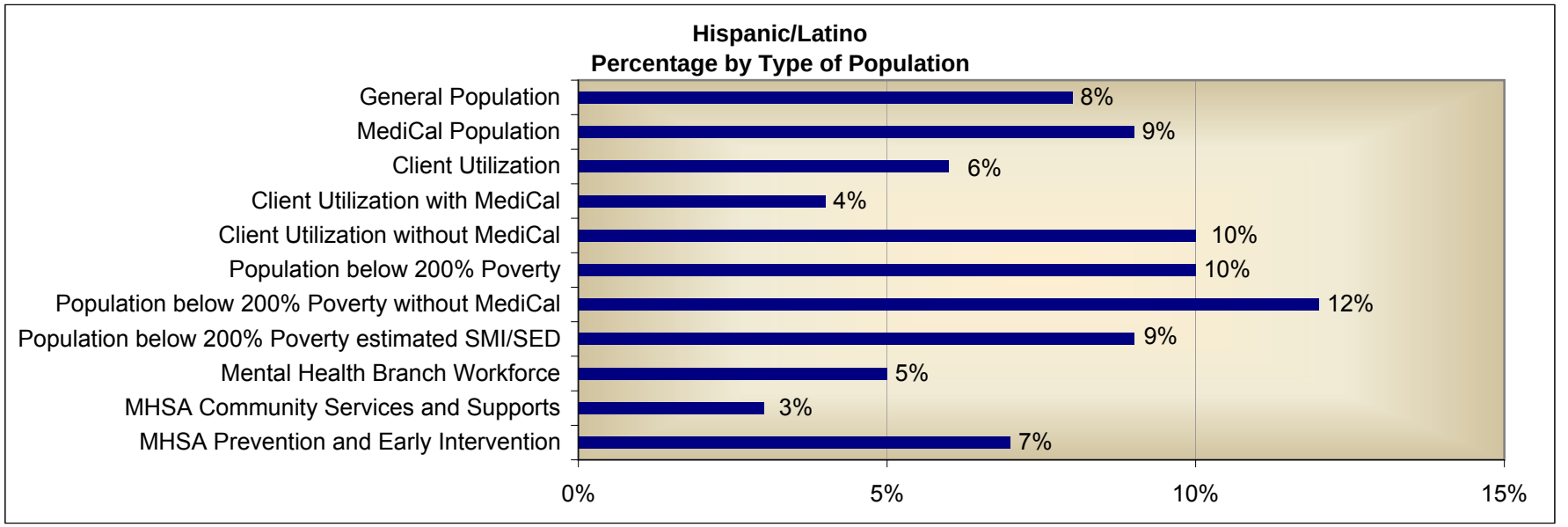
Cultural Competency Population Data



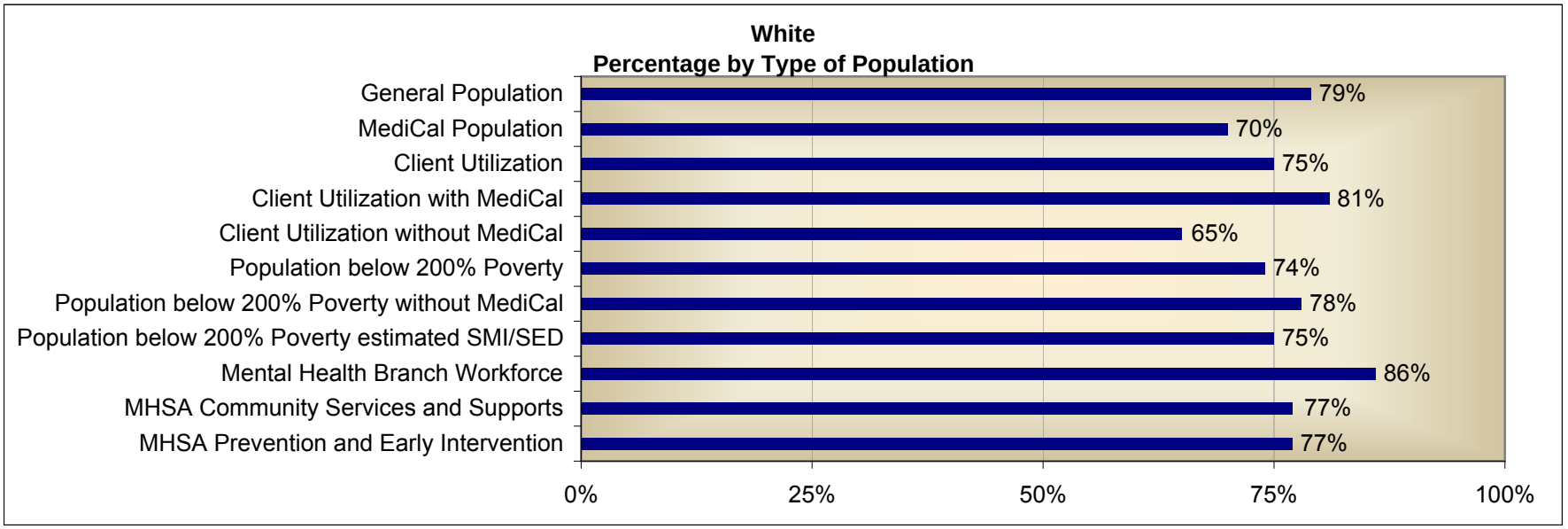
Race/ Ethnicity	Total	Native American	
		#	%
General Population	132,794	9,146	7%
MediCal Population	27,355	2,844	10%
Client Utilization	3,985	222	6%
Client Utilization with MediCal	2,608	156	6%
Client Utilization without MediCal	1,377	66	5%
Population below 200% Poverty	52,252	3,749	7%
Population below 200% Poverty without MediCal	24,897	905	4%
Population below 200% Poverty estimated SMI/SED	4,979	383	8%
Mental Health Branch Workforce	352	3	1%
MHSA Community Services and Supports	725	65	9%
MHSA Prevention and Early Intervention	552	20	4%



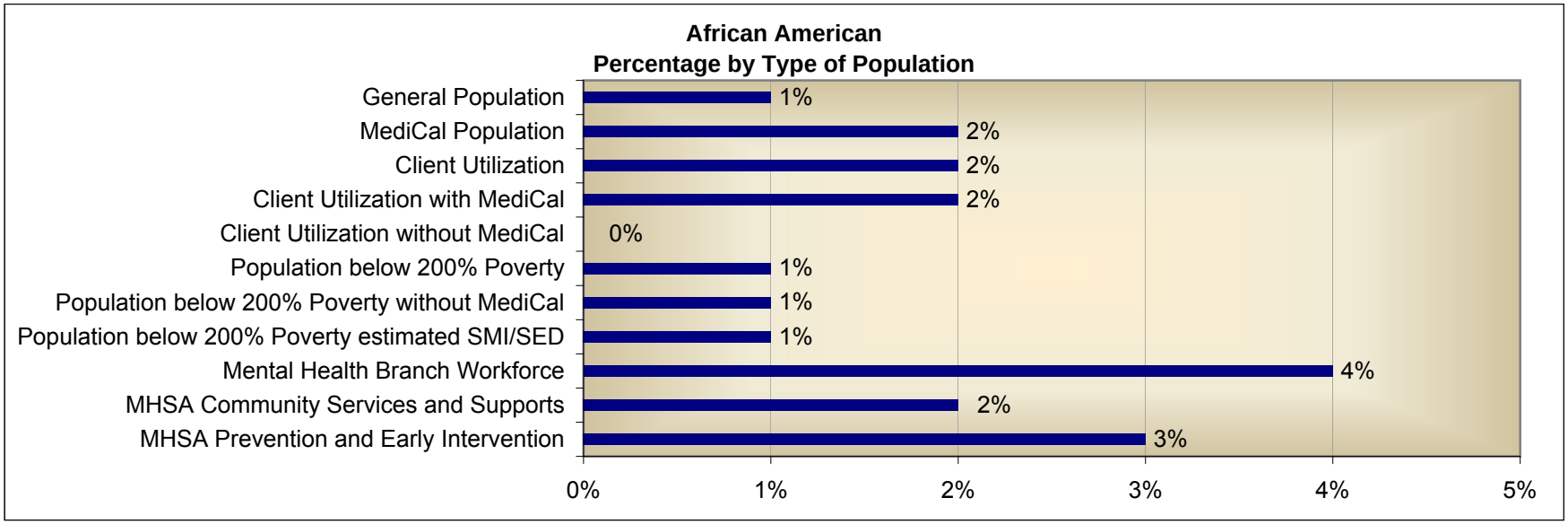
Race/ Ethnicity	Total	Asian/Pacific Islander	
		#	%
General Population	132,794	2,321	2%
MediCal Population	27,355	1,000	4%
Client Utilization	3,985	53	1%
Client Utilization with MediCal	2,608	43	2%
Client Utilization without MediCal	1,377	10	1%
Population below 200% Poverty	52,252	1,452	3%
Population below 200% Poverty without MediCal	24,897	452	2%
Population below 200% Poverty estimated SMI/SED	4,979	89	2%
Mental Health Branch Workforce	352	10	3%
MHSA Community Services and Supports	725	11	2%
MHSA Prevention and Early Intervention	552	8	1%



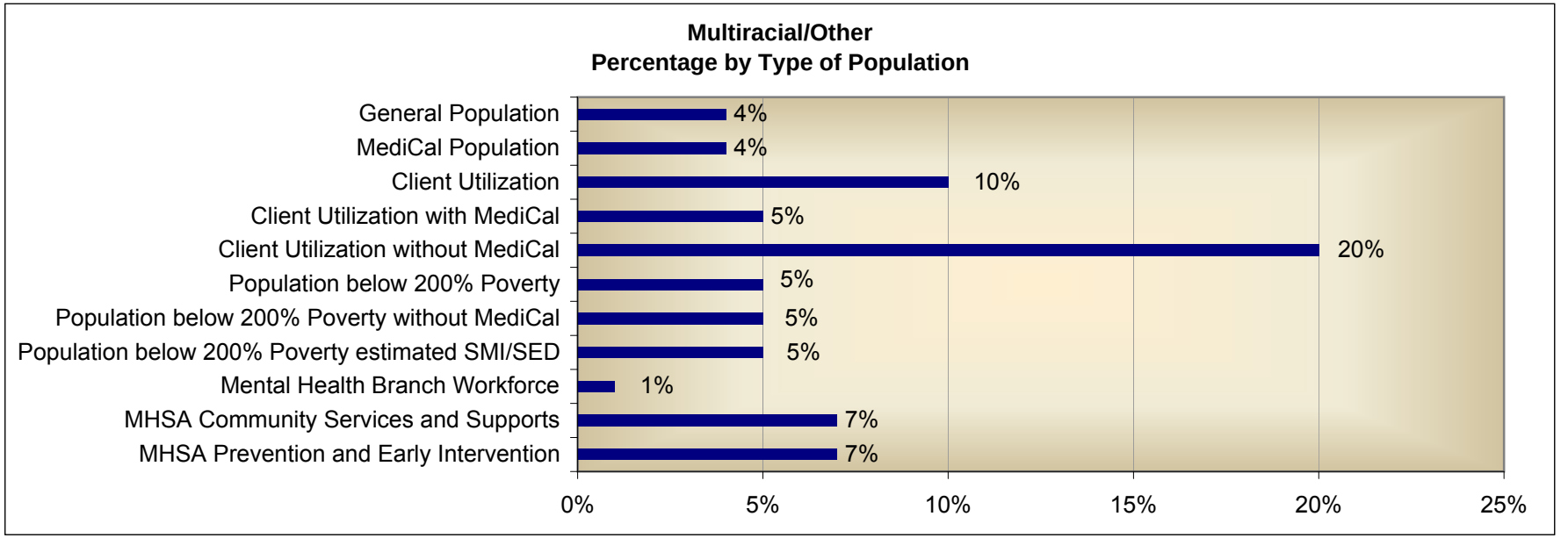
Race/ Ethnicity	Total	Hispanic/Latino	
		#	%
General Population	132,794	10,366	8%
MediCal Population	27,355	2,559	9%
Client Utilization	3,985	236	6%
Client Utilization with MediCal	2,608	105	4%
Client Utilization without MediCal	1,377	131	10%
Population below 200% Poverty	52,252	5,427	10%
Population below 200% Poverty without MediCal	24,897	2,868	12%
Population below 200% Poverty estimated SMI/SED	4,979	461	9%
Mental Health Branch Workforce	352	17	5%
MHSA Community Services and Supports	725	20	3%
MHSA Prevention and Early Intervention	552	39	7%



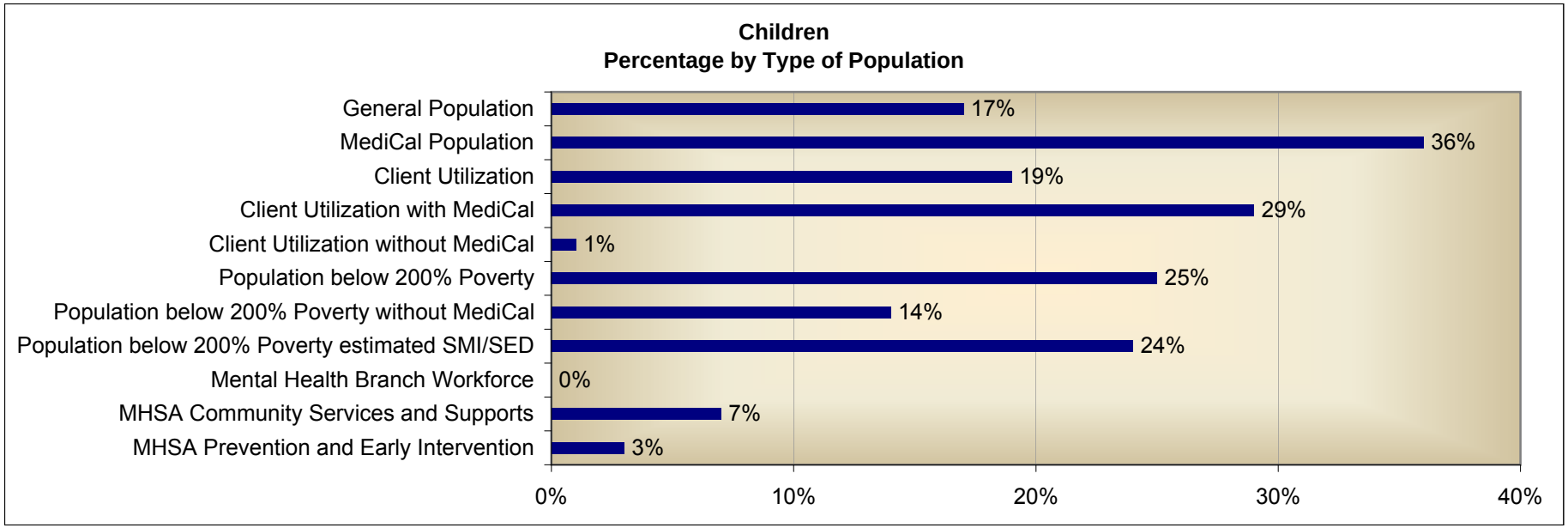
Race/ Ethnicity	Total	White	
		#	%
General Population	132,794	104,659	79%
MediCal Population	27,355	19,285	70%
Client Utilization	3,985	3,004	75%
Client Utilization with MediCal	2,608	2,112	81%
Client Utilization without MediCal	1,377	892	65%
Population below 200% Poverty	52,252	38,593	74%
Population below 200% Poverty without MediCal	24,897	19,308	78%
Population below 200% Poverty estimated SMI/SED	4,979	3,750	75%
Mental Health Branch Workforce	352	304	86%
MHSA Community Services and Supports	725	560	77%
MHSA Prevention and Early Intervention	552	427	77%



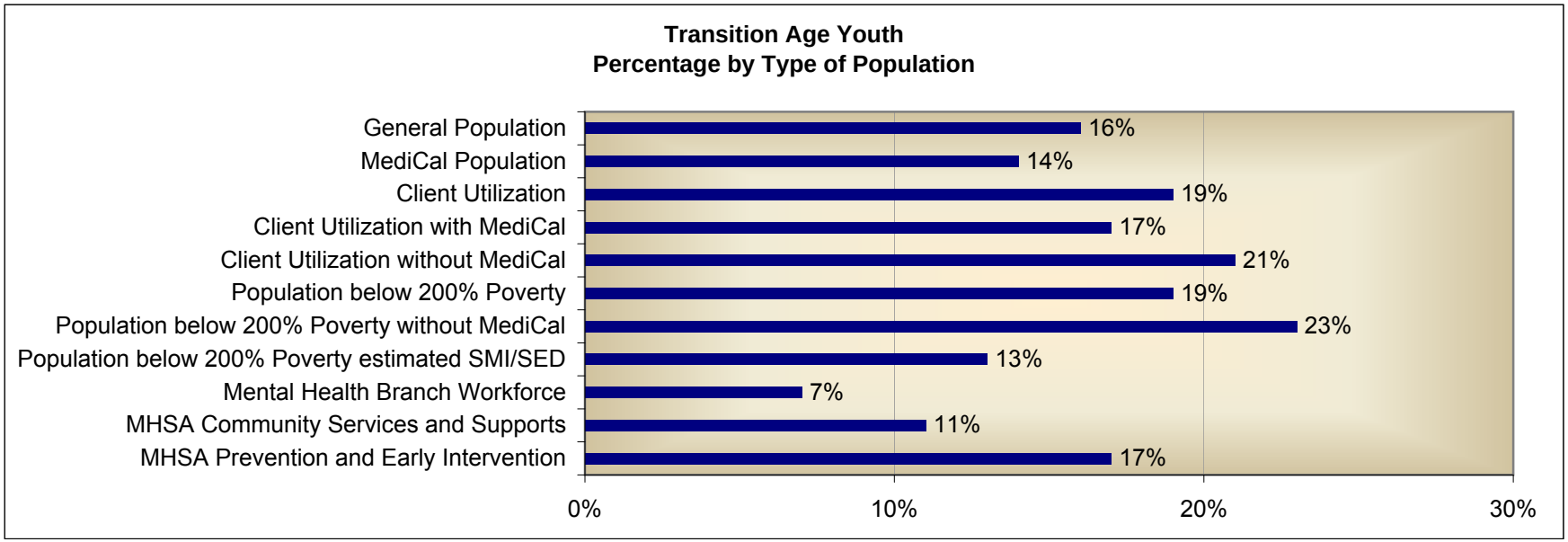
Race/ Ethnicity	Total	African American/Black	
		#	%
General Population	132,794	1,031	1%
MediCal Population	27,355	540	2%
Client Utilization	3,985	67	2%
Client Utilization with MediCal	2,608	62	2%
Client Utilization without MediCal	1,377	5	0%
Population below 200% Poverty	52,252	665	1%
Population below 200% Poverty without MediCal	24,897	125	1%
Population below 200% Poverty estimated SMI/SED	4,979	57	1%
Mental Health Branch Workforce	352	13	4%
MHSA Community Services and Supports	725	16	2%
MHSA Prevention and Early Intervention	552	17	3%



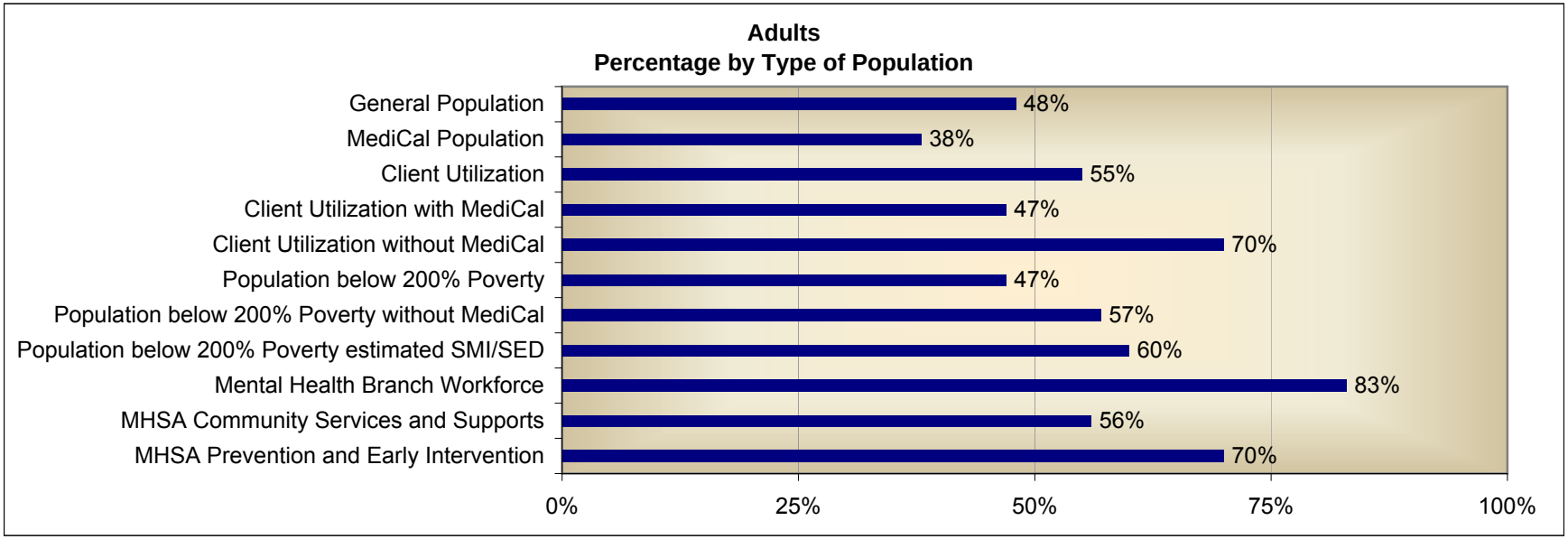
Race/ Ethnicity	Total	Multiracial/Other	
		#	%
General Population	132,794	5,271	4%
MediCal Population	27,355	1,127	4%
Client Utilization	3,985	403	10%
Client Utilization with MediCal	2,608	130	5%
Client Utilization without MediCal	1,377	273	20%
Population below 200% Poverty	52,252	2,366	5%
Population below 200% Poverty without MediCal	24,897	1,239	5%
Population below 200% Poverty estimated SMI/SED	4,979	239	5%
Mental Health Branch Workforce	352	5	1%
MHSA Community Services and Supports	725	53	7%
MHSA Prevention and Early Intervention	552	41	7%



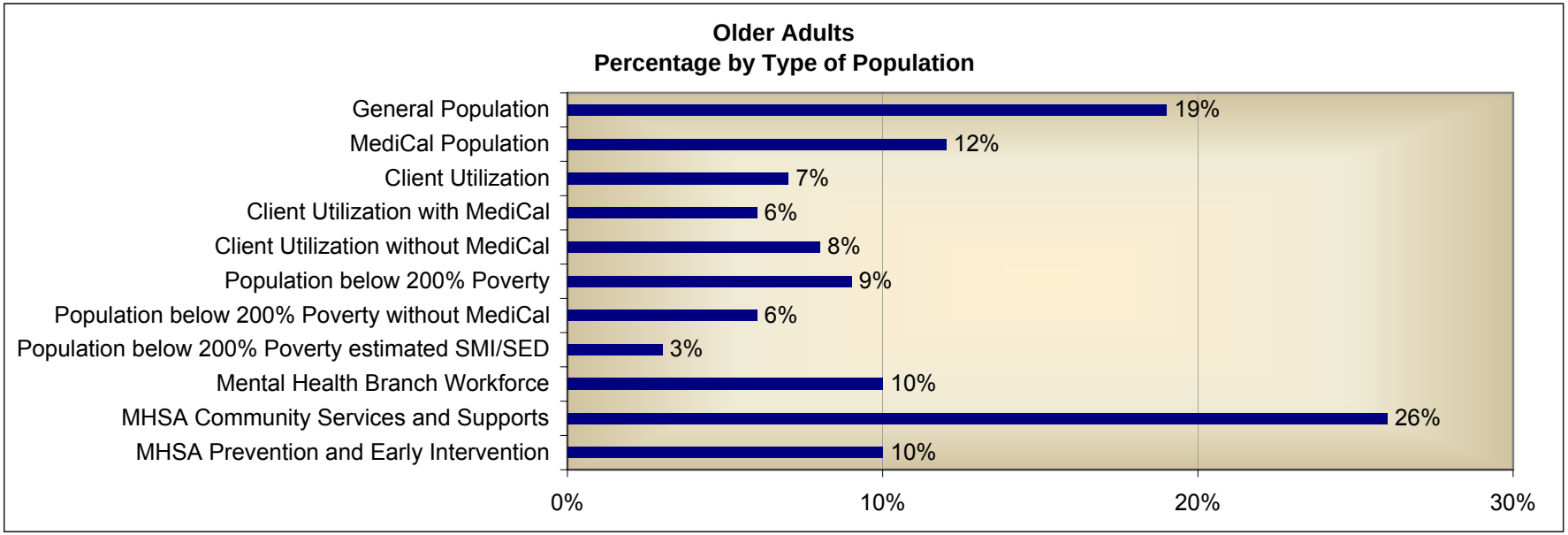
Age Range	Total	Children	
		#	%
General Population	134,785	22,431	17%
MediCal Population	27,355	9,733	36%
Client Utilization	3,985	765	19%
Client Utilization with MediCal	2,608	755	29%
Client Utilization without MediCal	1,377	10	1%
Population below 200% Poverty	52,252	13,213	25%
Population below 200% Poverty without MediCal	24,897	3,480	14%
Population below 200% Poverty estimated SMI/SED	4,979	1,178	24%
Mental Health Branch Workforce	352	0	0%
MHSA Community Services and Supports	725	52	7%
MHSA Prevention and Early Intervention	552	15	3%



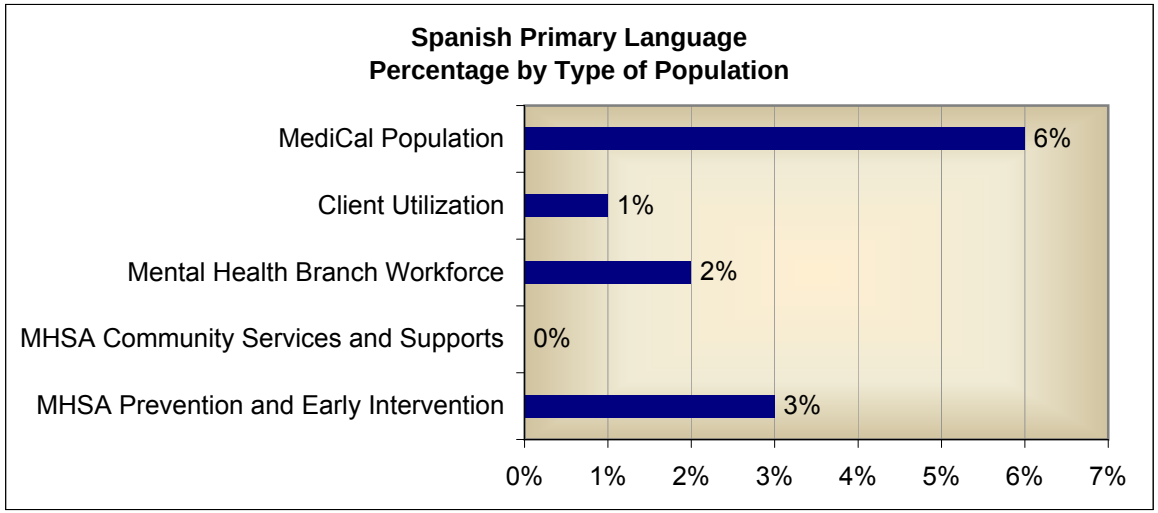
Age Range	Total	Transition Age Youth	
		#	%
General Population	134,785	21,898	16%
MediCal Population	27,355	3,958	14%
Client Utilization	3,985	741	19%
Client Utilization with MediCal	2,608	450	17%
Client Utilization without MediCal	1,377	291	21%
Population below 200% Poverty	52,252	9,701	19%
Population below 200% Poverty without MediCal	24,897	5,743	23%
Population below 200% Poverty estimated SMI/SED	4,979	639	13%
Mental Health Branch Workforce	352	25	7%
MHSA Community Services and Supports	725	78	11%
MHSA Prevention and Early Intervention	552	93	17%



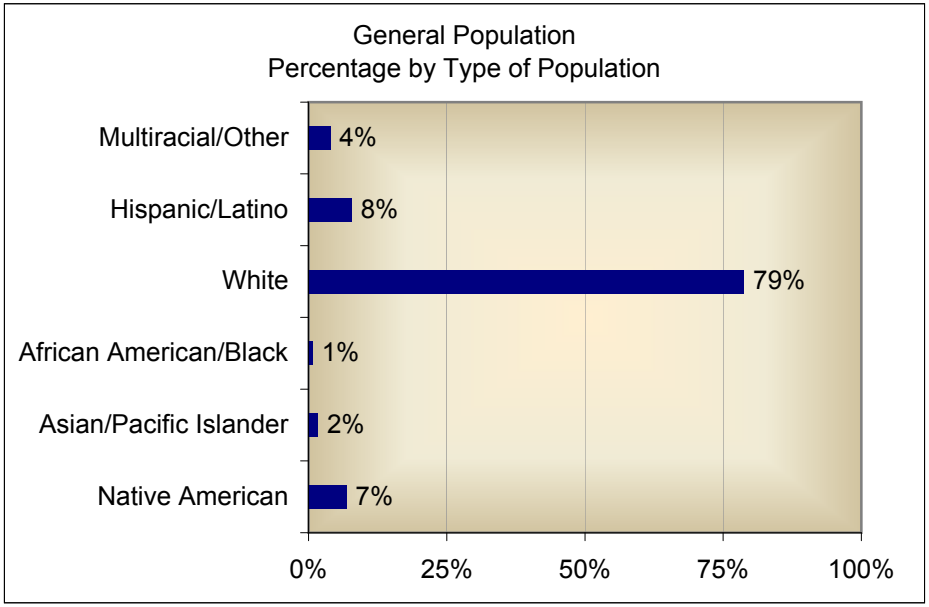
Age Range	Total	Adults	
		#	%
General Population	134,785	64,247	48%
MediCal Population	27,355	10,463	38%
Client Utilization	3,985	2,198	55%
Client Utilization with MediCal	2,608	1,238	47%
Client Utilization without MediCal	1,377	960	70%
Population below 200% Poverty	52,252	24,630	47%
Population below 200% Poverty without MediCal	24,897	14,167	57%
Population below 200% Poverty estimated SMI/SED	4,979	2,999	60%
Mental Health Branch Workforce	352	292	83%
MHSA Community Services and Supports	725	406	56%
MHSA Prevention and Early Intervention	552	389	70%

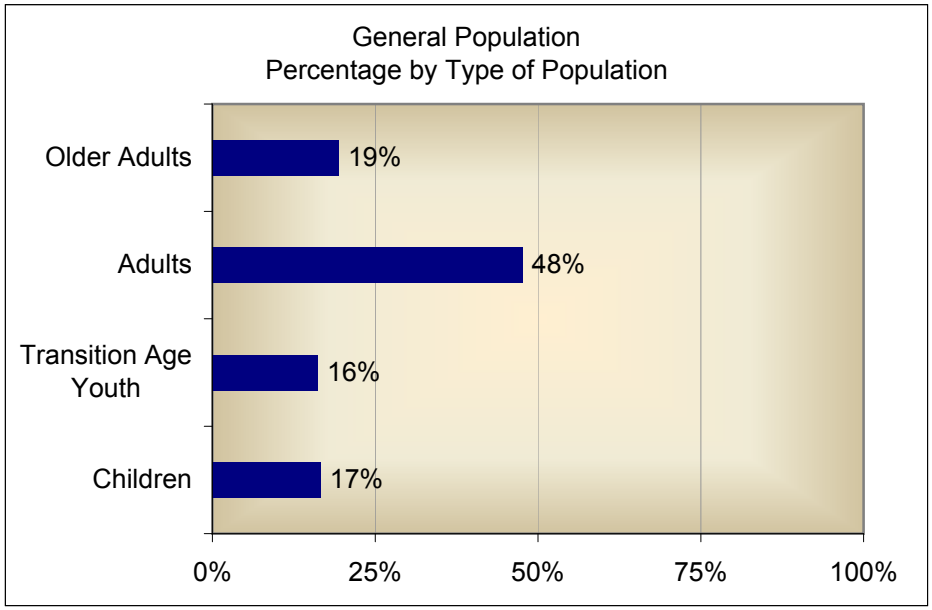


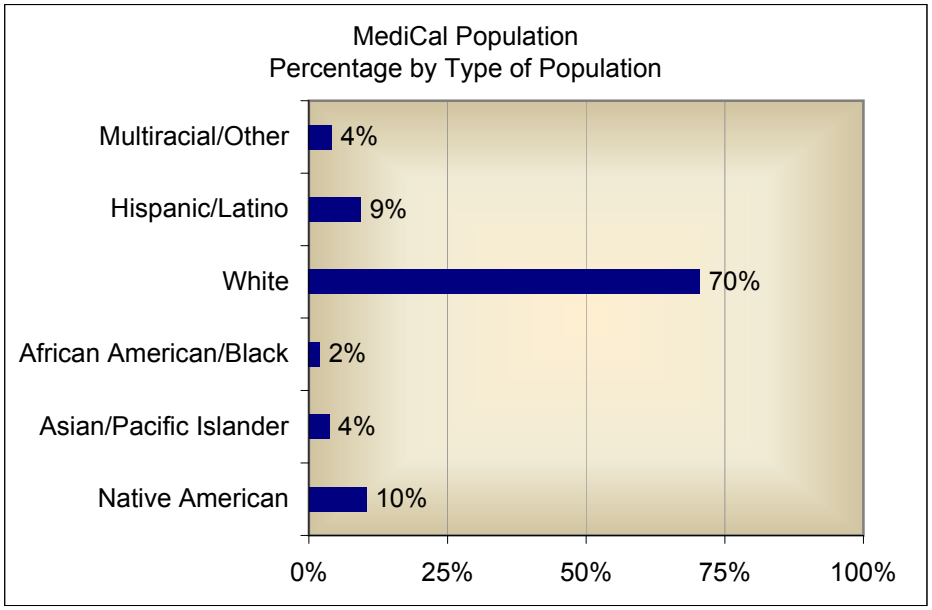
Age Range	Total	Older Adults	
		#	%
General Population	134,785	26,209	19%
MediCal Population	27,355	3,201	12%
Client Utilization	3,985	281	7%
Client Utilization with MediCal	2,608	165	6%
Client Utilization without MediCal	1,377	116	8%
Population below 200% Poverty	52,252	4,708	9%
Population below 200% Poverty without MediCal	24,897	1,507	6%
Population below 200% Poverty estimated SMI/SED	4,979	163	3%
Mental Health Branch Workforce	352	35	10%
MHSA Community Services and Supports	725	189	26%
MHSA Prevention and Early Intervention	552	55	10%

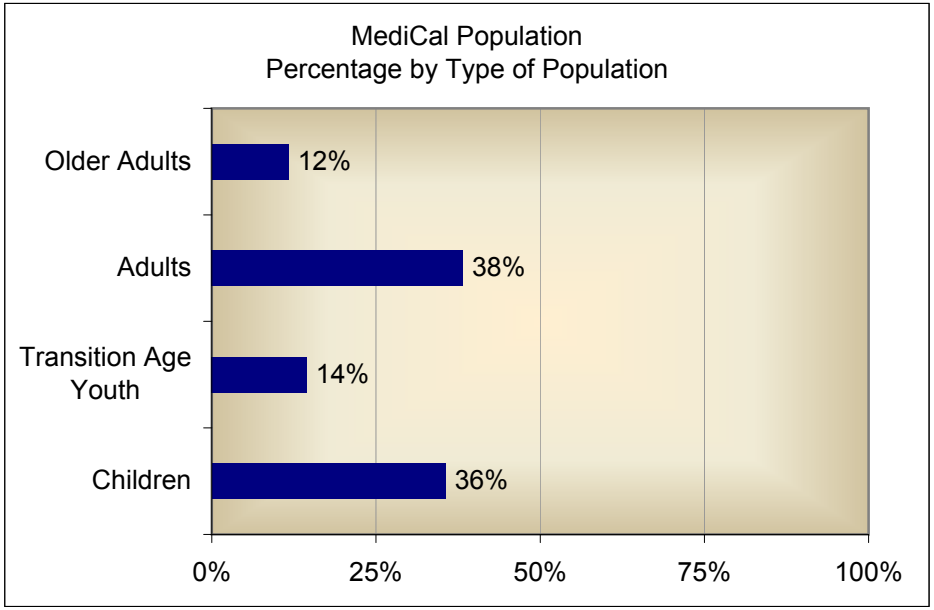


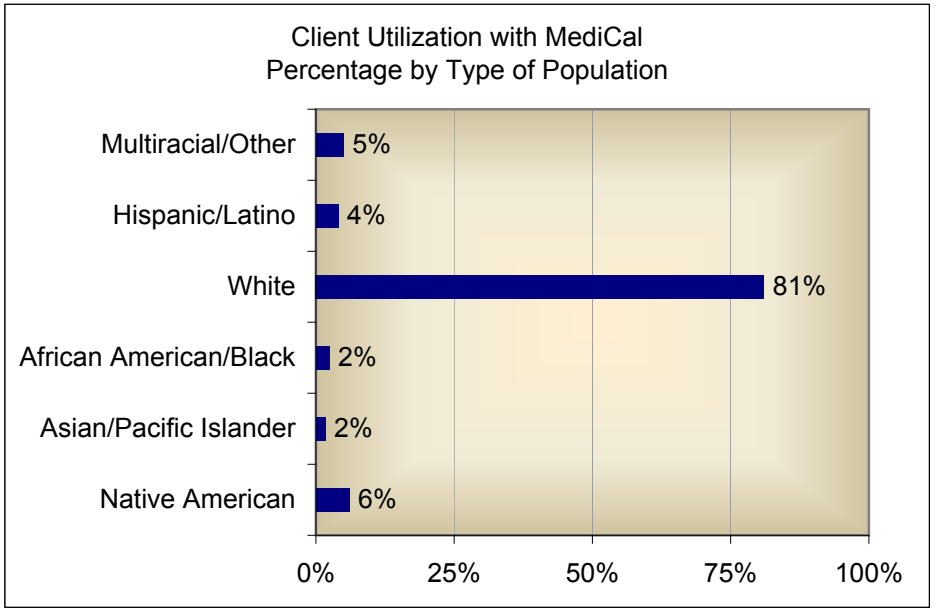
Primary Language		English		Spanish		Hmong		Lao		Other	
	Total	#	%	#	%	#	%	#	%	#	%
MediCal Population	27,550	24,266	88%	1,577	6%	311	1%	61	0%	1,335	5%
Client Utilization	3,985	3,891	98%	22	1%	18	0%	3	0%	51	1%
Mental Health Branch Workforce	352	344	97%	6	2%	1	0%	0	0%	1	0%
MHSA Community Services and Supports	725	703	97%	3	0%	0	0%	0	0%	0	0%
MHSA Prevention and Early Intervention	552	513	93%	15	3%	0	0%	0	0%	0	0%

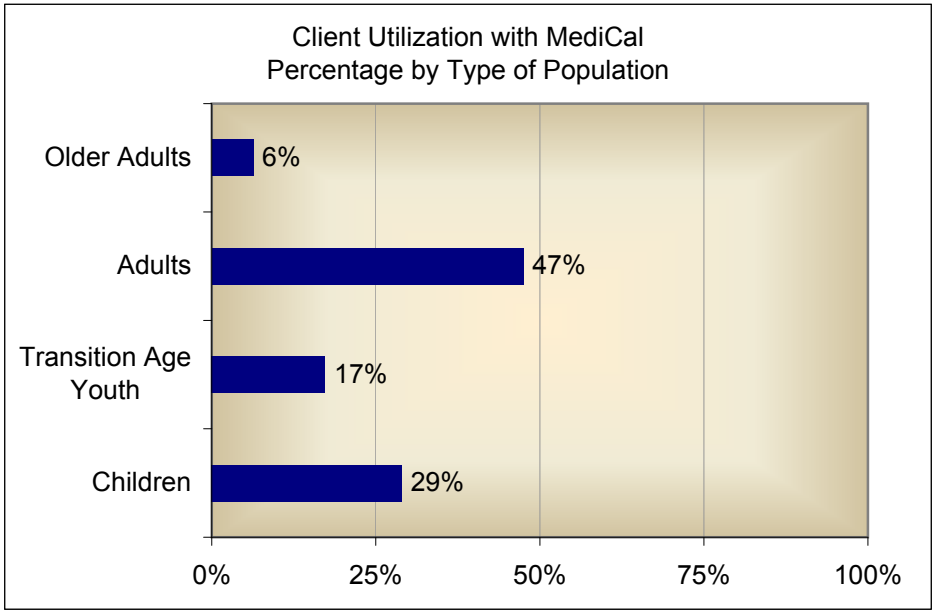

General Population
Percentage by Type of Population
Multiracial/Other
4%
Hispanic/Latino
8%
White
79%
African American/Black
1%
Asian/Pacific Islander
2%
Native American
7%
0%
25%
50%
75%
100%

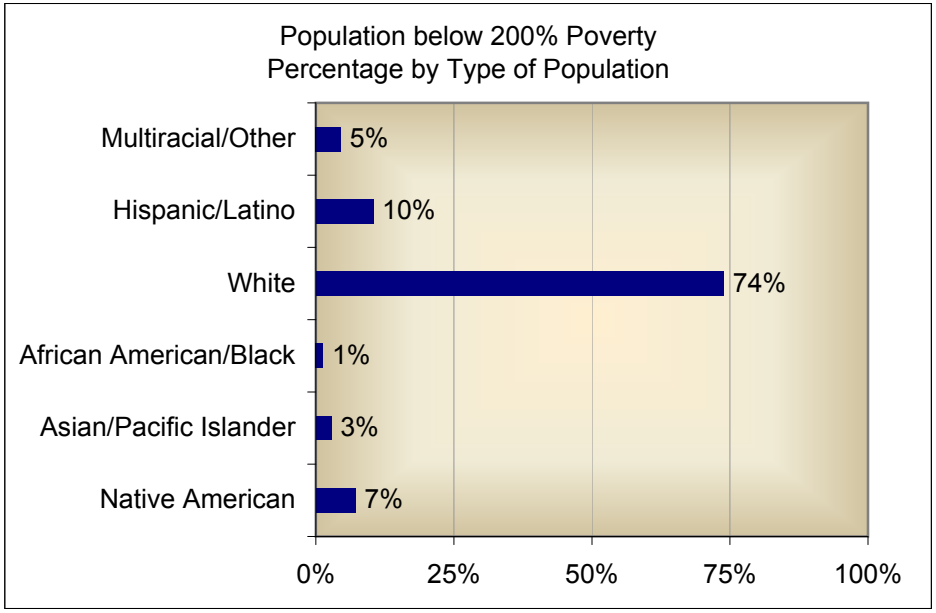

General Population
Percentage by Type of Population
Older Adults
19%
Adults
48%
Transition Age Youth
16%
Children
17%
0%
25%
50%
75%
100%

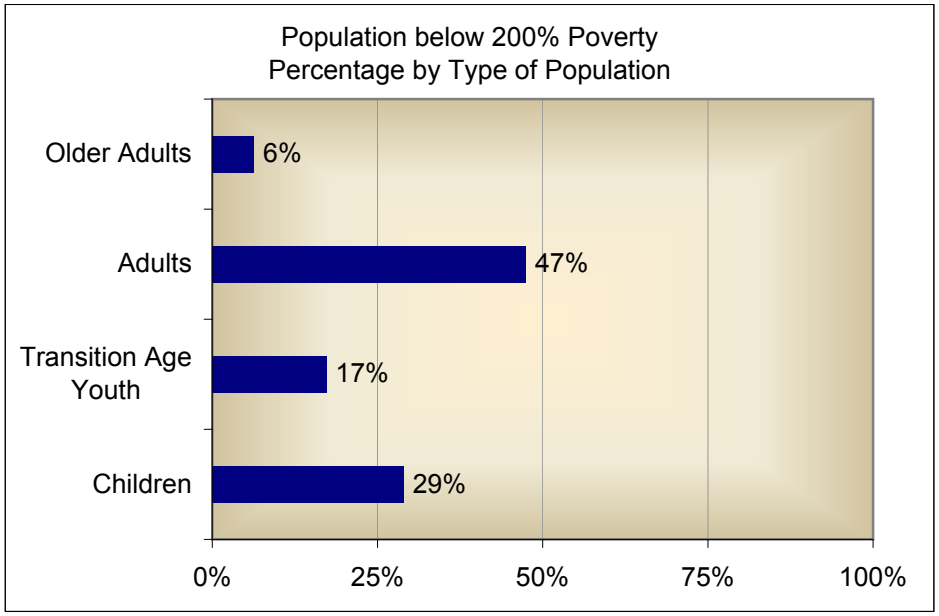

MediCal Population
Percentage by Type of Population
Multiracial/Other
4%
Hispanic/Latino
9%
White
70%
African American/Black
2%
Asian/Pacific Islander
4%
Native American
10%
0%
25%
50%
75%
100%

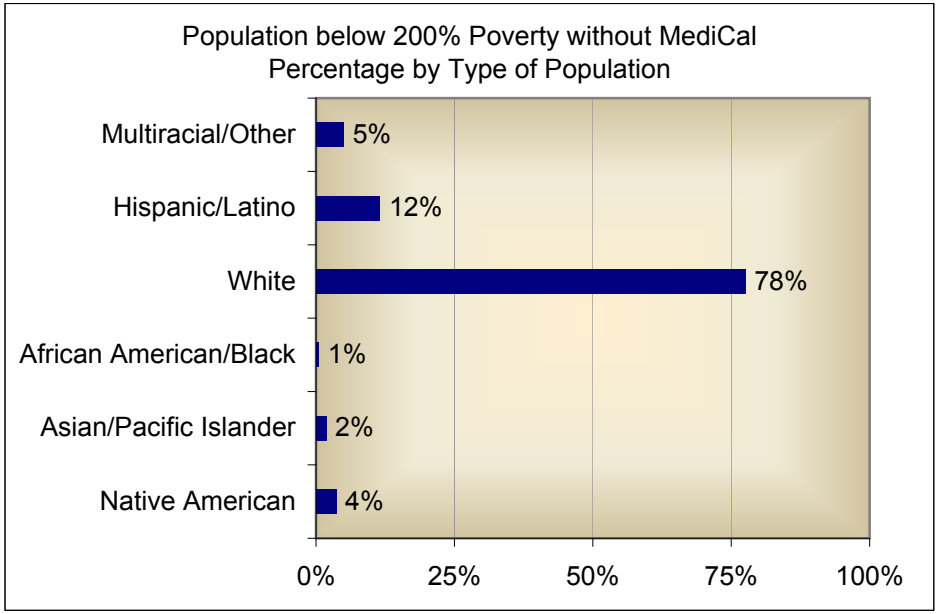

MediCal Population
Percentage by Type of Population
Older Adults
12%
Adults
38%
Transition Age Youth
14%
Children
36%
0%
25%
50%
75%
100%

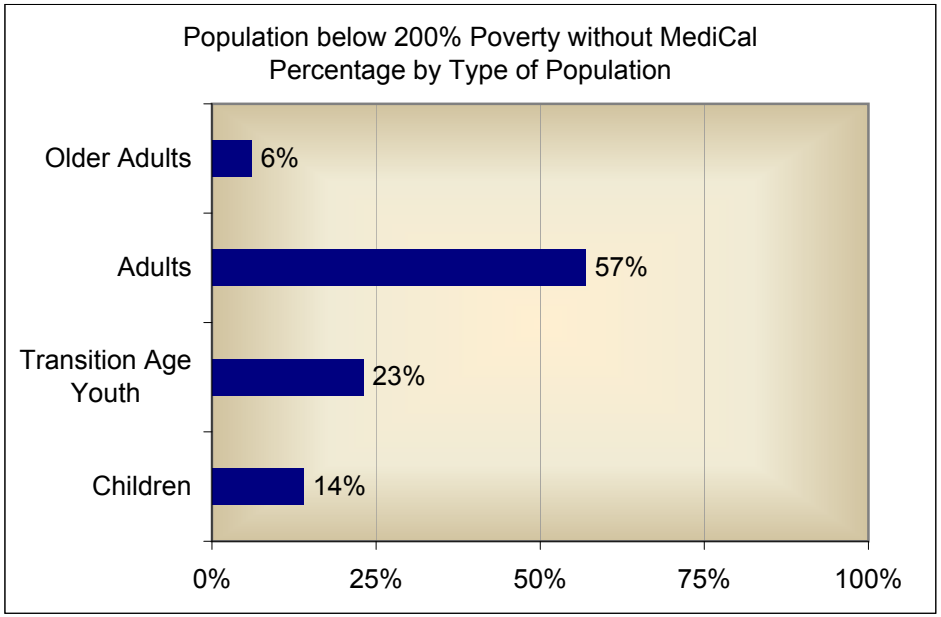

Client Utilization with MediCal
Percentage by Type of Population
Multiracial/Other
5%
Hispanic/Latino
4%
White
81%
African American/Black
2%
Asian/Pacific Islander
2%
Native American
6%
0%
25%
50%
75%
100%

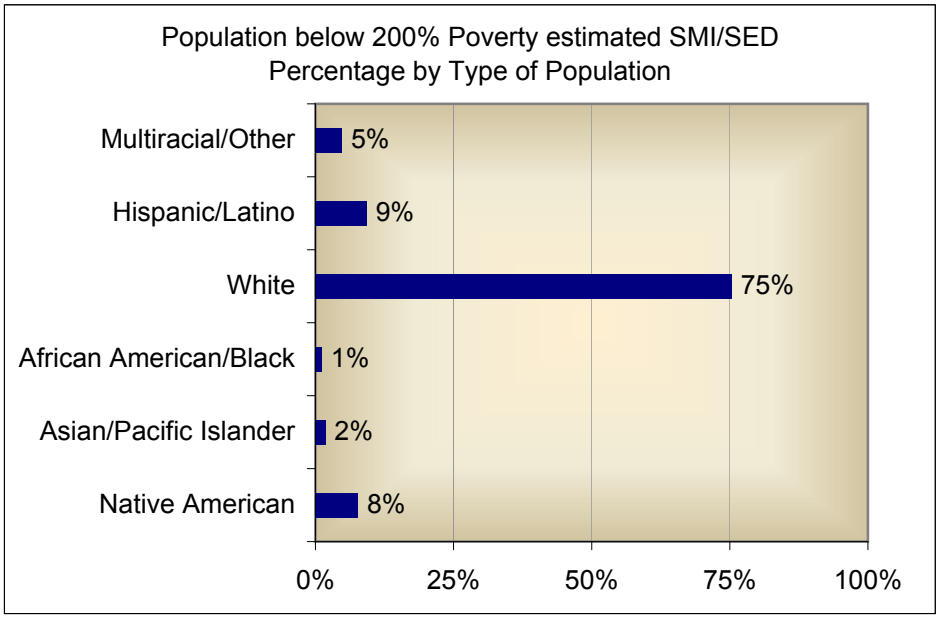

Client Utilization with MediCal
Percentage by Type of Population
Older Adults
6%
Adults
47%
Transition Age Youth
17%
Children
29%
0%
25%
50%
75%
100%

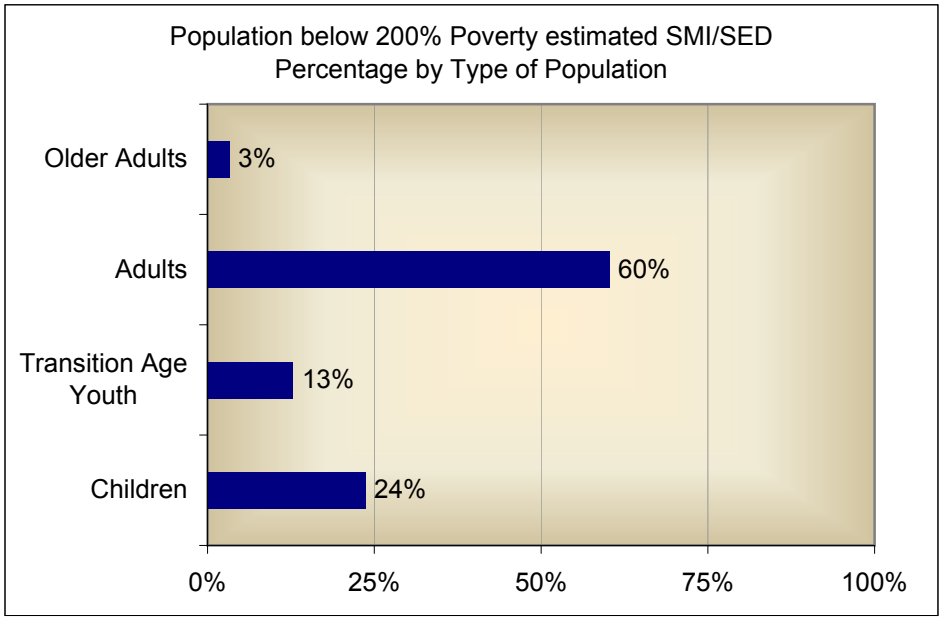

Population below 200% Poverty
Percentage by Type of Population
Multiracial/Other
5%
Hispanic/Latino
10%
White
74%
African American/Black
1%
Asian/Pacific Islander
3%
Native American
7%
0%
25%
50%
75%
100%

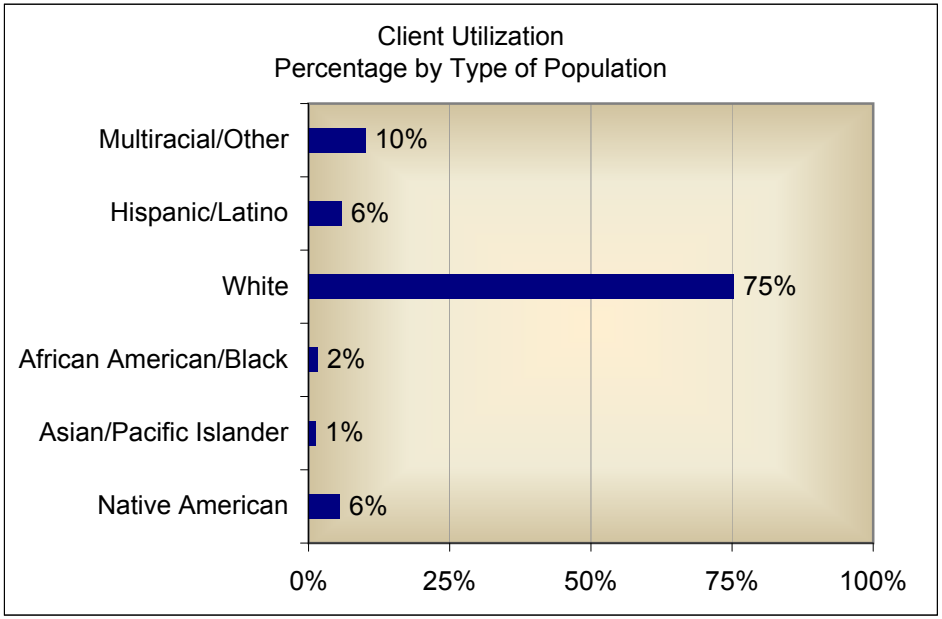

Population below 200% Poverty
Percentage by Type of Population
Older Adults
6%
Adults
47%
Transition Age Youth
17%
Children
29%
0%
25%
50%
75%
100%

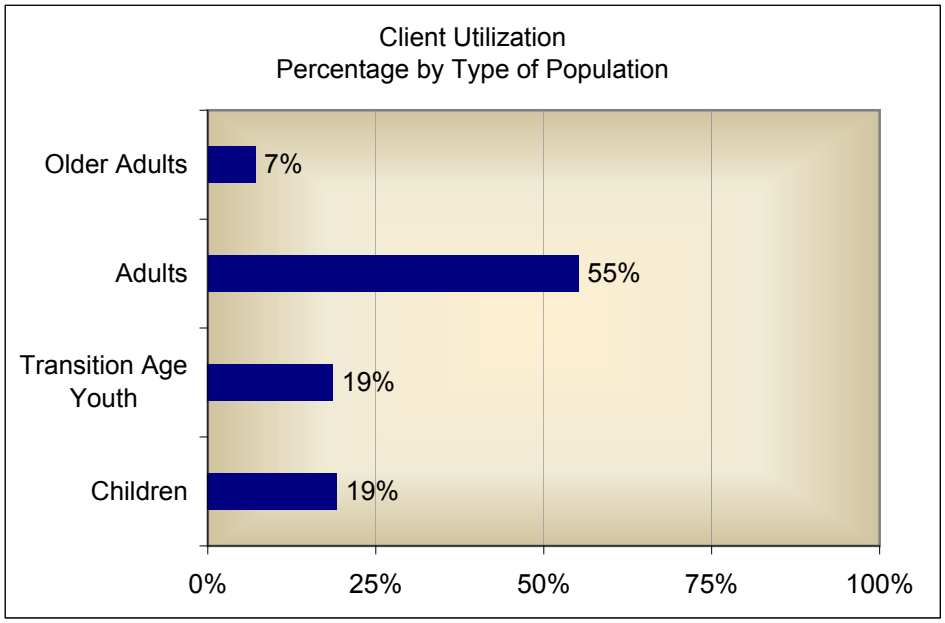

Population below 200% Poverty without MediCal
Percentage by Type of Population
Multiracial/Other
5%
Hispanic/Latino
12%
White
78%
African American/Black
1%
Asian/Pacific Islander
2%
Native American
4%
0%
25%
50%
75%
100%

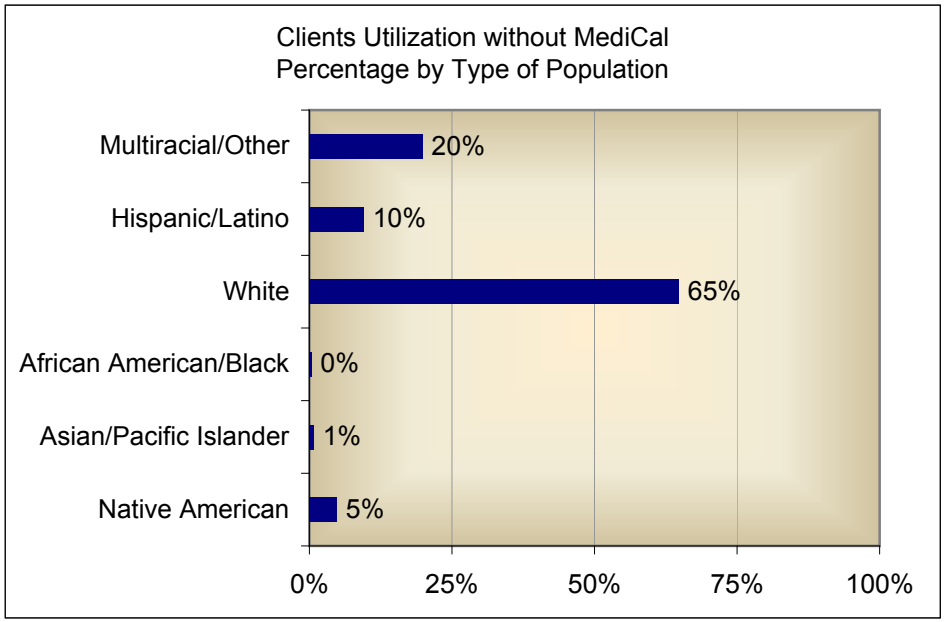

Population below 200% Poverty without MediCal
Percentage by Type of Population
Older Adults
6%
Adults
57%
Transition Age Youth
23%
Children
14%
0%
25%
50%
75%
100%

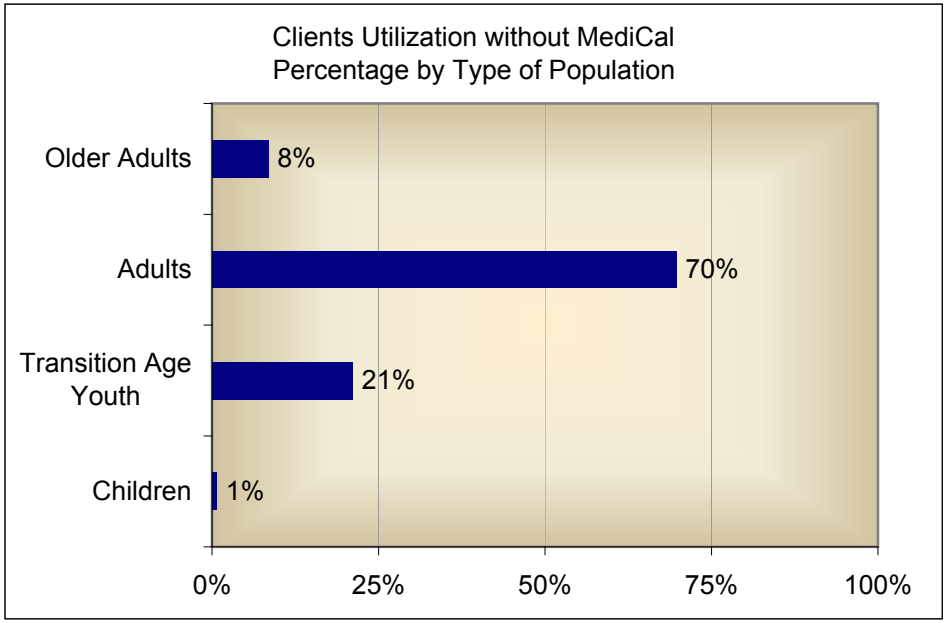

Population below 200% Poverty estimated SMI/SED
Percentage by Type of Population
Multiracial/Other
5%
Hispanic/Latino
9%
White
75%
African American/Black
1%
Asian/Pacific Islander
2%
Native American
8%
0%
25%
50%
75%
100%

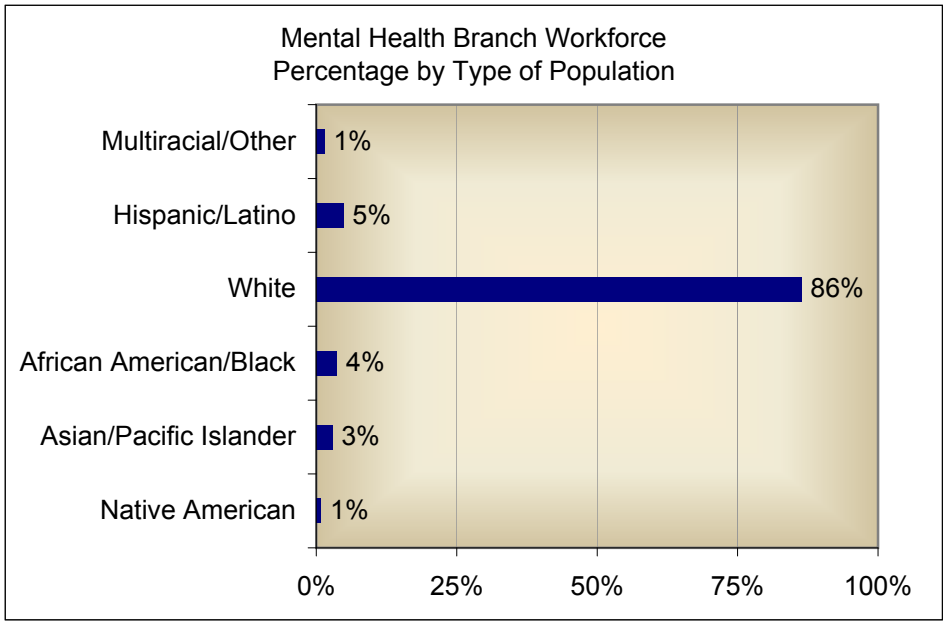

Population below 200% Poverty estimated SMI/SED
Percentage by Type of Population
Older Adults
3%
Adults
60%
Transition Age Youth
13%
Children
24%
0%
25%
50%
75%
100%

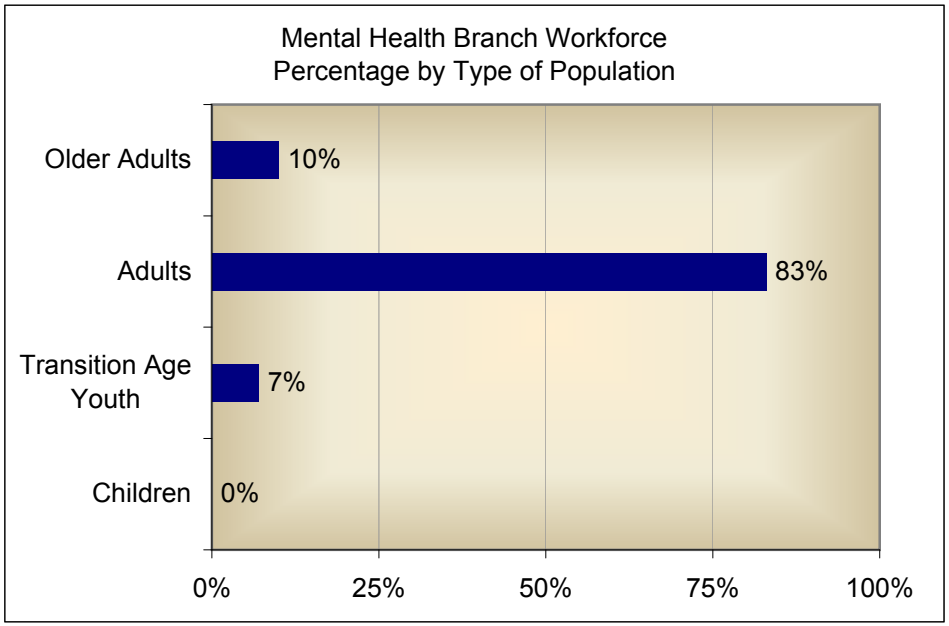

Client Utilization
Percentage by Type of Population
Multiracial/Other
10%
Hispanic/Latino
6%
White
75%
African American/Black
2%
Asian/Pacific Islander
1%
Native American
6%
0%
25%
50%
75%
100%

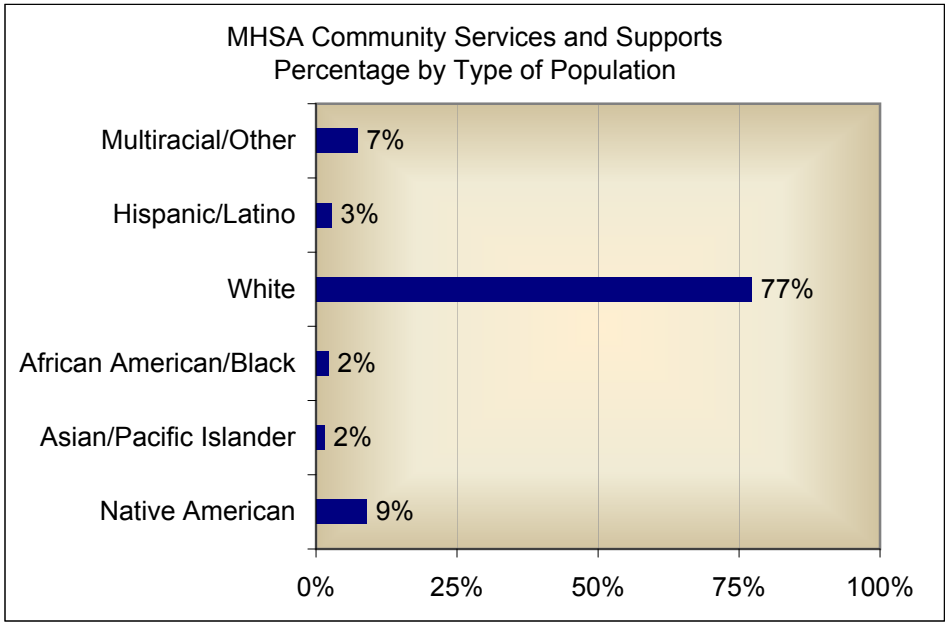

Client Utilization
Percentage by Type of Population
Older Adults
7%
Adults
55%
Transition Age Youth
19%
Children
19%
0%
25%
50%
75%
100%

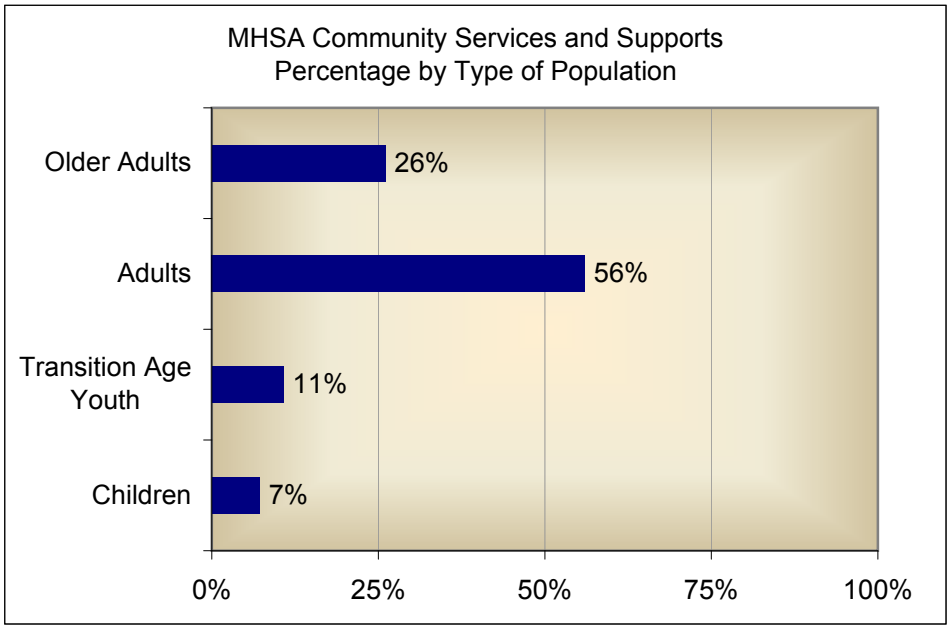

Clients Utilization without MediCal
Percentage by Type of Population
Multiracial/Other
20%
Hispanic/Latino
10%
White
65%
African American/Black
0%
Asian/Pacific Islander
1%
Native American
5%
0%
25%
50%
75%
100%

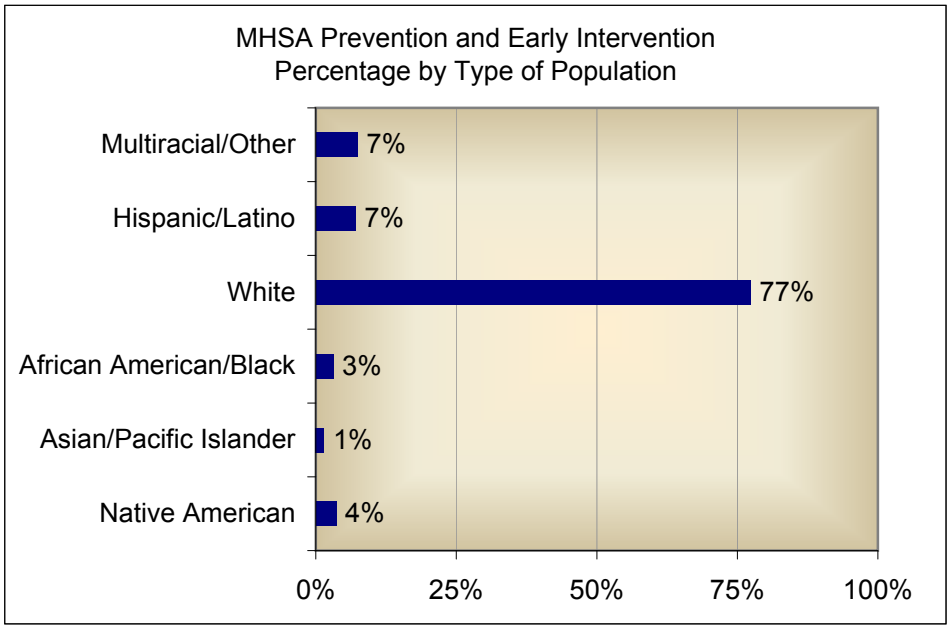

Clients Utilization without MediCal
Percentage by Type of Population
Older Adults
8%
Adults
70%
Transition Age Youth
21%
Children
1%
0%
25%
50%
75%
100%

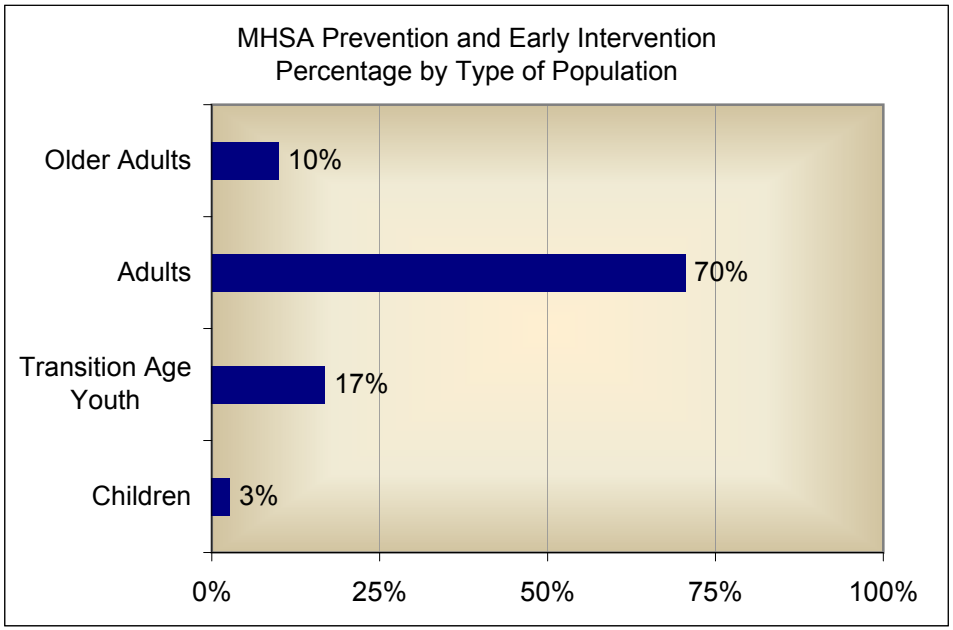

Mental Health Branch Workforce
Percentage by Type of Population
Multiracial/Other
1%
Hispanic/Latino
5%
White
86%
African American/Black
4%
Asian/Pacific Islander
3%
Native American
1%
0%
25%
50%
75%
100%


Mental Health Branch Workforce
Percentage by Type of Population
Older Adults
10%
Adults
83%
Transition Age Youth
7%
Children
0%
0%
25%
50%
75%
100%


MHSA Community Services and Supports
Percentage by Type of Population
Multiracial/Other
7%
Hispanic/Latino
3%
White
77%
African American/Black
2%
Asian/Pacific Islander
2%
Native American
9%
0%
25%
50%
75%
100%


MHSA Community Services and Supports
Percentage by Type of Population
Older Adults
26%
Adults
56%
Transition Age Youth
11%
Children
7%
0%
25%
50%
75%
100%


MHSA Prevention and Early Intervention
Percentage by Type of Population
Multiracial/Other
7%
Hispanic/Latino
7%
White
77%
African American/Black
3%
Asian/Pacific Islander
1%
Native American
4%
0%
25%
50%
75%
100%


MHSA Prevention and Early Intervention
Percentage by Type of Population
Older Adults
10%
Adults
70%
Transition Age Youth
17%
Children
3%
0%
25%
50%
75%
100%

	General Population		MediCal Population		Client Utilization with MediCal		Population below 200% Poverty		Population below 200% Poverty without MediCal		Population below 200% Poverty estimated SMI/SED		Client Utilization		Clients Utilization without MediCal		Mental Health Branch Workforce		MHSA Community Services and Supports		MHSA Prevention and Early Intervention	
Race/Ethnicity	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Native American	9,146	7%	2,844	10%	156	6%	3,749	7%	905	4%	383	8%	222	6%	66	5%	3	1%	65	9%	20	4%
Asian/Pacific Islander	2,321	2%	1,000	4%	43	2%	1,452	3%	452	2%	89	2%	53	1%	10	1%	10	3%	11	2%	8	1%
American/Black	1,031	1%	540	2%	62	2%	665	1%	125	1%	57	1%	67	2%	5	0%	13	4%	16	2%	17	3%
White	104,659	79%	19,285	70%	2,112	81%	38,593	74%	19,308	78%	3,750	75%	3,004	75%	892	65%	304	86%	560	77%	427	77%
Hispanic/Latino	10,366	8%	2,559	9%	105	4%	5,427	10%	2,868	12%	461	9%	236	6%	131	10%	17	5%	20	3%	39	7%
Multiracial/ Other	5,271	4%	1,127	4%	130	5%	2,366	5%	1,239	5%	239	5%	403	10%	273	20%	5	1%	53	7%	41	7%
Total	132,794	100%	27,355	100%	2,608	100%	52,252	100%	24,897	100%	4,979	100%	3,985	100%	1377	100%	352	100%	725	100%	552	100%
Primary Language																						
English			24,266	88%									3,891	98%					703	97%	513	93%
Spanish			1,577	6%									22	1%			6	2%	3	0%	15	3%
Hmong			311	1%									18	0%			1	0%				
Lao			61	0%									3	0%								
Other			1,335	5%									51	1%			1	0%				
Total			27,550	100%									3,985	100%			352		725		552	
Age Range																						
Children	22,431	17%	9,733	36%	755	29%	13,213	25%	3,480	14%	1178	24%	765	19%	10	1%	0	0%	52	7%	15	3%
Transition Age Youth	21,898	16%	3,958	14%	450	17%	9,701	19%	5,743	23%	639	13%	741	19%	291	21%	25	7%	78	11%	93	17%
Adults	64,247	48%	10,463	38%	1,238	47%	24,630	47%	14,167	57%	2999	60%	2198	55%	960	70%	292	83%	406	56%	389	70%
Older Adults	26,209	19%	3,201	12%	165	6%	4,708	9%	1,507	6%	163	3%	281	7%	116	8%	35	10%	189	26%	55	10%
Total	134,785	100%	27,355	100%	2,608	100%	52,252	100%	24,897	100%	4,979	100%	3,985	100%	1377	100%	352	100%	725	100%	552	100%
Gender																						
Female	67,884	50%	14,968	55%	1,321	51%	28024	54%	13056	52%	2969	60%	2015	51%	694	50%	270	77%	354	49%	436	79%
Male	66,901	50%	12,385	45%	1,287	49%	24228	46%	11843	48%	2010	40%	1970	49%	683	50%	82	23%	371	51%	116	21%
	134,785	100%	27,353	100%	2,608	100%	52,252	100%	24899	100%	4,979	100%	3,985	100%	1377	100%	352	100%	725	100%	552	100%

Attachment G

Excerpt from
Mental Health Services Act
Community Services and Supports
Fiscal Year 2004/2005
Population Assessment and Analysis of Disparities

PART II
PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

SECTION II
ANALYZING MENTAL HEALTH NEEDS IN THE COMMUNITY

Section II: Analyzing Mental Health Needs in the Community

Response:

1) Using information from population data for the county and any available estimates of unserved populations, provide a narrative analysis of the unserved populations in your county by age group. Specific attention should be paid to racial ethnic disparities.

As mentioned previously, DHHS lacks sufficient infrastructure in the areas of data collection and analysis, and, research and evaluation to be able to fully assess racial and ethnic disparities by age group in the unserved populations of Humboldt County. Absent this capacity, the following information is submitted.

As Table One (1) illustrates, approximately eighty (80) percent of the population of Humboldt County is predominately White, eight (8) percent Hispanic/Latino, six (6) percent Native American (Humboldt County includes nine federally identified Native American Tribes), two (2) percent Asian/Pacific Islander, and, one (1) percent African-American.

	African-American	Asian-Pacific Islander	Hispanic/Latino	Native American	White	Other	Total
Children 0-17	284	637	3,629	2,487	19,689	1,878	28,604
Transitional Youth 18-24	201	427	1,702	958	13,785	582	21,217
Adult 18-59	770	1,587	5,887	4,368	65,162	2,340	80,114
Older Adult 60+	110	249	502	845	19,633	415	21,754
Total	1,164	2,473	10,018	7,700	104,484	4,633	130,472

[a] State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000–2050.* Sacramento, CA, May 2004.

The two tables presented below (Disparity by Age Group and Disparity by Race/Ethnicity) represent population information that has been developed from the prevalence estimates of Seriously Mentally Ill (SMI)/Seriously Emotionally Disturbed (SED) provided by DMH, and from Humboldt County DHHS -Mental Health Branch utilization data via CMHC, a community mental health data management system. The right-most columns in each table estimate service disparity for each age group as differences in absolute counts and as the rate difference (in percentages) between the estimated prevalence and the actual population that receives mental health care. As presented in both tables, these numbers appear to show a need for mental health services in a large proportion of the County's population. It should be noted that while these numbers represent the age group populations not receiving services directly through DHHS Mental Health Branch, they also do not indicate who may be served by community or culturally based organizations.

Disparity by Age Group (estimates)	From Prevalence Estimates	CMHC utilization data	Difference	Percent Difference
Children 0-17	2,557	599	-1,958	-76.6%
Transitional Youth 18-24	2,457	332	-2,125	-86.5%
Adult 18-59	7,571	2,366	-5,205	-68.7%
Older Adult 60+	1,286	255	-1,031	-80.2%
Total	12,147	3,281	-10,318	-84.9%

Disparity by Race/Ethnicity (estimates)	from Prevalence Estimate	CMHC utilization data	Difference	Percent Difference
African-American	106	81	-25	-23.3%
Asian-Pacific Islander	263	31	-232	-88.2%
Hispanic/Latino	857	117	-740	-86.3%
Native American	506	286	-220	-43.5%
white	10,093	2,727	-7,366	-73.0%
Other	587	39	-548	-93.4%
Total	12,412	3,281	-9,131	-73.6%

Children & Youth – It should be noted that only those children and youth served in the Wraparound (WRAP) program are considered to be fully served. As requested, the number of females (22) and males (19) served in the WRAP program is noted in "Chart A" below, however, the information on ethnicity is not currently available.

In terms of the unserved populations of this age group, the first table of "Chart A" shows evident disparity in the percentage of Hispanic/Latino children and youth who are served in the current system versus the percentage of Hispanic/Latino children and youth in the general population. Less than five (4.5) percent of those served are Hispanic/Latino while six (6) percent are represented in the poverty population and close to thirteen (12.7) percent are represented in the general population. In contrast, White children and youth make up over seventy-six (76.3) percent of those served in the current system while they represent close to eighty (79.6) percent of the poverty population and under sixty-nine (68.8) percent of the general population. Additional disparity exists in that less than two (1.9) percent of children and youth served are Asian/Pacific Islander who make up two (2.0) percent of the poverty population and over two (2.2) percent of the general population.

In comparison, close to eleven (10.9) percent of children and youth served within the system are Native American while they make up just over five (5.2) percent of the poverty population and less than nine (8.7) percent of the general population. Likewise, African American children and youth account for just one (1.0) percent of the poverty population and one (1.0) percent of the general population but make up over three (3.3) percent of those served.

Overall, this information suggests that substantial disparities exist between services reaching White children and youth compared to the ethnic and cultural populations of the County. It follows then that a large proportion of Hispanic/Latino and Asian/Pacific Islander children and youth qualify as unserved populations, while large portions of Native American, African American, and White children and youth qualify as inappropriately served. Without sufficient data related to these disparities, it is not possible to provide or suggest contributing factors or causes of these disparities.

Transition-Age Youth – It should be noted that there are no transition-age youth in the County who are currently considered to be fully served.

In terms of the unserved populations of this age group, the second table of "Chart A" shows evident disparity in the percentage of Hispanic/Latinos served versus the percentage of Hispanic/Latinos in the poverty and general populations. Less than five (4.9) percent of those served in the current system are Hispanic/Latino while over eight (8.2) percent are represented in the poverty population and over nine (9.6) in the general population. In contrast, close to seventy-eight (77.8) percent of transition-age youth who are currently served are White while they represent under seventy-two (71.7) percent of the poverty population and slightly over seventy-eight (78.1) percent of the general population.

In comparison, close to eleven (10.9) percent of transition-age youth served are Native American while they make up slightly over six (6.1) percent of the poverty population and over five (5.4) percent of the general population. Similarly, under five (4.6) percent of those receiving services are Asian/Pacific Islanders while they make up over two (2.4) percent of both the poverty and general population numbers. Likewise, just over two (2.3) percent of those receiving services are African American while they make up just over one percent of the poverty (1.4) and general (1.1) populations.

This information suggests that some substantial disparities exists between services reaching transition-age youth who are White compared to the ethnic and cultural populations, especially Hispanic/Latinos, of the County. It follows then that a large portion of Hispanic/Latino transition-age youth qualify as an unserved population while portions of Native American, African American, and White transition-age youth qualify as inappropriately served. Again, without sufficient data related to these disparities, it is not possible to provide or suggest the reasons or causes behind them.

Adults – It should be noted that only those Adults served in the AB2034 Homeless Services Program are considered to be fully served.

In terms of the unserved populations of this age group, the third table of "Chart A" below, there is evident disparity in the percentage of Hispanic/Latinos served versus the percentage of Hispanic/Latinos in the poverty and general populations. Less than three (2.8) percent of those served in the current system are Hispanic/Latinos while the percentage of Hispanic/Latinos in both the poverty (7.6%) and general (7.3%)

populations is over seven percent. Additiona lly, just over one (1.3) percent of those served in the current system ar e Asian/Pacific Islander s while they make up over two (2.4) percent of the poverty population and tw o (2) percent of the general population. In contrast, over eighty-five (85.7) perc ent of adults served ar e White, wh ile they represent close to seventy-two (72.4) percent of the poverty population and slightly over eighty-one (81.3) percent of the general population.

In comparison, of adults served in the curre nt system, Native Americans comprise over six (6.5) percent, while mak ing up just u nder seven (6.9) percent of the poverty population and over five (5.5) per cent of the general populati on. African Americans o n the other hand, make up two (2) percent of t hose served wh ile representing just over one (1.2) percent of the poverty populati on and one (1) percent of the general population.

This information suggests that some substant ial disparities exist between services that reach White adults versus services that reac h the ethnic and cult ural populations of the County. It follows then that a portion of Hispanic/Latino and Asian/Pac ific Islander adults qualify as uns erved populations while portions of Native American, African American, and White adults quali fy as inappropriately serv ed populations. T he lack of sufficient data related to these disparities prevents providing information on the reasons and causes behind them.

Older Adults – It should be not ed that only those Older Adults served in the AB2034 Homeless Services Program are considered to be fully served.

In terms of the unserved populations of this age group, the fourth table of "Chart A" below shows disparit y in the percentage of As ian/Pacific Islander older adults who are served versus the percentage of Asian Pac ific Islander older adults in the poverty and general populations. Le ss than one-half (.3) percent of those se rved in the current system are Asian/Pacific Islanders while t hey make up over one percent of both the poverty (1.2) and general (1.3) populations. Si milarly, Native American older adult s were just under four (3.7) percent of thos e served while they made up over seven (7.4) percent of the poverty populat ion and just under four (3.9) percent of the gener al population. In contras t again, Whites in this age group made up over ninety-two (92.4) percent of those served while they represent ed eighty-three (83) pe rcent of the poverty population and just over ninety (90.3) percent of the general population.

In comparison, Hispanic/Lati no older adults made up over tw o (2.3) percent of those served while they represented less than two (1 .8) percent of the poverty population and over two (2.3) percent of t he general population. And, Af rican American older adult s made up less than one (.7) percent of those receiving se rvices as well as less than one percent of the poverty (.6) and general (.5) populations.

Again, this information suggest that dispar ities exist b etween services that t hat reach White older adults and servic es that reac h the ethnic and cult ural older adult populations of the County. It follows then t hat a portion of Asian/Pacific Islander and

Native American older adults qualify as unserved populations. Again, without sufficient data related to these disparities, it is not possible to provide or suggest the reasons or causes behind them.

Other related information:

Beyond age groups, the population with greatest risk for being unserved is the homeless mentally ill population. The best estimates currently available indicate that there are over 2,000 homeless adults in Humboldt County on any given day, and 600 to 800 homeless youth.

Among the estimated 2,000 homeless adults approximately 80% of the adults suffer from mental health issues; approximately 90% suffer from substance abuse. These prevalence estimates, when combined with the SMI/SED prevalence estimates, suggest that between 1,600 and 1,800 adults require mental health services in Humboldt County. Rates generated by the 2004 sampling of 339 homeless persons for AB 2034 contacts, estimates 590 homeless adults suffer from Serious Mental Illness, 200 suffer from substance abuse, and 24 from both. In all likelihood these figures underestimate both SMI and substance abuse among the homeless population.

The January 2005 survey of the Homeless conducted by the Humboldt Housing and Homeless Coalition identified 550 homeless adults and 205 dependent children, nearly seventy-one (71) percent of whom were contacted in the Eureka area. Among these homeless persons, Whites accounted for seventy-eight (78) percent of those counted, Hispanic/Latinos at six (6) percent, rates which are proportional to the overall County population. However, nine (9) percent of the homeless were Native Americans, whom are represented in the overall population at under six (6) percent [7](2000 Census data). According to this survey, close to ninety (90) percent of the homeless appear to congregate mainly in the greater Eureka, Arcata, and Fortuna area but because of the vast rural areas in the County it is impossible to assess the rates of homelessness in the outlying areas of Humboldt County.

Humboldt County's Hispanic/ Latino and Native American communities generally live and work in the more rural and remote areas of the County and so experience the same gaps in services experienced by other rural residents. DHHS is currently building the infrastructural supports and staffing capacity to provide linguistically and culturally competent services and supports (see Program work Plan #9) to be able to serve these populations.

2) Using the format provided in Chart A, indicate the estimated total number of persons needing MHSA mental health services who are already receiving services, including those currently fully served and those underserved/ inappropriately served, by age group, race ethnicity, and gender. Also provide the total county and poverty population by age group and race ethnicity. (Transition Age Youth may be shown in a separate category or as part of Children and Youth or Adults.)

[7] Census 2000 data.

Chart A: Service Utilization by Race/Ethnicity [a]

CHILDREN AND YOUTH	Fully Served		Underserved/ Inappropriately Served		Total Served		County[a] Poverty Population		County Population[b]	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	19	22	778	567	1,345	100.0	16069	100.0	28,604	100.0
Race/Ethnicity										
African/American			35	10	45	3.3	168	1.0	284	1.0
Asian Pacific Islander			19	6	25	1.9	329	2.0	637	2.2
Hispanic/Latino			34	27	61	4.5	959	6.0	3,629	12.7
Native American			96	50	146	10.9	841	5.2	2,487	8.7
White			568	458	1,026	76.3	12,784	79.6	19,689	68.8
Other			26	16	42	3.1	988	6.1	1,878	6.6

TRANSITION AGE YOUTH	Fully Served		Underserved/ Inappropriately Served		Total Served		County[a] Poverty Population		County Population[b]	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL			525	371	896	100.0	6,126	100.0	17,655	100.0
Race/Ethnicity										
African/American			15	6	21	2.3	86	1.4	201	1.1
Asian Pacific Islander			9	5	41	4.6	147	2.4	427	2.4
Hispanic/Latino			29	15	44	4.9	500	8.2	1,702	9.6
Native American			57	41	98	10.9	372	6.1	958	5.4
White			399	298	697	77.8	4,395	71.7	13,785	78.1
Other			16	6	22	2.5	626	10.2	582	3.3

ADULT	Fully Served		Underserved/ Inappropriately Served		Total Served		County[a] Poverty Population		County Population[b]	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL	21	12	1,953	1,792	3,778	100.0	17,665	100.0	80,114	100.0
Race/Ethnicity										
African/American		1	44	29	74	2.0	218	1.2	770	1.0
Asian Pacific Islander	0	0	17	33	50	1.3	429	2.4	1,587	2.0
Hispanic/Latino	1	0	59	45	105	2.8	1,342	7.6	5,887	7.3
Native American	1	2	115	127	245	6.5	1,222	6.9	4,368	5.5
White	20	7	1,683	1,529	3,239	85.7	12784	72.4	65,162	81.3
Other	0	1	34	30	65	1.7	1,670	9.5	2,340	2.9

OLDER ADULT	Fully Served		Underserved/ Inappropriately Served		Total Served		County[a] Poverty Population		County Population[b]	
	Male	Female	Male	Female	Number	%	Number	%	Number	%
TOTAL			112	189	301	100.0	1,139	100.0	21,754	100.0
Race/Ethnicity										
African/American			1	1	2	0.7	7	0.6	110	0.5
Asian Pacific Islander			0	1	1	0.3	14	1.2	249	1.1
Hispanic/Latino			3	4	7	2.3	21	1.8	502	2.3
Native American			2	9	11	3.7	84	7.4	845	3.9
White	1	0	104	173	278	92.4	945	83.0	19,633	90.3
Other			1	1	2	0.7	68	6.0	415	1.9

[a] SOURCE: Poverty Level data from 1999 as reported in 2000 Census
[b] SOURCE: State of California, Department of Finance, *Race/Ethnic Population with Age and Sex Detail, 2000–2050.* Sacramento, CA, May 2004.

3) Provide a narrative discussion/analysis of the ethnic disparities in the fully served, underserved and inappropriately served populations in your county by age group as identified in Chart A. Include any available information about their age and situational characteristics as well as race ethnicity, gender, primary language, sexual orientation, and special needs.

As stated previously, DHHS lacks the necessary infrastructure in the areas of data collection and analysis, and research and evaluation to be able to fully assess racial and ethnic disparities by age group in the fully served and inappropriately or underserved served populations of Humboldt County. Absent this capacity, the following information is submitted.

Children & Youth – As noted above, only those children and youth served in the WRAP program are considered to be fully served. As requested, the number of females (22) and males (19) served in the WRAP program is noted above in "Chart A", however, the information on ethnicity is not available. In terms of the inappropriately or underserved served populations of this age group, the first table of "Chart A" shows evident disparity in the percentages of African American, Native American, and White children and youth served in the current system versus the percentage of those same groups in the poverty and general populations. Close to eleven (10.9) percent of children and youth served within the system are Native American while they are represented in just over five (5.2) percent of the poverty population and less than nine (8.7) percent of the general population. Likewise, African American children and youth account for just one (1.0) percent of the poverty population and one (1.0) percent of the general population but make up over three (3.3) percent of those served. Data and information on the reasons for this over-representation is not available. In contrast, White children and youth make up over seventy-six (76.3) per cent of those served in the current system while they represent over seventy-nine (79.6) percent of the poverty population and just under sixty-nine (68.8) percent of the general population. Overall, this information suggests

that substantial disparities exist between services reaching White children and youth compared to the ethnic and cultural populations of the County. It follows then that a large portions of Native American, African American, and White children and youth qualify as inappropriately served, but without sufficient data related to these disparities, it is not possible to provide or suggest contributing factors or causes at this time.

Transition-age Youth – As noted above, there are no transition-age youth who are considered to be fully served at this time. In terms of the inappropriately or underserved populations of this age group, the second table in "Chart A" shows evident disparity in the percentages of Native American, Asian/Pacific Islander, and African American transition-age youth served in the current system versus the percentage of those same groups in the poverty and general populations. Close to eleven (10.9) percent of transition-age youth served in the current system are Native American while they represent just over six (6.1) percent of the poverty population and five (5.4) percent of the general population. Similarly, Asian/Pacific Islanders and African Americans make up over four (4.6) percent and two (2.3) respectively of transition-age youth receiving services while they represent lower percentages (2.4 and 2.4 percent for Asian /Pacific Islanders, and, 1.4 and 1.1 per cent for African Americans) in the poverty and general populations. Again, data and information on the reasons for this over-representation is not available.

This information suggests that some substantial disparities exists between services reaching transition-age youth who are White compared to the ethnic and cultural populations of the County. It follows then that a large portion of Native American, African American, and White transition-age youth qualify as inappropriately served. Again, without sufficient data related to these disparities, it is not possible to provide or suggest the contributing factors or the causes behind them.

Adults – As noted above, only those adults enrolled in the AB2034 Homeless Services Program are considered to be fully served. In terms of the inappropriately or underserved populations of this age group, the third table in "Chart A" shows disparity in the percentages of African American and White adults served in the current system versus the percentage of those groups in the poverty and general populations. Two (2.0) percent of the adults served are African American while they represent just one (1.2) percent of the poverty population and one (1.0) percent of the general population. In comparison, close to eighty- six (85.7) percent of adults served are White while they represent just over seventy-two (72.4) percent of the poverty population and just over eighty-one (81.3) percent of the general population. This information suggests that some substantial disparities exist between services that reach White adults versus services that reach the ethnic and cultural populations of the County. It follows then that portions of Native American, African American, and White adults qualify as inappropriately served populations. Again, the lack of sufficient data related to these disparities prevents providing information on the contributing factors and causes behind them.

Older Adults – As noted above, only those older adults enrolled in the AB2034 Homeless Services Program are considered to be fully served. In terms of the inappropriately served populations of this age group, the fourth table in "Chart A" shows disparity in the percentages of White older adults served in the current system versus the percentages if White older adults in the poverty and general population numbers. Over ninety-two (92.4) percent of older adults served are White while they represent eighty-three (83.0) percent of the poverty population and close to ninety (90.3) percent of the general population. In comparison, Hispanic/Latino older adults make up over two (2.3) percent of those served while they represent close to two percent of the poverty (1.8) and general (2.3) populations, and, African American older adults make up under one (0.7) percent of those served while they represent under one (0.6) percent of the poverty population and under one (0.5) percent of the general population. Again, this information suggest that disparities exist between services that that reach White older adults and services that reach the ethnic and cultural older adult populations of the County. It follows then that a portion of these older adults qualify as underserved populations. Again, without sufficient data related to these disparities, it is not possible to provide or suggest contributing factors or causes.

4) Identify objectives related to the need for, and provision of, culturally and linguistically competent services based on the population assessment, the county's threshold languages and the disparities or discrepancies in access and service delivery that will be addressed in this Plan.

As addressed in the DHHS AB1881 Phase II Strategic Plan, and congruent with the community input and Advisory Group Recommendations, the objectives related to the issues of cultural relevancy in access and service delivery that will be addressed in this Plan are:

- Begin development of a significant organizational structure (Program Work Plan #9 Integrated Program & Planning Support Structures – Office of Consumer & Cultural Diversity) that will support and facilitate the inclusion of consumer and culturally diverse stakeholders in DHHS policy, planning, and program development.
- Provide access to mental health services in key rural and non-traditional locations (Program Work Plan #1 Rural Outreach Services Enterprise, and Program Work Plan #4 Outpatient Medication Services Expansion) that will increase the likelihood of engagement of racially and ethnically diverse populations through active outreach efforts.
- Establish a Research & Evaluation Unit (Program Work Plan #9 Integrated Program & Planning Support Structures) with data management infrastructure sufficient to identify population needs appropriate to address culture, race, and language diversity.
- Develop culturally-appropriate outreach to populations suspected of under-service (Program Work Plan #1, #4, and #9), particularly Hispanic/Latinos, Asian/ Pacific Islanders, African Americans, and Native Americans.
- Engage in efforts to increase access to services and supports for Native American populations.

Attachment H

Excerpt from
Mental Health Services Act
Prevention and Early Intervention Plan
Fiscal Year 2008/2009
Identification of Priority Population and Description of Selection Process and Rational

PEI PROJECT NAME: Suicide Prevention

County: Humboldt **Date:** December 4, 2008

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in access to mental health services	☐	☐	☐	☐
2. Psycho-social impact of trauma	☐	☐	☐	☐
3. At-risk children, youth and young adult populations	☐	☐		
4. Stigma and discrimination	☐	☐	☐	☐
5. Suicide risk	☒	☒	☒	☒

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	Age Group			
	Children and Youth	Transition Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma-exposed individuals	☐	☐	☐	☐
2. Individuals experiencing onset of serious psychiatric illness	☐	☐	☐	☐
3. Children and youth in stressed families	☐	☐		
4. Children and youth at risk for school failure	☐	☐		
5. Children and youth at risk of or experiencing juvenile justice involvement	☐	☐		
6. Underserved cultural populations	☐	☐	☐	☐
This project supports the statewide suicide prevention initiative.				

PEI PROJECT NAME: Stigma and Discrimination Reduction

County: Humboldt **Date:** December 4, 2008

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in access to mental health services	☐	☐	☐	☐
2. Psycho-social impact of trauma	☐	☐	☐	☐
3. At-risk children, youth and young adult populations	☐	☐		
4. Stigma and discrimination	☒	☒	☒	☒
5. Suicide risk	☐	☐	☐	☐

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	Age Group			
	Children and Youth	Transition Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma exposed individuals	☐	☐	☐	☐
2. Individuals experiencing onset of serious psychiatric illness	☐	☐	☐	☐
3. Children and youth in stressed families	☐	☐		
4. Children and youth at risk for school failure	☐	☐		
5. Children and youth at risk of or experiencing juvenile justice involvement	☐	☐		
6. Underserved cultural populations	☐	☐	☐	☐
This project supports the statewide stigma and discrimination reduction initiative.				

PEI PROJECT NAME: Transition Age Youth Partnership Program

County: Humboldt **Date:** December 4, 2008

Complete one Form No. 3 for each PEI project. Refer to Instructions that follow the form.

1. PEI Key Community Mental Health Needs	Age Group			
	Children and Youth	Transition Age Youth	Adult	Older Adult
Select as many as apply to this PEI project:				
1. Disparities in access to mental health services	☐	☐	☐	☐
2. Psycho-social impact of trauma	☐	☐	☐	☐
3. At-risk children, youth and young adult populations	☐	☒	☐	☐
4. Stigma and discrimination	☐	☐	☐	☐
5. Suicide risk	☐	☐	☐	☐

2. PEI Priority Population(s) **Note: All PEI projects must address underserved racial/ethnic and cultural populations.**	Age Group			
	Children and Youth	Transition Age Youth	Adult	Older Adult
A. Select as many as apply to this PEI project:				
1. Trauma exposed individuals	☐	☐	☐	☐
2. Individuals experiencing onset of serious psychiatric illness	☐	☒	☐	☐
3. Children and youth in stressed families	☐	☐		
4. Children and youth at risk for school failure	☐	☐		
5. Children and youth at risk of or experiencing juvenile justice involvement	☐	☐		
6. Underserved cultural populations	☐	☐	☐	☐

B. Stakeholder input and data analysis that resulted in the selection of the priority population(s).

Stakeholder input and analysis of data clearly indicate that a priority for our community is comprehensive and coordinated support services for Transition Age Youth (TAY), including those who represent unserved and underserved racial/ethnic and cultural populations and who are at risk of or experiencing onset of psychiatric illness.

Humboldt County Department of Health and Human Services (DHHS) conducted an extensive Community Planning Process as the initial component of the Mental Health Services Act (MHSA).[1] Included were the Mental Health Board, attendees of six regional meetings and 13 targeted stakeholder meetings, four age-specific advisory groups, a Community Strengths & Needs Survey and client interviews. At specific phases of the planning process, each group was asked to articulate and prioritize mental health themes and needs.[2]

Comprehensive and coordinated early intervention for 16- to 25-year-olds experiencing the onset of a serious psychiatric illness was a high-ranking theme throughout the Community Planning Process. The Arcata community meeting's second-highest ranked theme was to "reduce the timeline between point of crisis and the point of intervention." The Willow Creek and Eureka community meetings' highest-ranked themes were early intervention in crises and ensuring "follow-up services, especially for those who are not system 'savvy.'" A theme at the Orick community meeting was that "early intervention works."

Key stakeholder input has come from DHHS's ongoing dialogue and partnership with TAY advocates, including both local youth and statewide TAY advocacy groups. DHHS initiated this focused input during the 2004-2005 Community Planning Process and has continued to sponsor and support the development of this group of young stakeholders.

These TAY have stated very clearly that it is critical to provide a comprehensive stakeholder-driven work plan that can sustain a strong and ongoing TAY voice in Humboldt County. Another theme is the need for a "one-system, all youth" approach to providing behavioral health services, as well as other TAY-specific services such as emancipation planning and advocacy.

Once a TAY youth partner program was identified as a key community need, the prevention and early intervention planning process, including 22 meetings and more than 250 participants, further assessed the community's capacity and

[1] California mental health services act (2004). *DMHC.ca.gov* . Retrieved: September 2, 2008, from http://www.dmh.ca.gov/Prop_63/MHSA/docs/Mental_Health_Services_Act_Full_Text.pdf

[2] Attachment C: Humboldt County Mental Health Services Act. (2005*) Recommendations submitted by advisory groups to MHSA steering committee.*

strengths and selected strategies to address desired outcomes and develop projects.

Education, training and outreach for TAY who are experiencing the onset of serious psychiatric illness was a consistent theme in the MHSA PEI community planning process. For example, at an MHSA PEI stakeholder discussion at a Community Partners (foster parents group) meeting, the comment was made that "education is needed for TAY and family members who are first diagnosed with a serious mental illness regarding medications, side effects, and what services are available." These recommendations have been incorporated into this Project.

The need for youth-driven advocacy for TAY was another consistent theme. At the MHSA PEI regional meeting in McKinleyville, the recommendation was made that "TAY with mental illness need other experiences, besides just mental health services, such as interpersonal skills training, and opportunities to engage with the community and learn that they can be successful in school." This recommendation has been incorporated into this Project.

Another common theme was the need to implement a project that will deliver intensive services from consistent providers for TAY and their family members from the first onset of a serious psychiatric illness. At a MHSA PEI planning discussion at a Domestic Violence Coordinating Council quarterly meeting, one participant said TAY "need to get to know the people working with them to build trust." This recommendation has been incorporated into this Project.

According to the literature, the earlier a comprehensive and coordinated intervention occurs, the better the outcomes for TAY experiencing the onset of serious psychiatric illness. The Early Diagnosis and Preventative Treatment of Psychotic Illness Clinic reports that longer duration of untreated psychosis is associated with poorer outcomes.[3] The report also indicates that reduced functioning and increased treatment resistance follow repeated relapses. Recommended treatment models are family-focused and include a multifunctional team that provides rapid responses in conjunction with medication management.

In addition, there is evidence that youth development programs promote positive outcomes[4] which:

[3] Attachment G: Carter, C. S. MD. (n.d.). *Early intervention for transitional age populations* [PowerPoint slides]. From http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/docs/Meetings/2008/Apr/OnsetFinalPresentation_DrCarter.pdf.

[4] Social Development Research Group, (1998, November 13). *Positive youth development in the United States: research finding on evaluations of positive youth development programs*. Seattle, Washington.

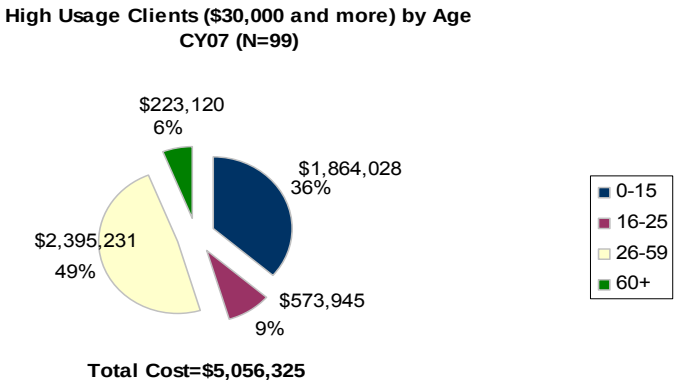
- Foster resilience, self determination, spirituality, self-efficacy, clear and positive identity, hope for the future, and pro-social norms
- Promote bonding and social, emotional, cognitive, behavioral and moral competencies
- Provide recognition for positive behavior
- Provide opportunities for pro-social involvement.

In California, youth who have experienced foster care have a higher incidence of poor outcomes.[5] The data show that 70% are incarcerated during their lifetime, with one in four in jail within two years of leaving foster care. Half to 80% have mental health needs. Less than half complete high school, and only 3% attend college. By age 21, less than 50% are employed, and 20% are homeless.

The data in Humboldt County support the need for comprehensive and coordinated services for TAY who are at risk or experiencing onset of a serious psychiatric illness, including those who represent unserved and underserved racial, ethnic and cultural populations.

According to Medi-Cal paid claims data for Calendar Year 2007, compiled by California's External Quality Review Organization (CAEQRO), Humboldt County's penetration rate of mental health services to the TAY population is ninth in the state, higher than both the statewide and small county averages.

The graphic below shows that as of May 2008, of 99 identified high service users, about 9% of the individuals in Humboldt County who utilize $30,000 or more per year were TAY between 16 and 25 years old.



[5] Bass, K. (n.d.). *leginfo.ca.gov*. AB 2216 - assembly bill chaptered. Retrieved September 15, 2008, from http://www.leginfo.ca.gov/pub/05-06/bill/asm/ab_2201-2250/ab_2216_bill_20060922_chaptered.html.

Attachment I

Excerpt from
Mental Health Services Act
Fiscal Year 2011/2012
Prevention and Early Intervention
Overall Implementation Progress Report
for Fiscal Year 2009/2010

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

PEI

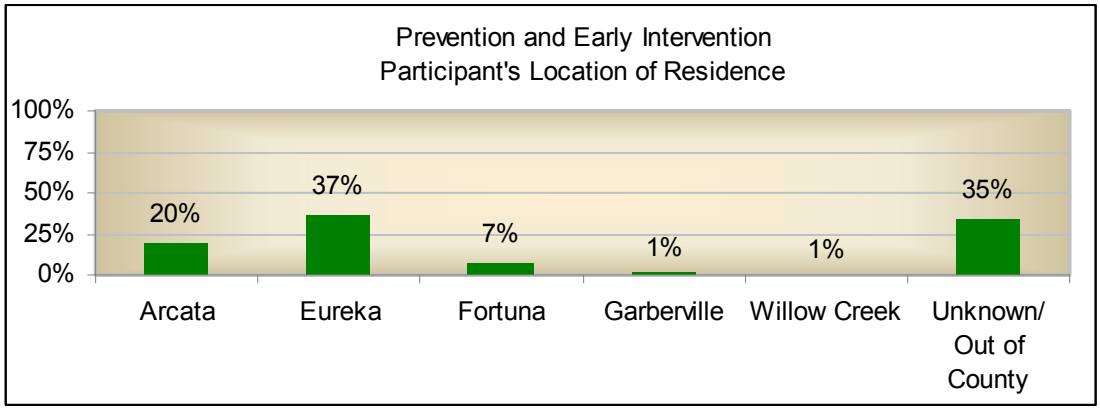
1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):

A total of 739 individuals participated in Prevention and Early Intervention activities in Fiscal Year 2009/2010 with 552 individuals (75%) providing demographic information.

Age Group	# Individuals	% Individuals	Race and Ethnicity	# Individuals	% Individuals	Primary Language	# Individuals	% Individuals	Culture	# Individuals	% Individuals
Child and Youth	15	2%	White	427	58%	English	513	69%	LGBTQ	109	15%
Transition Age Youth	85	12%	African American	17	2%	Spanish	15	2%	Of the 3% of individuals identifying as Native American, there were ten tribal affiliations:		
Adult	389	53%	Asian/Pacific Islander	8	1%	Other	5	1%			
Older Adult	55	7%	Native American	20	3%	Unknown	206	28%	Tribal Affiliation	#	
Unknown	195	26%	Hispanic	39	5%				Amah Mutsun	1	
			Multi	22	3%				Cherokee	3	
			Other	19	3%				Karuk	1	
			Unknown	187	25%				Nez Perce	1	
									Pit River	1	
									Pomo	1	
									Tolowa	1	
									Umatilla	1	
									Yurok	3	
									Choctaw	1	

OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

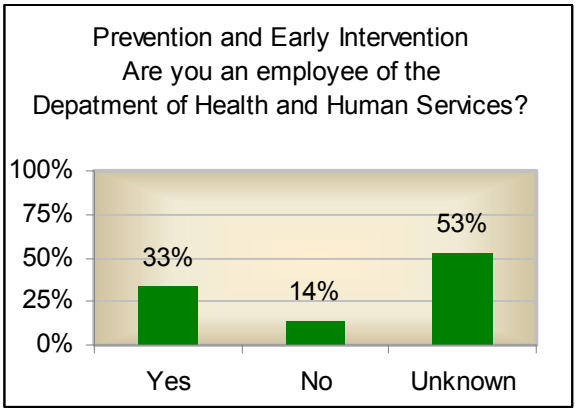
Prevention and Early Intervention began conducting activities in November of 2009. In the first eight months of program implementation, one challenge has been to outreach and provide activities in Humboldt's outlying areas. As this chart illustrates only 2% of participants reside in the more rural areas such as Willow Creek and Garberville.



The value to capturing the types of service providers and whether they worked for the Humboldt County Department of Health and Human Services was identified later in implementation as an important characteristic of the participants in Prevention and Early Intervention activities. Therefore, for Fiscal Year 2009/2010 many are "unknown". However, this table does illustrate the significant number of human services providers.

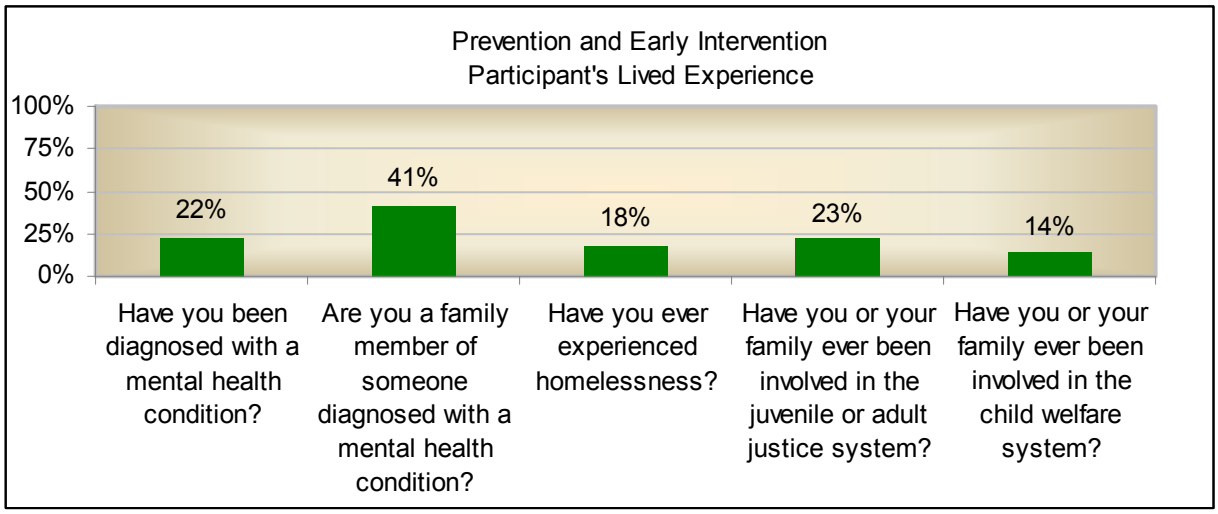
Service Provider/Agency Representation	#	%
Education	13	2%
Mental Health Provider	64	9%
Health Care Provider	64	9%
Social Services	18	2%
Law Enforcement	37	5%
Family Resource Center	2	0%
Employment	1	0%
Other	9	1%
Unknown	531	72%

DHHS Employee	#	%
Yes	244	33%
No	105	14%
Unknown	390	53%



OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

The value to capturing the participants' lived experience was identified later in implementation as an important characteristic in Prevention and Early Intervention activities. Therefore for Fiscal Year 2009/2010 many are "unknown". However, this chart does illustrate the significant number people with experience as clients, family members, homelessness, the justice system, and the child welfare system.



2. Provide the name of the PEI program selected for the local evaluation[1]. ☐ N/A

Transitional Age Youth Partnership Program

Attachment J

Excerpt from
Mental Health Services Act Annual Update
Fiscal Year 2011/2012
Prevention and Early Intervention
Approved Programs:
Suicide Prevention, Stigma and Discrimination Reduction, Transition Age Youth Partnership

County: Humboldt

Program Number/Name: Suicide Prevention ☐ **Please check box if this program was selected for the local evaluation**

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

A total of 317 individuals participated in Prevention and Early Intervention Suicide Prevention activities in Fiscal Year 2009/2010 with 246 individuals (78%) providing demographic information.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# Individuals	%	Race and Ethnicity	# Individuals	%	Primary Language	# Individuals	%	Culture	# Individuals	%
Child and Youth	6	2%	White	193	61%	English	221	70%	LGBTQ	37	12%
Transition Age Youth	40	13%	African American	7	3%	Spanish	4	1%			
Adult	181	57%	Asian / Pacific Islander	2	2%	Other	3	1%			
Older Adult	14	4%	Native American	8	3%	Unknown	89	28%			
Unknown	76	24%	Hispanic or Latino	11	1%						
			Multiracial	15	5%						
			Other	10	3%						
			Unknown	71	22%						

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

There are four central components of the Suicide Prevention Program

- Create & Maintain a System of Suicide Prevention
- Implement Training and Workforce Enhancements to Prevent Suicide
- Educate Communities to Take Action to Prevent Suicide
- Improve Suicide Prevention Program Effectiveness and Accountability

Create & Maintain a System of Suicide Prevention

Key Accomplishments

- Establishment of the integrated Humboldt County Department of Health and Human Services Prevention and Early Intervention Oversight Committee with diverse representation including mental health, public health, social services, clinical, administrative, people with lived experience as clients and family members of clients of mental health services, and transition age youth.

- Establishment of the integrated Humboldt County Department of Health and Human Services Suicide Prevention Implementation Team with diverse representation including mental health, public health, social services, clinical, administrative, people with lived experience as clients and family members of clients of mental health services, transition age youth, and Spanish language interpreter/translator.

- Designation of a Humboldt County Department of Health and Human Services Prevention and Early Intervention staff liaison to the State Office of Suicide Prevention.

- For the purpose of orienting implementation staff to this new program, staff participated in a total of 18 conferences, trainings and webinars on topics such as resiliency, wellness and recovery, stigma and discrimination reduction, the client and family member

movement and culture, transition age youth, the American Association of Suicidology Conference, Crisis Intervention, and certification in the suicide prevention evidence based practice Question-Persuade-Refer (QPR).

- For the purpose of increasing capacity to provide a coordinated community response to suicide prevention and early intervention through community partnerships, especially those that serve unserved and underserved communities, the Suicide Prevention Program goals and activities were promoted through eight in-service informational sessions as well as participation in community partnerships including: Humboldt County Transition Age Youth Collaboration, Domestic Violence Coordinating Council, National Alliance on Mental Illness (NAMI), Mental Health Board, Hope Center, Client and Cultural Diversity Advisory Committee, LatinoNET Promotores, Prenatal/Postpartum Mood Disorder Task Force, Child Abuse Prevention Coordinating Council, Multiagency Juvenile Justice Coordinating Council, Alcohol and Other Drug Advisory Board, NET meetings, Homeless and Housing Coalition, Death Review Teams, and the Support after Suicide support group.

Success and Challenges

- Suicide Prevention staff has developed considerable expertise in the areas of suicide prevention, wellness and recovery, and stigma and discrimination reduction. Through the integrated approach, relationships between individuals across agencies and disciplines have formed and strengthened. As a result of this structure and the implementation of program activities, there is increased awareness of the Mental Health Services Act Prevention and Early Intervention program throughout the Department of Health and Human Services and the community.

- A challenge has been the identification of community resources and gaps in services especially for racially and culturally diverse populations and for outlying areas which is being addressed through partnering with community stakeholders.

<u>Implement Training and Workforce Enhancements to Prevent Suicide</u>

Key Accomplishments

- Completed review of Humboldt County Department of Health and Human Services training and education activities including the Mental Health Services Act Community Services and Supports Integrated Programs Training, Education and Supervision Unit and the Workforce Education and Training Component programs.

- Coordinated an American Association of Suicidology Training Webinar on “Recognizing and Responding to Suicide Risk in Primary Care” for the Department of Health and Human Services and community providers. As an incentive the Department provided payment of continuing medical education units.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

- For the purpose of promoting effective and consistent suicide prevention, early intervention, referral, and follow-up care across all service providers, the program developed and distributed at all training and outreach activities; a comprehensive resource and referral list including local and national suicide prevention information, resource and educational materials to specific occupations, and information on reducing access to lethal means.

- The Program implemented 14 sessions of the evidence based practice, Question-Persuade-Refer Suicide Prevention gatekeeper trainings. Sessions were tailored to specific audiences and continuing education units were provided at no cost to participants. Evaluations and pre and post testing showed positive results on all outcomes. In addition 10 Mental Health Services Act in-service and informational sessions were presented to a total of 86 people.

Success and Challenges

- As shown in the tables below, the 14 Question-Persuade-Refer training sessions were able to reach a total of 317 people in various disciplines throughout the Department and the community

Location of Training Session
Department of Health and Human Services (5 sessions)
Probation (2 sessions)
Hope Center
Six Rivers Planned Parenthood
Youth Summit
Multiple Assistance Center
Ecology of Family Violence
Youth Services Bureau - RAVEN
Public Health Nurse Staff In-Service
Note: of the 317 attendees, 246 (78%) completed demographic forms

Service Provider/ Agency Representation	# Individuals	%
Education	5	2%
Mental Health Provider	48	15%
Health Care Provider	52	16%
Social Services	6	2%
Law Enforcement	36	11%
Family Resource Center	2	1%
Employment	1	0%
Other	5	2%
Unknown	162	51%
Total	317	

- The majority of participants reported this training as necessary and beneficial to their work. This chart shows that the results on pre/post tests indicated a positive change in knowledge and attitudes related to the objectives of the trainings.

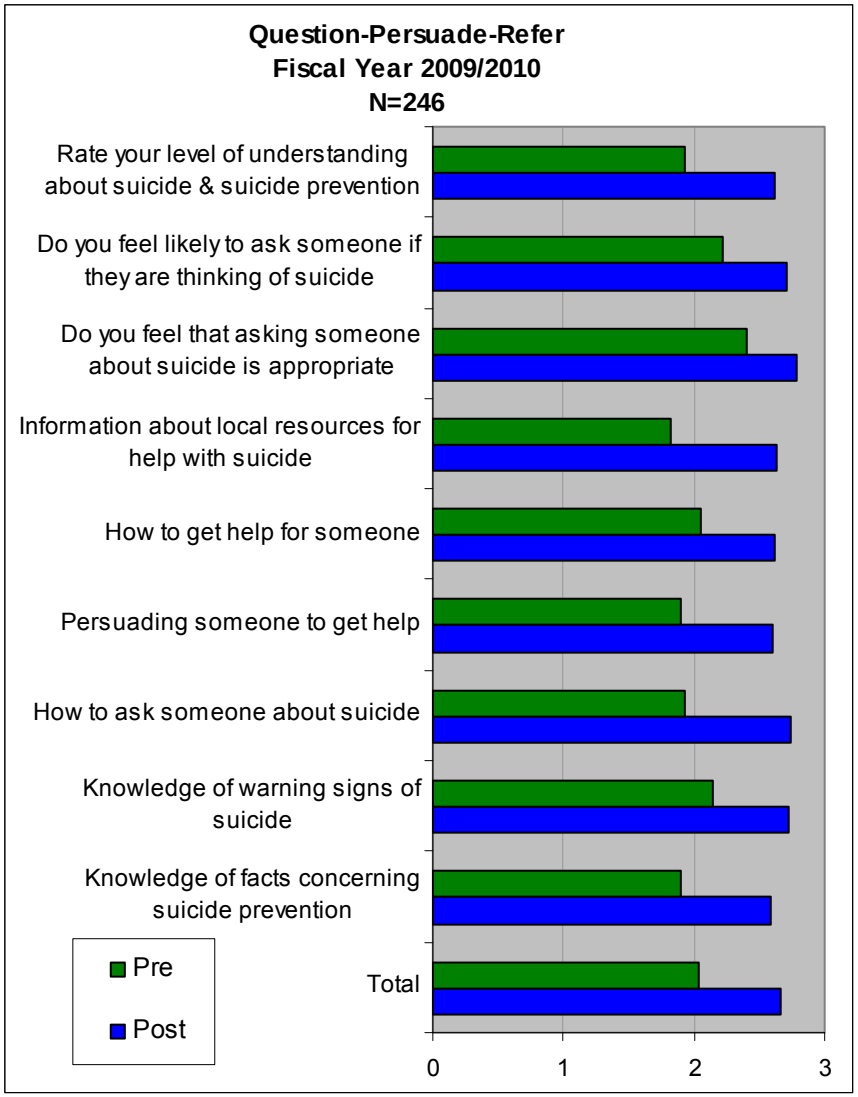
"Great training! Very informative. I'm so much more comfortable with the subject now."

"I will use this in the field."

Excellent! I feel more confident about asking someone if they're thinking of suicide and how to get help."

"I learned how important it is to listen, look for warning signs and ask someone directly if they're thinking of suicide"

~ Participants at Question Persuade Refer training



- As Question-Persuade-Refer is a universal prevention strategy designed for the general community, a challenge has been to meet the need of providers whose clients are at a high risk for suicide. To address this need a skill-based selective suicide prevention evidence based practice will be identified and implemented.

Educate Communities to Take Action to Prevent Suicide

Key Accomplishments

- Established workgroups charged with the coordination, development and implementation of local outreach events, activities and educational materials including Suicide Prevention Week and the Suicide Prevention Website Resource Handout (see attachment).

- Expanded a comprehensive community resource list with local and national suicide prevention information distributed at all trainings (see attachment).

- Designed suicide prevention wallet cards and distributed to youth, parents, and the general public that contain information about warning signs, how to help, and local/state/national resources (see attachment).

- Distributed informational handout titled How to Access Mental Health Services developed by the Mental Health Branch implementation partners.

- Participated in local community awareness and outreach activities and events including: LatinoNet's Festejando de Nuestra Salud (community celebration and health fair for Spanish speakers), St. Joe's Health Fair, Sexual Assault Awareness Month, Domestic Violence Awareness Month, Humboldt County Transition Age Youth Collaboration Thanksgiving celebration, Hoopa Health Fair, Child Abuse Prevention Month, May is Mental Health Month, and Suicide Prevention Week.

- In partnership with the Hope Center and the Mental Health Branch, identified and obtained resources on suicide prevention, early intervention and peer support for program library.

- Established relationships with and supported activities with the Prenatal/Postpartum Mood Disorders Task Force including: monthly meetings, identification and distribution of information on Postpartum Mood Disorders, participation in focus group organized through the task force with community partners such as Paso a Paso, the faith community, Promotores and Mobile Medical to identify supports, barriers and strengths in addressing depression and suicide in the Latino community.

- Began translating and adapting Question-Persuade-Refer suicide prevention materials for Spanish speakers.

- Implemented training on suicide prevention, stigma and discrimination reduction within the Transgender Community. Participants included approximately 65 individuals from various Department of Health and Human Services programs and community organizations.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Success and Challenges

- The participation in suicide prevention activities of people with lived experience as clients and as family members of clients with the mental health system is a program priority. As this table illustrates, of the 246 people who responded on the demographic form, 51 identified themselves as a person with experience as a client of the mental health system and 113 people identified themselves as a family member. The program's implementation team outreach efforts continue to engage clients and family members in suicide prevention activities.

Lived Experience	Yes	No	Unknown
Have you been diagnosed with a mental health condition?	16%	56%	28%
Are you a family member of someone diagnosed with a mental health condition?	36%	35%	29%

- The community planning process identified three additional populations as people who are underserved and at-risk. The program implementation team developed outreach strategies to engage people in suicide prevention activities who have had experience with homelessness, the juvenile or adult justice system or the child welfare system. Capturing this information on the participant demographic forms began in earnest in April 2010, therefore only 32% of participants in Fiscal Year 2009/2010 responded to these demographic questions. Consequently the "Unknown" percentage is sizeable for this Fiscal Year. However as these charts illustrate, of the approximately 100 people who responded, 33 identified themselves as having experience with homelessness, 41 people identified themselves as having experience with the juvenile or adult justice system, and 16 people identified themselves as having experience with the child welfare system.

Lived Experience	Yes	No	Unknown
Have you ever experienced homelessness?	10%	21%	69%
Have you or your family ever been involved in the juvenile or adult justice system?	13%	19%	68%
Have you or your family ever been involved in the child welfare system?	5%	27%	68%

- Approximately half of Humboldt County's population resides in the relatively urban areas of Eureka and Arcata while the remainder resides in more rural outlying areas such as Garberville and Willow Creek. These populations were identified in the community planning process as uniquely rural in their culture and as underserved.

- As this table illustrates a challenge for this program in its first year of implementation, was to provide suicide prevention activities to residents in the outlying areas of the County. Through collaboration with Department of Health and Human Services and community organizations that provide services to these communities, outreach is occurring to engage them in suicide prevention activities.

Residence	#	%
Arcata	70	22%
Eureka	116	37%
Fortuna	23	7%
Garberville	4	1%
Willow Creek	3	1%
Unknown	101	32%

<u>Improve Suicide Prevention Program Effectiveness and Accountability</u>

Key Accomplishments

- For the purpose of collecting and reporting data on suicide prevention program activities, protocol and procedures were developed to collect the pre and post Question-Persuade-Refer measure and the Participant Demographic Form. The pre and post Question-Persuade-Refer measure was adopted and formatted to meet program requirements. The Participant Demographic Form was developed to ensure program activities are reaching traditionally unserved and underserved ethnic and cultural populations, diverse disciplines, and all regions of Humboldt County. The categories of data collection on the form include gender identity, age range, ethnicity and race, zip code, primary language, sexual orientation, provider representation, identification as a client or family member, experience with homelessness, the juvenile or adult justice system, or the child welfare system.

- For the purpose of increasing capacity for local suicide data collection and reporting, program staff participates in four existing Humboldt County death review teams when the death is determined as suicide related. They are the Child Death Review, the Domestic Violence Death Review, and the Alcohol and Other Drugs Death Review. Death review teams are made up of interagency representatives such as law enforcement, child or adult protective services, district attorney, medical examiner, health provider, emergency medical services, public health, and mental health. The purpose is to ensure the accurate identification and consistent reporting of the cause and manner of a death, to improve communication and linkages among agencies and enhance coordination of

efforts, to improve delivery of services, to identify specific barriers and system issues, to identify significant risk factors and trends, and to identify and advocate for needed changes in policy and practices.

- The Humboldt County Department of Health and Human Services *Suicide in Humboldt County* report was updated. This report includes data on suicide deaths and non-fatal suicide injuries by zip code, method, gender, age range, and race/ethnicity. The report also includes important facts about suicide and effective approaches to suicide prevention. The purpose of the report is to provide accurate information as part of the ongoing public discussion about what the data can tell us about suicide in Humboldt County and what steps we can take to prevent suicide.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
Please see available data in response to question #1 above. This program was not selected for local evaluation.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$307,315	$230,486	-25%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	**Early Intervention**
Total Individuals:	500	
Total Families:	1000	

Humboldt County Department of Health and Human Services
Mental Health Services Act: Prevention and Early Intervention invites you to:

Question~Persuade~Refer

Suicide Prevention Gatekeeper Training

A gatekeeper is someone in a position to recognize a crisis and the warning signs that someone may be thinking about suicide.

Gatekeepers include: parents, friends, neighbors, teachers, ministers, nurses, police officers, caseworkers, and many others who are in positions to recognize and refer someone at risk of suicide.

As a QPR Gatekeeper you will learn to:

- Recognize the warning signs of suicide
- Know how to offer hope and get help
- Identify community resources and supports

Date	Time	Place
August 20	9:00am-12:00pm	Humboldt County Office of Education Madrone Room 901 Myrtle Avenue, Eureka

Please Register with
Kris Huschle: khuschle@co.humboldt.ca.us or call: 441-5554
Space is limited

Continuing Education Credit Offered
Provider approved by the California Board of Registered Nursing; Provider Number CEP 15353, Public Health Dept., for 3.0 contact hours. This course meets the qualifications for 3.0 hours of continuing education credit for MFTs and LCSWs as required by the California Board of Behavioral Sciences, Provider Number PCE 250, Department of Health and Human Services.
No Continuing Education fee will be charged for this training.

AMERICANS WITH DISABILITIES ACT: The County does not discriminate on the basis of disability in services, programs, activities or employment. Persons with disabilities requiring special assistance or accommodation, contact (707) 268-2132.

Frequently Asked Questions about Accessing Mental Health and/or Substance Abuse Services

How do I get help for myself?

- Any time of the day or night, seven days a week, a person can call the Mental Health Branch Crisis Line at 445-7715 or toll-free 888-849-5728 to speak to a trained clinician.
- A person in crisis can also call 911 to get help from emergency responders.
- Anyone can call the main Mental Health campus at 268-2900.
- Children, parents, and schools may call our clinic, Children, Youth and Family Services (CYFS) at 268-2800, or local mental health providers can help with our access process.
- During regular business hours (8:00 to 4:00, Monday through Friday), anybody can come to Same Day Services located at 720 Wood Street in Eureka
    - People can be seen by a clinician who will provide an assessment and referrals to additionally needed outpatient services, including medication and therapy, to the extent that our resources allow.
    - If necessary, a person in crisis can be referred from Same Day Services to Psychiatric Emergency Services (PES) in the same building, for immediate assessment and treatment of emergency mental health problems.
    - PES services are available to anyone who needs emergency services 24 hours a day, seven days a week.

NOTE: Because a person comes to County Mental Health for help does not mean he or she will get "locked up". Most people who ask for help are provided it through outpatient services.

How do I get help for somebody else?

- If you know somebody, child, youth, or adult, who is having mental health and/or substance abuse problems, you can bring them in to Same Day Services at 720 Wood Street in Eureka for assessment and referrals to services.
- You can call the Crisis line at 445-7715 or toll-free 888-849-5728 for support and to get assistance accessing services.
- You can also call 911 and have an emergency responder provide access to mental health services.
- If you are seeking to get help for somebody else, you can call 911 and request a "welfare check" be made on the person you are concerned about. A welfare check means that officers will contact the person you are concerned about at their residence or in the community and see if they need to be taken to County Mental Health.
- When somebody in the community gets placed on a "5150 hold", by law enforcement, they may get taken to a local Emergency room (ER) to be checked, or they may get brought directly to Psychiatric Emergency services (PES) at County Mental Health, located at 720 Wood Street in Eureka.
- Psychiatric Emergency services (PES) is like an emergency room for mental health treatment. Once a person arrives at PES, the discussions and decisions about the kind of services that person needs and about how best to get those needs met, begin to happen.

What is a 5150 hold?

- A 5150 hold is based on California law in the Welfare and Institutions Code.
- It allows a person to be taken to a treatment facility for up to 72 hours because they appear to be a danger to themselves or others, or gravely disabled, due to mental illness.
    - The law says that someone who is unable to provide for their own food, shelter or clothing due to a mental illness, may be gravely disabled.
- A person on a 5150 hold may spend less than 72 hours in the hospital or on the Psychiatric Emergency Services (PES)
- Most people are discharged in less than one day after receiving treatment in the form of medication and referrals to continued outpatient treatment.
- The criteria for a 5150 hold are clearly spelled out in the law. Some people may be seen as needing mental health help, but because they are not gravely disabled or seen as a danger to themselves or others due to mental illness, they need to be access services voluntarily.

Are there alternatives to involuntary treatment?

- The principle used to determine access to services at County Mental Health is “to provide services in the least restricting setting possible.”
- Mental Health services provided by the County include:
    - Outpatient therapy
    - Medication support
    - Inpatient treatment, if required
- The County and the people who work at Mental Health do not want to “lock people up” or keep them in the hospital.
- The law prevents people from being involuntarily hospitalized unless they demonstrate being gravely disabled or danger to themselves or others, due to a mental illness.

How is my privacy protected when I get mental health help?

- County Mental health staff, like all professional healthcare providers, is governed by overlapping federal and state regulations known as “HIPAA” laws.
- We are only allowed to use personal health information in limited ways in order to protect individuals’ privacy, and, except in unusual, emergency situations, are required to have a signed release of information from any consumer before disclosing information to outside parties.
- In other words, when a person comes to Mental Health for help, that information is not shared with any outside parties unless we are specifically allowed to share it.

ADA Statement: The County does not discriminate on the basis of disability in services, programs, activities, or employment. Persons with disabilities requiring special assistance or accommodations should contact Lara Weiss at 707-268-2132.

Suicide Prevention Resource Card

Local 24-Hour Hotlines

All Emergencies.....911
Humboldt County Mental Health 24-hour Crisis Line.....445-7715
Toll Free.....(888) 849-5728
Child Welfare Services, Emergency Response.....445-6180
Adult Protective Services.....476-2100
After 5pm or weekends 445-7715
YSB Youth & Family 24-hour Crisis Line.....444-CARE/ 444-2273
Humboldt Domestic Violence Services Crisis..... 443-6042
Toll Free.....(866) 668-6543

North Coast Rape Crisis Team Hotline.....Eureka.....445-2881
(NCRCT Accepts collect calls).....Del Norte.....465-2851
Alcoholics Anonymous.....442-0711

National 24-Hour Hotlines

Suicide Prevention 24-hour Crisis Line.....1(888) SUICIDE
National Suicide Prevention Lifeline.....1(800) 273-TALK
Spanish Language Suicide Prevention Lifeline.....1(888) 628-9454
Veterans Administration 24-hour Suicide Hotline.....1(800) 273-TALK
California Poison Control 24-hour Hotline.....1(800) 876-4766
The Trevor Project.....1(866) 4UTrevor

This publication provided by:
Humboldt County Department of Health & Human Services,
Mental Health Services Act, Prop 63
Prevention and Early Intervention

Warning Signs

- Past suicide attempts and threats
- Family history of suicide
- Access to guns, saving up medication
- Alcohol and other drug abuse/ relapse
- Loss (death, break up, job ended)
- Feeling hopeless or helpless

Ask Questions

- "When people are as upset as you seem to be, they sometimes think of suicide. Are you thinking about suicide?"
- "Have you ever tried killing yourself before?"
- "Do you have a plan? How would you do it?"

Show you care, and listen. If possible remove access to lethal means.

How to Find Help

- Ask the person who else can help (family, friends, spiritual leaders, counselors). Take the person directly to help.
- Know what services are available and how to get them.
- Do not leave the person alone, unless you fear for your safety. You may need to call 911. Follow up, if possible.

Find support and take care of yourself!!

How to Encourage Someone to Get Help

Offer hope. Find out what is important to them (core beliefs, spiritual & cultural values, responsibilities to other people and companion pets).

- "I'm here to help you, will you go with me to get help?"
- "Let's call the crisis line."
- "Let's look at what help is out there."

SUICIDE PREVENTION RESOURCES
NATIONAL RESOURCES

National Suicide Prevention Lifeline: 1-800-273-TALK (8255) www.suicidepreventionlifeline.org.

American Association of Suicidology: www.suicidology.org. Research, training, education, links to national support groups, crisis centers

American Foundation for Suicide Prevention: www.afsp.org. Research, education, support, advocacy

Center for Disease Control: www.cdc.gov.

Go Ask Alice!: www.goaskalice.columbia.edu. Information about health and well-being Answers questions about relationships, sexuality, emotional health, alcohol and other drugs, and other topics. The addresses of e-mails sent to Go Ask Alice! are electronically scrambled to preserve the senders' confidentiality

High School Blues: (http://www.highschoolblues.com/) features information and resources for high school students on mental health, anxiety, loneliness, alcohol abuse, coming out, and other social and emotional issues

Inspire USA Foundation: www.reachout.com interactive site with resources for young people, digital stories, mission is to help young people lead happier lives

The Jason Foundation: www.thejasonfoundation.org. The Jason Foundation works to help educate young people, parents, teachers, and others about youth suicide

The Jed Foundation: www.jedfoundation.org. College-age campus information on suicide prevention, mental health

The Link Counseling Center: www.thelink.org. Grief support, education and counseling for families

Means Matter Project: www.meansmatter.org. Information on restricting access to lethal means

National Alliance on Mental Illness: www.nami.org. Support, education, advocacy. Stigma Busters—works to raise awareness about mental health. What a difference a Friend Makes
Local: NAMI-Humboldt: 707 444-1600, www.nami-humboldt.org

National Organization of People of Color Against Suicide: www.nopcas.org. Community-based suicide prevention for underserved communities

National Youth Violence Prevention Resource Center: www.safeyouth.org.

Samaritans: www.samaritans.org. Telephone counseling and support

SA/VE (Suicide Awareness/Voices of Education): www.save.org. Suicide prevention through public awareness and education. Works to eliminate stigma

Substance Abuse and Mental Health Services Administration: www.samhsa.gov. "What a Difference a Friend Makes' campaign

Suicide Prevention Resource Center (SPRC): www.sprc.org. Prevention support, training, and resources to assist development of suicide prevention programs, interventions and policies

The Trevor Project: www.thetrevorproject.org. Crisis and suicide prevention efforts among lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. National 24-hour, toll free confidential suicide hotline for gay and questioning youth (866) 4-U-TREVOR (488-7386)

The Youth Suicide Prevention Program: www.yspp.org. Dedicated to reducing youth suicide through training, public awareness and communities in action

LOCAL RESOURCES

24-HOUR HOTLINES

Humboldt County Mental Health 24-hour Crisis Line 445-7715
YSB Youth and Family Crisis Line ……..444-CARE/444-2273
North Coast Rape Crisis Team Hotline (Will accept collect calls)
Victim advocacy at scene, hospitals, & court proceedings
Eureka 24-Hour Crisis Line.....445-2881

SUICIDE-RELATED RESOURCES

Support After Suicide…….839-3349
Support for family and friends suffering from a loss due to suicide, meets 7 pm, 3rd Mon. each month at the Adorni Center, Eureka
Hospice of Humboldt……..445-8443
Free bereavement support groups and individual services, 2010 Myrtle Ave, Eureka

MENTAL HEALTH SUPPORT & SERVICES

National Alliance on Mental Illness (NAMI) Humboldt…….444-1600
Advocacy, education and support for people with mental illness and their families

YSB RAVEN Project ……443-7099
Youth-led street outreach and drop-in center for youth, 10-21, peer mentors, support groups, computers, clothing closet, laundry, shower, call for days/times, 523 T St., Eureka

Humboldt Community Switchboard for assistance and referral……....441-1001
www.theswitchboard.org helps individuals and professionals find the services they need

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Humboldt

Program Number/Name: Stigma and Discrimination Reduction ☐ **Please check box if this program was selected for the local evaluation**

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

A total of 357 individuals participated in Prevention and Early Intervention Stigma and Discrimination Reduction activities in Fiscal Year 2009/2010 with 243 individuals (68%) providing demographic information.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# Individuals	%	Race and Ethnicity	# Individuals	%	Primary Language	# Individuals	%	Culture	# Individuals	%
Child and Youth	3	1%	White	195	55%	English	234	66%	LGBTQ	56	16%
Transition Age Youth	13	4%	African American	4	1%	Spanish	7	2%			
Adult	185	52%	Asian / Pacific Islander	5	1%	Other	2	1%			
Older Adult	41	11%	Native American	7	2%	Unknown	114	31%			
Unknown	115	32%	Hispanic or Latino	21	6%						
			Multiracial	3	1%						
			Other	8	2%						
			Unknown	114	32%						

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

There are four central components of the Stigma and Discrimination Program

- Create and Maintain a System of External Influence Strategies to Reduce Stigma and Discrimination
- Implement Training and Workforce Enhancements to Reduce Stigma and Discrimination
- Educate Communities to Take Action to Reduce Stigma and Discrimination.
- Improve Stigma and Discrimination Reduction Program Effectiveness and Accountability

Create and Maintain a System of External Influence Strategies to Reduce Stigma and Discrimination

Key Accomplishments

- Establishment of the integrated Humboldt County Department of Health and Human Services Prevention and Early Intervention Oversight Committee with diverse representation including mental health, public health, social services, clinical, administrative, people with lived experience as clients and family members of clients of mental health services, and transition age youth.

- Establishment of the integrated Humboldt County Department of Health and Human Services Stigma and Discrimination Reduction Implementation Team with diverse representation including mental health, public health, social services, clinical, administrative, people with lived experience as clients and family members of clients of mental health services, transition age youth, and Spanish language interpreter/translator.

- For the purpose of orienting implementation staff to this new program, staff participated in a total of 18 conferences, trainings and webinars on topics such as resiliency, wellness and recovery, stigma and discrimination reduction, social inclusion, the client and family member movement and culture, transition age youth, and suicide prevention.

- For the purpose of creating community strategies to reduce stigma and discrimination through community partnerships, especially those that serve unserved and underserved communities, the Stigma and Discrimination Reduction Program goals and activities were developed and promoted through participation in community partnerships including: Humboldt County Transition Age Youth Collaboration, Domestic Violence Coordinating Council, National Alliance on Mental Illness (NAMI), Mental Health Board, Hope Center, Client and Cultural Diversity Advisory Committee, LatinoNET Promotores, Prenatal/Postpartum Mood Disorder Task Force,

Child Abuse Prevention Coordinating Council, Multiagency Juvenile Justice Coordinating Council, Alcohol and Other Drug Advisory Board, NET meetings, Homeless and Housing Coalition, and the Support after Suicide support group.

- Developed a plan to create a speakers bureau. The speakers bureau includes individuals with lived experience as clients and family members who share there personal stories with providers and the community of stigma and discrimination. The plan includes a reimbursement and stipend protocol, speaker's agreement, an evaluation of the speaker's experience participating in the program, and training opportunities for public speaking and storytelling.

Successes and Challenges

- Stigma and Discrimination Reduction staff has developed considerable expertise in the areas of stigma and discrimination reduction, client and family member culture, and wellness and recovery. Through the integrated approach, relationships between individuals across agencies and disciplines have formed and strengthened. As a result of this structure and the implementation of program activities, there is increased awareness of the Mental Health Services Act Prevention and Early Intervention programs throughout the Department of Health and Human Services and the community.

- The program continues to work in a collaborative manner with community stakeholders through reporting on progress and receiving input on planning and activities to ensure achievement of program goals.

<u>Implement Training and Workforce Enhancements to Reduce Stigma and Discrimination</u>

Key Accomplishments

- Supported multiple stigma and discrimination reduction collaborative efforts with the Humboldt County Transition Age Youth Collaborative, Hope Center, Mental Health Branch, Social Services Branch, and Public Health Branch in activities such as "Creating a Positive Place for Youth", "Digital Stories", Mental Health Awareness Week in October 2009, and Mental Health Month in May 2010.

- Developed and facilitated four "Soloist" training sessions with a total of 120 Department of Health and Human Services employees in attendance. The training focused on homelessness, and the stigma and discrimination experienced by individuals with a diagnosis of severe mental illness.

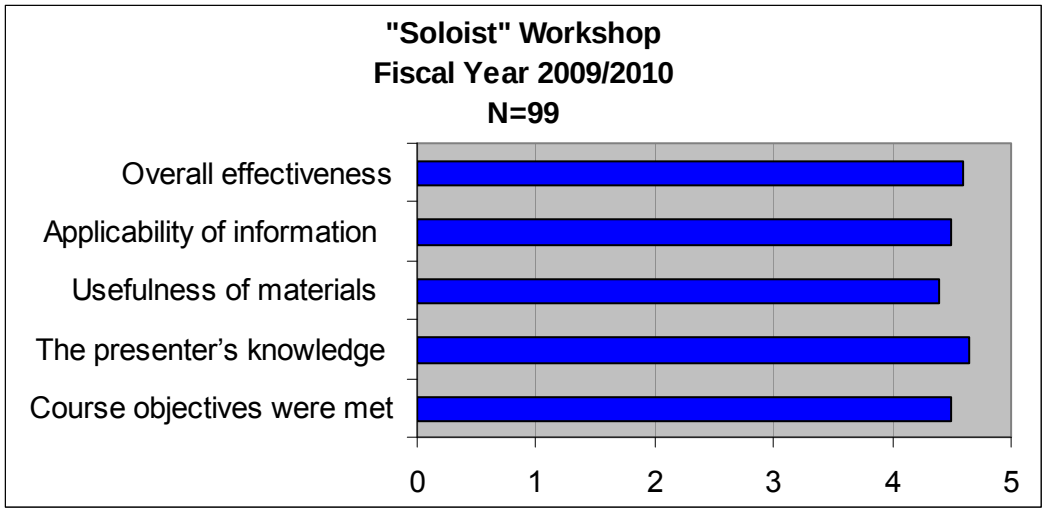
- Coordinated the Transgender Communities training with a total of 64 service providers in attendance. The training focused on the effects of the disproportionate stigma, discrimination and high risk for suicide that gender non-conforming people face.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Successes and Challenges

- The film, "The Soloist" is based on true events and tells the poignant story of a friendship between a Los Angeles Times newspaper reporter and a man who is an amazing musician, homeless, and struggling with mental illness. The film was utilized in training sessions as a base for discussion of the workshop's four objectives. The objectives were to have a better understanding and ability to describe; the complexities of mental health and related stigma, the relationship between homelessness and mental health, how creative expression is a mode of interpersonal communication, and cultural competency skills as they relate to mental health. After viewing the film, attendees broke into groups of six. Each group included a facilitator and two guests with lived experience as mental health clients and/or family members. The guests answered questions and shared personal stories of homelessness, stigma and discrimination, and the types of help and support that was meaningful in their lives. Discussion questions included: What are the advantages of voluntary and person centered treatment plans? If you knew that a co-worker had a diagnosed mental health challenge how would you respond? In what ways does the film's story fit your preconceptions about people facing homelessness, and in what ways has it changed your ideas? Since viewing the film and hearing the guest's personal stories, how will your work with clients change?

- The "Soloist" workshops were well received by staff in attendance. The workshops received an average 4.5 out of 5 for overall effectiveness and applicability.



"This was the best Department of Health and Human Services training I have ever attended!"

~ Participant at "Soloist" workshop

- Of the 120 staff in attendance at four sessions, 99 (83%) completed demographic information forms. As the charts below illustrate the Department of Health and Human Services staff who attended the "Soloist" workshops represented diverse cultures and lived experience.

Race/Ethnicity	#	%	Humboldt County
Hispanic or Latino	8	8%	7%
White or Caucasian	79	80%	84%
Black or African American	1	1%	1%
American Indian or Alaska Native	4	4%	6%
Asian/Pacific Islander	4	4%	2%
Multiracial	3	3%	

Age Range	#	%
Transition Age Youth	3	3%
Adult	78	79%
Older Adult	17	17%
Unknown	1	1%

Lived Experience	Yes	No	Unknown
Have you been diagnosed with a mental health condition?	33%	62%	5%
Are you a family member of someone diagnosed with a mental health condition?	69%	28%	3%
Have you ever experienced homelessness?	28%	68%	4%

"Recovery and what people use to help them through it are as diverse as the issues and people themselves."

"I am not alone."

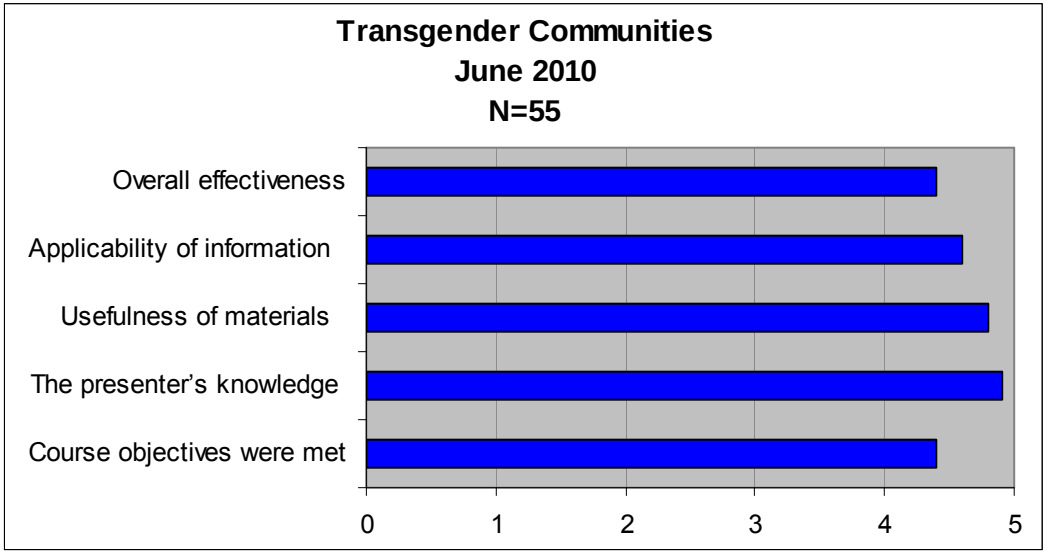
"Recovery is individual and possible."

~ Responses to the question: What is something you learned from the training that you will take back and use when you return to work?

- The Transgender Communities training had four objectives; to understand challenges that transgender clients face navigating systems related to mental health and other human services in Humboldt County, to discover what we can do in our area to ensure equitable access, to understand California state law regarding transgender issues in the workplace and public accommodations, and to develop an understanding of the unique challenges faced by transitiona age transgender youth. Presenters included people from

the Transgender Law Center, Project HEALTH, Equality California and a panel of local people with lived experience in the transgender community.

- The Transgender Communities training was well received. The training received an average 4.5 out of 5 for overall effectiveness and applicability.



While the majority of attendees reside in the Eureka Arcata area, 27% traveled from outlying areas. One person traveled over 80 miles from a neighboring county for this informative training.

Residence	#	%
Arcata	20	36%
Eureka	25	45%
Fortuna	5	9%
Garberville	4	7%
Crescent City	1	2%

- Of the 64 providers in attendance, 55 (86%) completed demographic information forms. As the charts below illustrate, providers who attended the Transgender Communities Training represented diverse agencies, cultures and lived experience.

Service Provider/Agency Representation	#	%
Education	11	20%
Mental Health Provider	16	29%
Health Care Provider	10	18%
Social Services	12	22%
Family Resource Center	1	2%
Employment	1	2%
Other	4	7%

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Age Range	#	%
Transition Age Youth	4	4%
Adult	45	45%
Older Adult	6	6%

Race/Ethnicity	#	%	Humboldt County
Hispanic or Latino	9	16%	7%
White or Caucasian	38	69%	84%
Black or African American	2	4%	1%
American Indian or Alaska Native	2	4%	6%
Asian/Pacific Islander	1	2%	2%
Multiracial	3	5%	

Lived Experience	Yes	No
Have you been diagnosed with a mental health condition?	27%	73%
Are you a family member of someone diagnosed with a mental health condition?	62%	38%
Have you ever experienced homelessness?	27%	73%
Have you or your family ever been involved in the juvenile or adult justice system?	55%	45%
Have you or your family ever been involved in the child welfare system?	27%	73%

"Excellent training!"

"Presenters were sensitive and clearly knowledgeable."

"Wonderful information about stigma."

~ Participants at Transgender Communities training.

- The participation of local people with lived experience of stigma and discrimination as panel members and speakers has proven to have a tremendous impact in prevention and early intervention activities. A challenge this program is addressing is to ensure that people who are so graciously and powerfully sharing their personal stories are provided the required support through the creation of a speaker's bureau that will include training and administrative structure.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Educate Communities to Take Action to Reduce Stigma and Discrimination

Key Accomplishments

- Supported multiple stigma and discrimination reduction collaborative efforts with the Humboldt County Transition Age Youth Collaborative, Hope Center, Mental Health Branch, Social Services Branch, and Public Health Branch in activities such as screening the film “Minds on the Edge” (See Attachment), the youth led workshop “Overcoming the Odds” at the North Coast Youth Summit, and the May is Mental Health Month 2010 planning team.

- Program staff facilitated a weekly quilt-making workshop at the Hope Center. The group creates quilts that contain messages to reduce stigma and discrimination. The first quilt, which focused on the theme of *Hope and Recovery,* was displayed at the May 2010 community screening of “The Soloist”.

- Organized and implemented a public screening of the film “The Soloist” with over 170 community members in attendance. The film was followed by a panel discussion with local people who have lived experience with stigma and discrimination related to homelessness and mental illness.

- Coordinated a poster contest using the themes of resiliency, recovery, and respect, for May is Mental Health Month 2010 with 14 entries.

2010 May is Mental Health Month Poster Contest flyer

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Successes and Challenges

- The film, "The Soloist" was open to the public at no cost. It was screened on Saturday May 1st, 2010 as a kick-off for May is Mental Health Month and an opportunity to bring people from throughout the community together to share in an opportunity to learn about the stigma experienced by people with a mental health diagnoses. Advertisements for the event appeared in six local newspapers the largest with a 23,000 circulation. The event was also advertised in two May is Mental Health Month sponsored radio interviews. The venue was quite glamorous as the film was screened at a downtown arts center where the live performance ticket prices are often a barrier for many to attend. Following the film's screening, there was a local panel of speakers with lived experience of homelessness and mental health diagnosis, who shared their stories and answered questions from the audience. There were approximately ten volunteers at the event who acted as ushers and helped distribute and collect the demographic information forms. Volunteers included participants from the peer run Hope Center, the National Alliance on Mental Illness (NAMI), and the Humboldt County Mental Health Board. One Hope Center volunteer played beautiful music in the lobby of the theatre as people arrived.

Community screening of "The Soloist" at a downtown theatre arts center

"This was such an interesting film. I had no idea what the impact of stigma can have on people with a mental health diagnosis."

"I learned so much especially from the local speakers. I wish everyone in the community could have been here today!"

~ Guests at the "The Soloist"

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

- Of over 170 guests at the film screening in attendance, 89 (52%) completed demographic information forms. As the charts below illustrate, guests who attended the "The Soloist" screening represented diverse cultures and lived experience.

Age Range	#	%
Children and Youth	3	3%
Transition Age Youth	6	7%
Adult	62	70%
Older Adult	18	20%

Race/Ethnicity	#	%	Humboldt County
Hispanic or Latino	4	4%	7%
White or Caucasian	78	88%	84%
Black or African American	1	1%	1%
American Indian or Alaska Native	1	1%	6%
Multiracial	5	6%	

Lived Experience	Yes	No
Have you been diagnosed with a mental health condition?	49%	51%
Are you a family member of someone diagnosed with a mental health condition?	54%	46%
Have you ever experienced homelessness?	31%	69%
Have you or your family ever been involved in the juvenile or adult justice system?	45%	55%
Have you or your family ever been involved in the child welfare system?	20%	80%

Residence	#	%
Arcata	18	20%
Eureka	50	56%
Fortuna	7	8%
Garberville	2	2%
Out of County	12	13%

- Though 12 people travelled to Humboldt from neighboring counties for this event, as this chart reflects, the majority of guests reside in the Eureka and Arcata area.
- An on-going challenge for Prevention and Early Intervention programs is to provide activities in the County's outlying areas. This is being addressed by staff's collaboration with representatives in those areas.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

- The May is Mental Health Month Poster Contest's theme this year was *Hope and Recovery.* The contest itself raised awareness in the community to reduce stigma and discrimination through newspaper advertisements and flyers that contained the messages to; "Build Resiliency", "Recognize Recovery", and "Promote Respect". The contest accepted 14 entries from diverse community members, including Hope Center participants, Crestwood clients, Humboldt State University students, a Mental Health Board member, and youth from a local arts project at the Ink People. Print ads of the winning poster (See Attachment) were placed in seven local newspapers including two high school newspapers. The winning poster was also translated into Spanish. Both the English and the translated Spanish language winning poster were used in advertisements on the inside of 25 local buses. And as social marketing products including 500 posters, almost 600 t-shirts and sweatshirts, and over 100 book bags that will be distributed throughout the County.

The winning poster used as an advertisement on the back of a Humboldt County bus

<u>Improve Stigma and Discrimination Reduction Program Effectiveness and Accountability</u>

Key Accomplishments

- For the purpose of collecting and reporting data on Prevention and Early Intervention Stigma and Discrimination Reduction activities the Participant Demographic Form was developed to ensure program activities are reaching traditionally unserved and underserved

ethnic and cultural populations, diverse disciplines, and all regions of Humboldt County. The categories of data collection on the form include gender identity, age range, ethnicity and race, zip code, primary language, sexual orientation, provider representation, identification as a client or family member, experience with homelessness, the juvenile or adult justice system, or the child welfare system.

Successes and Challenges

- Of the 357 individuals participating in Prevention and Early Intervention Stigma and Discrimination Reduction activities in Fiscal Year 2009/2010, 243 (68%) completed a Participant Demographic Form. This allows the implementation team to evaluate population disparities and develop plans to address those disparities.

- In addition to capturing the demographic information of those participating in program activities, the implementation team is researching and developing appropriate outcome and evaluation tools. This undertaking has been supported by technical assistance such as the California Institute for Mental Health (CiMH) Prevention and Early Intervention Coordinator's presentation *Foundations for Prevention and Early Intervention Program Evaluation*.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to: a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes
Please see available data in response to question #1 above. This program was not selected for local evaluation.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below: **FY 10/11 funding** | **FY 11/12 funding** | **Percent Change** $192,251 | $144,188 | -25% b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,** <u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.	Yes ☐ Yes ☐	No ☒ No ☒

NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	600	
Total Families:	1000	

Times-Standard

NORTH COAST & STATE

Light of hope for those with mental illness

José Quezada/For the Times-Standard

Some two dozen people held a candlelight vigil in front of the Humboldt County Courthouse on Monday to honor those who have the strength to understand and live with mental illness. At left, Ann Anderson of Eureka, left, has her candle lit by Susan Hoffman, a facilitator with the HOPE center. Two more events are planned to bring attention to issues involving mental health. A video screening of "Minds on the Edge" will occur at 6:30 p.m. Wednesday at the Community Wellness Center at Seventh and J streets in Eureka. An art show is scheduled in the Rainbow Room of the Mental Health Branch main building at 720 Wood St. in Eureka. The Humboldt County Department of Health and Human Services and its peer support HOPE program are organizing the events. For more information, call DHHS media contact Leslie Lollich at 476-4763.


Every BODY has an issue
Anxiety Disorders
Diabetes
Kidney Disease
Bipolar
Heart Murmur
Treat US all with Respect
Funded by the Mental Health Services Act
Department of Health and Human Services


TODOS tenemos una preocupación
Trastornos de ansiedad
Diabetes
Enfermedad del Riñón
Desorden bipolar
Soplo Cardíaco
Trátenos con respeto
Funded by the Mental Health Services Act
Department of Health and Human Services

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Humboldt

Program Number/Name: Transition Age Youth Partnership Program ☒ **Please check box if this program was selected for the local evaluation**

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.**

A total of 65 individuals participated in Prevention and Early Intervention Transition Age Youth Partnership Program activities in Fiscal Year 2009/2010 with 63 individuals (97%) providing demographic information.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	# Individuals	%	Race and Ethnicity	# Individuals	%	Primary Language	# Individuals	%	Culture	# Individuals	%
Child and Youth	6	3%	White	39	61%	English	58	92%	LGBTQ	17	27%
Transition Age Youth	32	50%	African American	6	10%	Spanish	4	6%			
Adult	23	37%	Asian / Pacific Islander	1	2%	Other	0				
Older Adult	0		Native American	5	8%	Unknown	1	2%			
Unknown	2	1%	Hispanic or Latino	7	11%						
			Multiracial	4	6%						
			Other	1	2%						

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

There are three components to the Transition Age Youth Partnership Program

- Transition Age Youth Plus
- Transition Age Youth Advocacy
- Transition Age Youth Education and Outreach

Transition Age Youth Plus

Key Accomplishments

- Identified integrated implementation team members including mental health, public health, and social services.
- Researched and identified potential evidence based practices.

Transition Age Youth Advocacy

Key Accomplishments

- Continued development of the Humboldt County Transition Age Youth Collaboration which is made up of organizations and individuals committed to making change for youth in Humboldt County including: the Humboldt County Department of Health and Human Services; Y.O.U.T.H. Training Project, which provides many years of experience in youth leadership development and project development; California Youth Connection, which is a statewide foster youth advocacy organization; Youth in Mind, which is an emerging mental health youth advocacy organization; and most importantly, the transition age youth in Humboldt County who have utilized county services and want to make a positive difference for themselves and the future.

- Developed a staffing structure to carry out the project's work plan and established a shared understanding of the Collaboration's goals.

- Recruited and trained the Youth Advisory Board composed of Humboldt County transition age youth who are sharing the expertise they gained through their firsthand experiences with the county's youth services.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

- Continued to develop youth leadership, giving them the tools to make lasting improvements to the systems of care for transition age youth in Humboldt County.

- Developed county-wide mechanisms for collecting and responding to feedback from transition age youth regarding county services, ensuring youth are receiving timely, appropriate, efficient, and complete services as they transition to adulthood and independence.

- Established compensation and support policies for transition age youth participating in program development, system improvement, and other leadership development opportunities.

Successes and Challenges

- Developed a website and brochure to communicate the strategies used by the Humboldt County Transition Age Youth Collaboration to the larger public (See Attachment).

- Created the handout "Culture Change: Youth as Partners. Committing to Youth Engagement: Creating an Environment that Encourages and Respects Youth Voices in Meetings and Decision-Making". The handout was created to educate staff in making a genuine commitment to youth engagement that requires most adult-run programs to make cultural and structural adjustments to calling and running meetings. It states that too often youth participation is seen as a gesture of good will, an easy way to demonstrate an agency's commitment to youth rather than viewing youth participation as a necessity for sound decision making and a significant asset to the decision-making process. The hand out describes necessary elements for genuine partnership such as: youth should be invited to meetings early in the decision-making process and be included in every step, youth should not be invited to meetings only when their opinions will be "interesting," or only when it is convenient for staff to host youth. A culture shift toward seeing youth as partners is the first step that needs to be taken as agencies invite youth to their tables. The handout describes steps to be taken such as: welcoming youth to meetings, identifying youth participants, preparing and supporting youth in effective participation, building youth participation into your meetings and compensating youth for participation (See Attachment).

"I see myself as a leader, and I now have the ability to make presentations. I am attending an online university course working on a bachelor's degree for health and human services. I never thought I would be able to do that prior to the Humboldt County Transition Age Youth Collaboration."

~Youth Advisory Board member

- Ten youth traveled to the Bay Area and participated in a five day Digital Storytelling training by attending workshops where they gained technical skills in using the medium. The training culminated in the production of their own personal digital story which told their own story of experiences in foster care and mental health. Digital Stories are used in conjunction with highly specialized training curriculums created and presented by youth to professionals in the social service and mental health fields.

> *"I really liked the 'what I bring' activity; it reminded me that I'm not useless and/or irrelevant."*
>
> *~Youth training participant*

- 26 youth participated at the Policy Training in which youth learned about how policy is created and implemented, the value of working on policy, and how to join the Collaborative in its policy work.

- 22 youth participated in the Community Organizing Training where youth learned skills that contribute to effective grassroots campaign work as well as system change. Youth learned the building blocks of campaign development, base building for success, how to plan a successful event, models of power and oppression, and the power of a collective voice.

<u>Transition Age Youth Education and Outreach</u>

- Establishment of the integrated Humboldt County Department of Health and Human Services Prevention and Early Intervention Oversight Committee with diverse representation including mental health, public health, social services, clinical, administrative, people with lived experience as clients and family members of clients of mental health services, and transition age youth.

- Establishment of the integrated Humboldt County Department of Health and Human Services Stigma and Discrimination Reduction Implementation Team with diverse representation including mental health, public health, social services, clinical, administrative, people with lived experience as clients and family members of clients of mental health services, transition age youth, and Spanish language interpreter/translator.

- Developed community partnerships for the purpose of creating community strategies to advocate for transition age youth, especially those that serve unserved and underserved communities. The Humboldt County Transition Age Youth Collaboration goals and activities were promoted through participation in community partnerships including: Humboldt County Transition Age Youth Collaboration, Domestic Violence Coordinating Council, National Alliance on Mental Illness (NAMI), Mental Health Board, Hope Center, Client and Cultural Diversity Advisory Committee, LatinoNET Promotores, Prenatal/Postpartum Mood Disorder Task Force, Child Abuse Prevention Coordinating Council, Multiagency Juvenile Justice Coordinating Council, Juvenile Justice Delinquency

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Prevention Committee, Alcohol and Other Drug Advisory Board, NET meetings, Homelessness and Housing Coalition, and the Support after Suicide support group.

- Worked with the Prevention and Early Intervention teams in various ways such as implementation committee members and speakers at events. They provide input on program development, participated in training activities and were fundamental to the success of the suicide prevention and stigma and discrimination reduction activities.

- Provided youth development trainings for the purpose of including the broader participation of transition age youth in Humboldt County services including in facilitation, digital storytelling, policy, and public speaking.

> *"I feel a little different about myself through gaining the power that I have gained, knowing what I know, and having the ability to talk to people about what I know. It feels empowering."*
>
> *~Youth training participant*

- Provided youth led trainings focusing on transition age youth experiences in human services and empowering youth to advocate for change including Overcoming the Odds: Youth in Transition - North Coast Youth Summit, Humboldt County Transition Age Youth Digital Stories, Building Power: How to Lead Change Through Community Organizing, and Innovative Youth Engagement Strategies to Improve Mental Health Services for Transition Age Youth – California Mental Health Advocates for Children and Youth (See Attachment).

- A total of 65 individuals participated in Prevention and Early Intervention Transition Age Youth Partnership Program activities in Fiscal Year 2009/2010 with 63 individuals (97%) providing demographic information.

Residence	#	%
Arcata	16	22%
Eureka	21	37%
Fortuna	7	7%
Willow Creek	1	1%
Unknown/Out of County	18	32%

An on-going challenge is to provide activities in the County's outlying areas. This is being addressed by staff's collaboration with representatives in those areas.

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Lived Experience	Yes	No	Unknown
Have you been diagnosed with a mental health condition?	37%	61%	2%
Are you a family member of someone diagnosed with a mental health condition?	45%	46%	9%
Have you ever experienced homelessness?	41%	57%	2%
Have you or your family ever been involved in the juvenile or adult justice system?	25%	73%	2%
Have you or your family ever been involved in the child welfare system?	37%	60%	3%

The Community Planning Process identified several populations as underserved and at high-risk. They are youth who have lived experience with a mental health diagnosis themselves or with a family member, youth involved in the child welfare system, youth involved in the juvenile justice system, LGBTQ youth, and youth that have experienced homelessness. As this table illustrates, on average, over one third of participants identify with one or more of these populations. These populations were prioritized for education and engagement activities because experience and research show that these youth often face poorer outcomes as compared to youth in the general population.

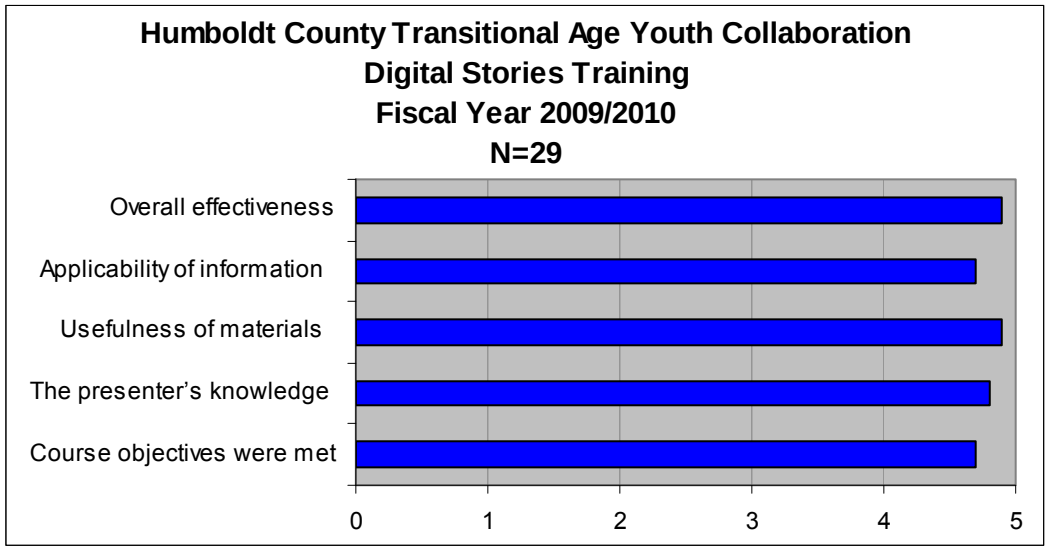
- Provided staff trainings at the Humboldt County Department of Health and Human Services utilizing the digital stories of local youth who have experienced foster care and mental health services in Humboldt County.

The Digital Stories trainings were well received by staff in attendance. The workshops received an average 4.7 out of 5 for overall effectiveness and applicability.

"It was truly amazing to see and listen to the personal stories of these highly intelligent young adults."

"Sometimes it is so painful to acknowledge what our system does wrong but after today I feel like I learned about ways to make it better".

~Participants at Digital Stories training



PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program[1], please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

Please see response above to B1 and attached Humboldt County Transition Age Youth Collaboration First (Attachment A) and Second Year Evaluations (Attachment B)

a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program

b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken

c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants

d) Specific program strategies implemented to ensure appropriateness for diverse participants

e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes ☐	No ☒
2. Is there a change in the type of PEI activities to be provided?	Yes ☐	No ☒
3. a) Complete the table below:		

FY 10/11 funding	FY 11/12 funding	Percent Change
$701,262	$525,947	-25%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or,**	Yes ☐	No ☒
For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?	Yes ☐	No ☒
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.		

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

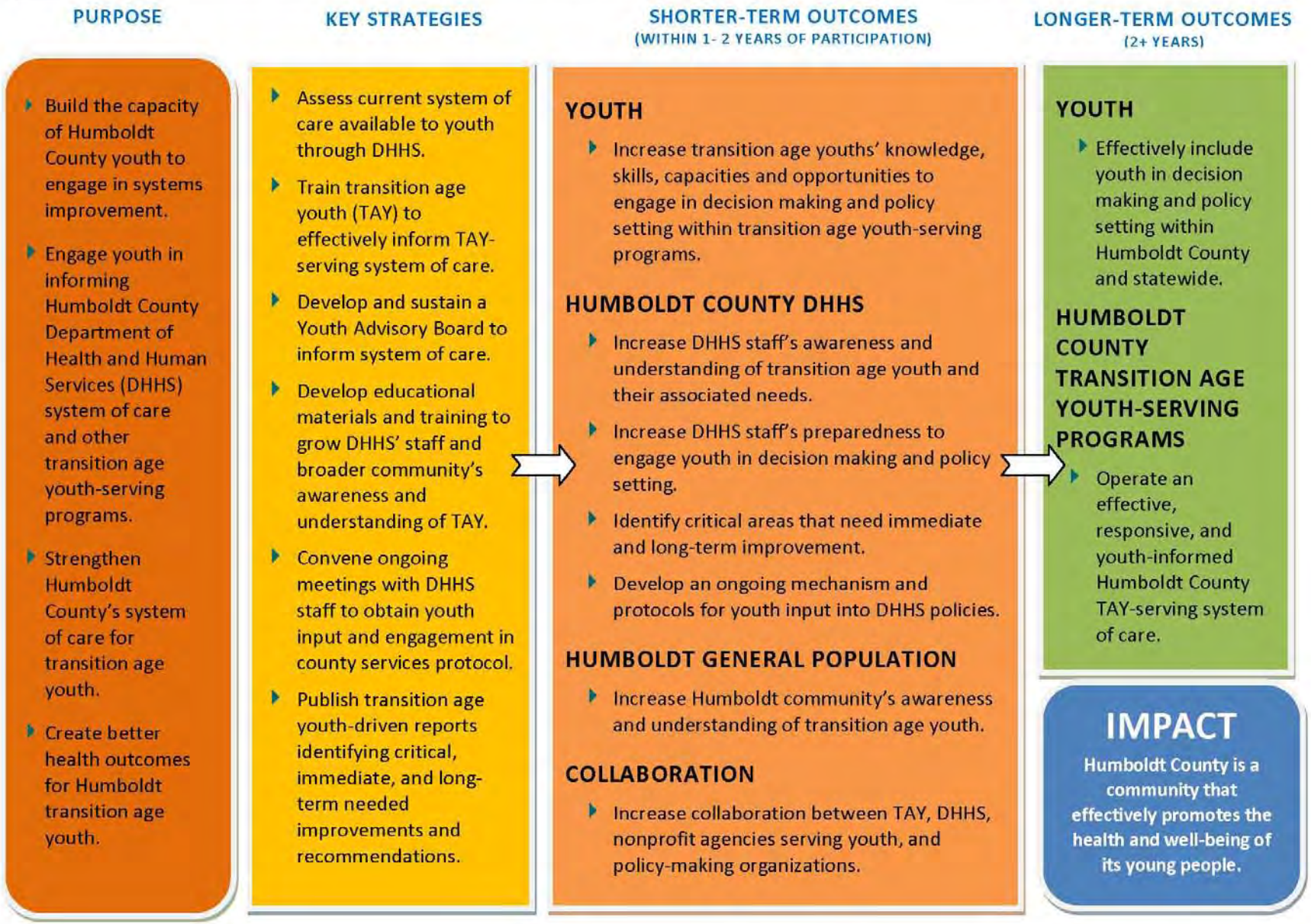
2. If this is a consolidation of two or more previously approved programs, please provide the following information:
   a. Names of the programs being consolidated
   b. The rationale for consolidation
   c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.

	Prevention	Early Intervention
Total Individuals:	150	5
Total Families:	50	5

Humboldt Collaborative Theory of Change



Who are we?

The **transition age youth in Humboldt**, including our Youth Advisory Board, who utilize county services and want to make a positive difference for themselves and the future!

The **Y.O.U.T.H. Training Project** develops the leadership and inherent expertise of youth to improve systems of care. We support youth-led training and youth engagement opportunities in child welfare, mental health, education, and other social welfare agencies.

California Youth Connection is a foster youth advocacy organization that promotes the participation of foster youth in policy development and legislative change to improve the foster care system.

Youth in Mind is a statewide organization of youth impacted by mental health systems seeking to promote positive change in the mental health field through leadership and advocacy.

The **Humboldt County Department of Health and Human Services** is the integrated agency that offers many of the transition age youth services we're trying to improve, and is also funding this collaboration.

HCTAYC

HCTAYC Main Office (in ILS office)
134 D St., Suite 101
Eureka, CA 95501
707.476.2260

HCTAYC Bay Area Office
SFSU - Bay Area Academy
2201 Broadway, Suite 100
Oakland, CA 94612
510.419.3606

Visit us on the web:
www.humboldtyouth.org

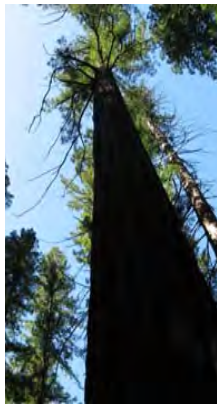
Y.O.U.T.H. Training Project
SFSU - Bay Area Academy
2201 Broadway, Suite 100
Oakland, CA 94612
www.youthtrainingproject.org

California Youth Connection
CYC Northern Regional Office
717 K St., Suite 432
Sacramento, CA 95814
www.calyouthconn.org

Youth in Mind
2147 Oregon St.
Berkeley, CA 94705
www.yimcal.org

Humboldt County Department of Health and Human Services
The Professional Building
507 F St.
Eureka, CA 95501
co.humboldt.ca.us

Welcome to the Humboldt County Transition Age Youth Collaboration!



We are bringing together organizations and individuals to improve the services youth receive as they transition into adulthood in Humboldt County. The work of our collaboration requires experience and specialized knowledge in youth development, policy change, youth advocacy, and community engagement. That's why we have partnered youth development leaders in the mental health, foster care and social services fields. But most important to this collaboration is the input of people who have experience with the systems we are reviewing: the transition age youth of Humboldt County. By combining the existing resources and knowledge of respected and established organizations and the knowledge of the transition aged youth, we have created a very powerful collaboration!

The Humboldt County Transition Age Youth Collaboration (HCTAYC) invites your participation and input as we develop recommendations for Humboldt County's Department of Health and Human Services. We are bringing all parties to the table and beginning to make thoughtful and effective system changes.

Our areas of focus for systems improvement include: foster care, mental health, homelessness, alcohol and drug abuse, transitional housing, employment services, and any other services transition age youth use.

What are our goals?

We want to ensure that youth are receiving timely, appropriate, youth-friendly, efficient, and complete services as they transition to adulthood. Getting there means the service-providing agencies need to hear from the youth who have experience with, and who currently or formerly depended on, these services. HCTAYC's first goal is to support the leadership development of Humboldt youth and equip them to make lasting improvements to systems of care for transition age youth in their county. Our second goal is to develop ongoing mechanisms for feedback about services and opportunities for youth to partner with service providers in the creation and planning of services.

When will we see change?

Humboldt County's Department of Health and Human Services has committed to funding this project through 2013. We will use this time to make and implement many recommendations. Some changes will happen overnight and have an impact on the youth receiving services immediately. Some changes will be substantial and will require months of development, planning and implementation and may take longer to impact services. We will use the recommendations of transition age youth in the county, our Youth Advisory Board, county officials, and our collaborators to prioritize our areas of focus.

Youth Advisory Board

HCTAYC has a five-member Youth Advisory Board composed of Humboldt County transition age youth who are sharing the expertise they gained through their first-hand experiences with the county's youth services.

Why are we doing this?

The Humboldt County Department of Health and Human Services (DHHS), led by Director Phillip R. Crandall, wants to engage youth in its plans to improve systems and service delivery to transition age youth. The county enlisted the Y.O.U.T.H. Training Project and other collaborators to facilitate the process. Humboldt's DHHS provides funding, logistical support, and help in various ways as needed, but the direction of this project is guided by transition age youth. We know that when youth consumers of services are included at the decision-making table, it improves the outcomes for youth, workers, the county, our economy and the state. We anticipate the positive improvements we collaboratively make in Humboldt to be used as a model for other counties, states and various agencies.

Humboldt County Transition Age Youth Collaboration

Home
About HCTAYC
Youth Advisory Board
Calendar
Get Involved
Forum
Multimedia
Resources
Contact

Welcome to the Humboldt County Transition Age Youth Collaboration!

We are bringing together organizations and individuals to improve the services youth receive as they transition into adulthood and become independent. By using the experience and skills of our collaborators and the expertise gained through experience by Humboldt County's youth, we can find ways to make the systems of care for transition age youth better and more responsive to young people's needs and feedback.

Our areas of focus for systems improvement include: mental health, homelessness, foster care, juvenile justice, alcohol and drug abuse, transitional housing, employment services, and any other services transition age youth use.

The Humboldt County Transition Age Youth Collaboration invites your participation and input as we develop recommendations for Humboldt County's Department of Health and Human Services. We are all in this together, and we all have the expertise earned through our life experiences to contribute.

UPCOMING EVENTS

March 4 & 5:	17th Annual Social Justice Summit
March 7:	Confronting Bullying, Creating Community
March 13-16:	HCTAYC's 2011 Digital Storytelling Workshop

Check out HCTAYC's Calendar and ways to Get Involved.

y.o.u.t.h. training project

HumboldtYouth@gmail.com

Web Site Design by Alice Manning Design

http://www.humboldtyouth.org/

3/8/2011

7th Annual NORTHCOAST Youth Summit: "Connect for a Cause!"

February 27th, 2010

College of the Redwoods

Overcoming the Odds: Youth in Transition: **Rochelle Trochtenberg & Jan Alcock plus youth;**
DHHS, Social Services Branch
In this workshop, you will meet youth who have faced homelessness, mental health issues and foster care. By viewing their Digital Stories, you will learn how they are able to build lives of strength, hope and resilience. This is an interactive workshop and participation and questions are encouraged.

BUILDING POWER:

HOW TO LEAD CHANGE THROUGH COMMUNITY ORGANIZING

Saturday, April 24: 1pm to 5pm

A training for Humboldt County youth, 16–26, to help you make a difference in mental health, foster care, housing and other transition age youth-serving systems.

At the DHHS Professional Building: 507 F Street (at 5th Street), Eureka
Transportation may be provided – call Rochelle for more information at 707.476.2260

How can this Workshop Help YOU?

Community organizing skills can help you get people involved and excited about making changes that matter to you. If you're passionate about making a positive impact in your community, we will give you skills to make changes effectively and in a way that gets attention and respect.

About HCTAYC (Humboldt County Transition Age Youth Collaboration)

We are working to improve services to youth in Humboldt by sharing our experiences and good ideas and making sure we have a seat at the table when decisions are made that affect our lives.

Who's Teaching?

Lane Levine has many years of experience in community organizing in New York, and recently moved to Humboldt County. He is committed to empowering community members to make positive change.

What You'll Learn

- ✓ Understanding What Organizing Is
- ✓ Timeline of Social Action and Youth Organizing
- ✓ Life of a Campaign
- ✓ Tricks and Skills
- ✓ 1:1 (Building Allies)

Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.
-Margaret Mead

And Afterward.....

Youth who participate in the full training are welcome to stay with us for a social event. We will be celebrating our good work at Cyber City – laser tag, Rock Band and many more games will be available. Dinner will be provided.

Committing to Youth Engagement:

Creating an Environment that Encourages and Respects Youth Voices in Meetings and Decision-Making

Culture Change: Youth as Partners

Making a genuine commitment to youth engagement requires most adult-run programs to make cultural and structural adjustments to calling and running meetings. Too often youth participation is seen as a gesture of good will, an easy way to demonstrate an agency's commitment to youth rather than viewing youth participation as a necessity for sound decision making and a significant asset to the decision-making process. Youth should be invited to meetings early in the decision-making process and be included in every step. Youth should not be invited to meetings only when their opinions will be "interesting," or only when it is convenient for staff to host youth. A culture shift toward seeing youth as partners is the first step that needs to be taken as agencies invite youth to their tables.

1. Welcoming Youth to Meetings

Youth participation requires additional attention to scheduling and logistics. Most youth are unable to attend meetings during school hours, and are unable to get to remote locations that are not serviced by public transit. It is important that when preparing agendas for youth-focused discussions, meetings are scheduled at times of day when youth can attend. It is also helpful to group agenda items so that youth do not have to be present for the entire meeting if there are completely unrelated agenda items youth may not need or want to be present for.

When youth arrive at a meeting or event, it is important that they are welcomed in a way that gives them equal footing in the room. Welcome youth as equals, and treat their presence and input as you would any participant. Efforts to welcome youth with fanfare, such as pizza parties or games, can actually prove to tokenize youth and minimize their status in the group. Youth may need a staff member to mentor or provide guidance through meetings. Mentors should engage youth in professional development and avoid approaching the relationship as direct service oriented.

2. Identifying Youth Participants

An ongoing relationship with a youth organization, or individual youth, will help with recruiting appropriate youth to be present at appropriate meetings, events and committees. The main goal should be to connect youth with causes that they are familiar with, have an interest in, and have input on improving. Staff should become familiar with local youth organizations and include their staff on email distributions and mailing lists. Once a partnership has been formed with a group or individual, keep the parties aware of meetings and send minutes afterward.

Humboldt County Transition Age Youth Collaboration, 2009

Ensure that youth with a diversity of experiences and viewpoints are being engaged. If only the highest functioning, formally educated youth on your committee, you're missing out on some very important contributions from other youth consumers. No one individual youth can represent the voice or experience of all youth.

3. Preparing and Supporting Youth in Effective Participation

Ensure youth have the preparation needed to learn your meeting procedures, expectations, and roles. Ensure that a youth is clear on the role they will have as a member of a committee or meeting attendee. It is important to remember when inviting youth to participate in meetings and committees that they are coming to the table with less structural support than other members. Youth often lack support that other participants may take for granted such as: years of experience and growth, supportive relationships and financial security built over time, or readily available physical and mental health care, etc. Therefore, it is important to make space for a learning curve and don't unfairly expect transition aged youth to NOT be transition aged youth.

Make an effort to provide youth with feedback privately so that they can learn and grow from their participation. If work is being assigned, make sure to give youth appropriate work for their unique abilities, the technology they have access to, and the time they have to give. Youth will be able to give specifics on what they can do. It is important that the work given to youth is legitimate, and is not "busy work."

4. Building Youth Participation into Your Meetings

Youth are eager to share their personal and collective experiences, but need the space to do so in a meeting environment. Meetings must be structured thoughtfully for any consumer participation, so make sure to build time for youth input into the meeting, and allow youth to suggest remedies for any issues they bring up. Youth input can guide the process of finding ways to improve the system or policy being discussed.

In order to increase youth's successful participation at meetings, be mindful about clarifying professional language used in meetings, refrain from making inside jokes that are alienating and confusing to youth who are not "in the know," create a handout on commonly used acronyms, and find out if your youth participant has use of email. If they don't have access to e-mail then send communication via snail mail, etc. Most people attending meetings are also aware of and intimidated by power dynamics and chain of command. It's always a good idea to have the person with the most institutional power in the room make a special effort to greet the youth and check in with the youth before she/he leaves the meeting.

5. Compensating Youth for Participation

Youth are often asked to sit in committees or on boards alongside paid professionals. The youth offer unique experiences and give the same time and attention to a committee as others, and yet often they do not receive payment for their time and efforts. This creates an inequality that may

communicate that a youth's input is less important. So, whenever possible, youth should be compensated for their participation in a manner that matches the expected time and effort of their commitment level. Just as for other participants, the compensation is also for youth's travel and time spent preparing for participation.

When a youth is paid to serve, it gives youth a sense of ownership of the work and a sense of pride in the accomplishments. It is essential that youth are respected for the unique experiences and position they bring to the meetings and the value they lend to the decision-making process.

Humboldt County Transition Age Youth Collaboration, 2009

Attachment K

Excerpt from
Mental Health Services Act
Community Services and Supports
Fiscal Year 2004/2005
Disparities

Children & Youth – As noted above, only those children and youth served in the WRAP program are considered to be fully served. As requested, the number of females (22) and males (19) served in the WRAP program is noted above in "Chart A", however, the information on ethnicity is not available. In terms of the inappropriately or underserved served populations of this age group, the first table of "Chart A" shows evident disparity in the percentages of African American, Native American, and White children and youth served in the current system versus the percentage of those same groups in the poverty and general populations. Close to eleven (10.9) percent of children and youth served within the system are Native American while they are represented in just over five (5.2) percent of the poverty population and less than nine (8.7) percent of the general population. Likewise, African American children and youth account for just one (1.0) percent of the poverty population and one (1.0) percent of the general population but make up over three (3.3) percent of those served. Data and information on the reasons for this over-representation is not available. In contrast, White children and youth make up over seventy-six (76.3) percent of those served in the current system while they represent over seventy-nine (79.6) percent of the poverty population and just under sixty-nine (68.8) percent of the general population. Overall, this information suggests that substantial disparities exist between services reaching White children and youth compared to the ethnic and cultural populations of the County. It follows then that a large portions of Native American, African American, and White children and youth qualify as inappropriately served, but without sufficient data related to these disparities, it is not possible to provide or suggest contributing factors or causes at this time.

Transition-age Youth – As noted above, there are no transition-age youth who are considered to be fully served at this time. In terms of the inappropriately or underserved populations of this age group, the second table in "Chart A" shows evident disparity in the percentages of Native American, Asian/Pacific Islander, and African American transition-age youth served in the current system versus the percentage of those same groups in the poverty and general populations. Close to eleven (10.9) percent of transition-age youth served in the current system are Native American while they represent just over six (6.1) percent of the poverty population and five (5.4) percent of the general population. Similarly, Asian/Pacific Islanders and African Americans make up over four (4.6) percent and two (2.3) respectively of transition-age youth receiving services while they represent lower percentages (2.4 and 2.4 percent for Asian /Pacific Islanders, and, 1.4 and 1.1 percent for African Americans) in the poverty and general populations. Again, data and information on the reasons for this over-representation is not available.

This information suggests that some substantial disparities exist between services reaching transition-age youth who are White compared to the ethnic and cultural populations of the County. It follows then that a large portion of Native American, African American, and White transition-age youth qualify as inappropriately served. Again, without sufficient data related to these disparities, it is not possible to provide or suggest the contributing factors or the causes behind them.

Adults – As noted above, only those adults enrolled in the AB2034 Homeless Services Program are considered to be fully served. In terms of the inappropriately or underserved populations of this age group, the third table in "Chart A" shows disparity in the percentages of African American and White adults served in the current system versus the percentage of those groups in the poverty and general populations. Two (2.0) percent of the adults served are African American while they represent just one (1.2) percent of the poverty population and one (1.0) percent of the general population. In comparison, close to eighty-six (85.7) percent of adults served are White while they represent just over seventy-two (72.4) percent of the poverty population and just over eighty-one (81.3) percent of the general population. This information suggests that some substantial disparities exist between services that reach White adults versus services that reach the ethnic and cultural populations of the

County. It follows then that portions of Native American, African American, and White adults qualify as inappropriately served populations. Again, the lack of sufficient data related to these disparities prevents providing information on the contributing factors and causes behind them.

Older Adults – As noted above, only those older adults enrolled in the AB2034 Homeless Services Program are considered to be fully served. In terms of the inappropriately served populations of this age group, the fourth table in “Chart A” shows disparity in the percentages of White older adults served in the current system versus the percentages if White older adults in the poverty and general population numbers. Over ninety-two (92.4) percent of older adults served are White while they represent eighty-three (83.0) percent of the poverty population and close to ninety (90.3) percent of the general population. In comparison, Hispanic/Latino older adults make up over two (2.3) percent of those served while they represent close to two percent of the poverty (1.8) and general (2.3) populations, and, African American older adults make up under one (0.7) percent of those served while they represent under one (0.6) percent of the poverty population and under one (0.5) percent of the general population. Again, this information suggest that disparities exist between services that that reach White older adults and services that reach the ethnic and cultural older adult populations of the County. It follows then that a portion of these older adults qualify as underserved populations. Again, without sufficient data related to these disparities, it is not possible to provide or suggest contributing factors or causes.

Attachment L

Provider Directory
Humboldt County Medi-Cal
Managed Mental Health Care

Provider Directory
Humboldt County Medi-Cal Managed Mental Health Care
As of May 2, 2011

Note: Services preceded by asterisks (*) must be pre-authorized by Humboldt County Mental Health through 1-888-849-5728 Access Line prior to scheduling.

Type Of Provider	Name	Clinic Address	Phone/ Fax	Populations Contracted To Serve	Contracted Services	Non-English Languages Spoken	Specialties	Cultural Competency
Organizational	The Bridge House	2370 Buhne Street, Eureka, CA 95501	(707) 442-5721 Fax (707) 442-6918	Adults	*****Day Rehabilitative – Full Day			
Organizational	Changing Tides Family Services	3300 Glenwood, Eureka, CA 95501 - Fortuna Middle School, 843 L Street, Fortuna - East High School, 392 16th St.,	(707) 445-5183 or (800) 795-3554 Fax (707) 444-8298	Children	<u>Case Management/ Brokerage</u> <u>Specialty Mental Health Services:</u> Assessment, Evaluation, Individual Therapy/Collateral, Group Therapy, Mental Health Plan Development, Mental Health Rehabilitation *Therapeutic Behavioral Services	Spanish	Various Problems and Disorders, Adolescents, Children, Family, Couples, Gay/ Lesbian, Sexual Abuse, Trauma, ACA/Co-Dependency, Acting Out Adolescents, Multi-Problem Families, Parent-Child Interaction Therapy (PCIT), Incredible Years,	White, African-American, Native American, Chicano/ Hispanic, Latin American, South East Asian, Asian, Pacific Islander, Multi-Racial, MH Consumer, Lesbian, Physical Disability,

Type Of Provider	Name	Clinic Address	Phone/ Fax	Populations Contracted To Serve	Contracted Services	Non-English Languages Spoken	Specialties	Cultural Competency
		Fortuna - Fortuna High School, 379 12th St., Fortuna - Eureka High School Marshall Family Resource Center, 2100 J Street, Eureka, CA 95501 - South Fortuna Elementary School, 2089 Newburg Road, Fortuna, CA 95540 - Eel River Community School, 2292 Newburg Rd, Fortuna, CA 95540 - Peninsula Union School District, 909						Developmental Disability, Sexual Orientation/ Gender ID, Spiritual ID

Type Of Provider	Name	Clinic Address	Phone/ Fax	Populations Contracted To Serve	Contracted Services	Non-English Languages Spoken	Specialties	Cultural Competency
		Vance Ave Samoa -McKinleyville High School, 1300 Murray Rd., McKinley-ville -Arcata High School, 1720 M Street, Arcata -Toddy Thomas Elementary School 2800 Thomas Rohnerville -South Fork High School, 6831 Avenue of the Giants, Miranda -Redway Elemen-tary FRC, 344 Humboldt Ave. Redway						
Organizational	Humboldt Family Service Center	1802 California Street, Eureka, CA 95501	(707) 443-7358 Fax	Adults & Children	Case Management/ Brokerage for Adults Specialty Mental		Learning Disabilities, Various Problems and Disorders,	White, African-American, Native American,

Type Of Provider	Name	Clinic Address	Phone/ Fax	Populations Contracted To Serve	Contracted Services	Non-English Languages Spoken	Specialties	Cultural Competency
		- 801 Crescent Way, Arcata, CA 95521	(707) 443-1092		Health Services for Adults: Assessment, Evaluation, Individual Therapy/Collateral, Group Therapy, Mental Health Plan Development, Mental Health Rehabilitation Case Management/ Brokerage for Children Specialty Mental Health Services for Children: Assessment, Evaluation, Individual Therapy/Collateral, Group Therapy, Mental Health Plan Development, Mental Health Rehabilitation		Individual, Family and Group Therapy, Children of Divorce Workshop, Certified Batterers Intervention Program for Domestic Violent Offenders, PC 1000 Drug Education Class	Chicano/ Hispanic, Latin American, South East Asian, Asian Pacific Islander, First Nation, Multi-Racial, Religious/ Spiritual ID, Sexual Orientation, Gender ID, MH Consumer, Physical Disability
Organizational	Martins' Achieve-ment Place, Inc.	5240 Jackson Street, North Highlands, CA 95660	(916) 338-1001 Fax (916) 338-1044	Children	Specialty Mental Health Services: Assessment, *Evaluation, *Individual Therapy/Collateral, *Group Therapy *Medication Support		Residential Treatment Program for Adolescents with Abuse-Reactive and Delinquent Behaviors, Special Education and Non-Public School	

Type Of Provider	Name	Clinic Address	Phone/ Fax	Populations Contracted To Serve	Contracted Services	Non-English Languages Spoken	Specialties	Cultural Competency
Organizational	Redwood Children's Services, Inc.	350 E. Gobbi Street, Ukiah, CA 95482	(707) 472-2922 Fax (707) 462-5172	Children	*Case Management/ Brokerage Specialty Mental Health Services: Assessment, *Evaluation, *Individual Therapy/Collateral, *Group Therapy, *Mental Health Plan Development		Foster Family Agency, Treatment Foster Care, Intensive Treatment Foster Care, Services for Children with Special Needs, Community Integrated Group Living Programs, Transitions Programs,	
Organizational	Redwood Commu-nity Action Agency (RCAA)	904 G Street Eureka, CA 95501 - Multiple Assistance Center/ Family Services Division 2413 Second St., Eureka CA	(707) 445-0881 Fax (707) 445-0884 (707) 269-9590	Children	Case Management/ Brokerage Specialty Mental Health Services: Assessment, Evaluation, Individual Therapy/ Collateral, Group Therapy, Mental Health Plan Development, Mental Health Rehabilitation Services		Acting out Adolescents, Transitional Living Programs for Adolescents and for Families, Psycho-educational classes about a variety of subjects including substance abuse, Parent-Child Interaction Therapy (PCIT)	African-American, Native American, White, Chicano/ Hispanic, Latin American, South East Asian, Asian Pacific Islander, First Nation, Multi-Racial, Religious/

Type Of Provider	Name	Clinic Address	Phone/ Fax	Populations Contracted To Serve	Contracted Services	Non-English Languages Spoken	Specialties	Cultural Competency
		95501 - Youth Services Bureau/Launch Pad/Our House 1100 California Street, Eureka CA 95501	 (707) 445-1360					Spiritual ID, Sexual Orientation, Gender ID, MH Consumer, Physical Disability
Organizational	Remi Vista, Inc.	- 3960 Walnut Drive, Eureka, CA 95503 - 3191 Churn Creek Road, Redding CA 96002 370 9th Street, Crescent City, CA 95531 - Morris School, 2395 McKinley-	(707) 268-8722 Fax (707) 268-0218 (530) 224-7160 (707) 464-4349	-Adults & Children	*EUREKA CLINIC –* Case Management/ Brokerage for Adults Specialty Mental Health Services for Adults: Assessment, Evaluation, Individual Therapy/Collateral, Group Therapy, Mental Health Plan Development, Mental Health Rehabilitation Case Management/ Brokerage for Children Specialty Mental Health Services for Children: Assessment,		Adolescents, Children, Job Stress, Sexual Abuse, Trauma, HIV/ AIDS, ACA/Co-Dependency, Domestic Violence, Parent-Child Interaction Therapy (PCIT), Trauma-Focused Cognitive Behavior Therapy (TF-CBT)	White, African-American, Native American, Chicano/ Hispanic, Latin American, South East Asian, Asian Pacific Islander, First Nation, Multi-Racial, Religious/ Spiritual ID, Sexual Orientation/ Gender ID, MH Consumer, Physical Disability

Type Of Provider	Name	Clinic Address	Phone/ Fax	Populations Contracted To Serve	Contracted Services	Non-English Languages Spoken	Specialties	Cultural Competency
		ville Ave., McKinley-ville - Dow's Prairie, 3940 Dow's Prairie Rd., McKinley-ville - Ambrosini Elementary School, 3850 Rohnerville Rd., Fortuna -Costal Grove Charter School 1897 S Street Arcata -Toddy Thomas Elementary School 2800 Thomas Rohnerville -Arcata Elemen-tary School 2400 Baldwin Arcata - Monument Middle School 95 Center St., Rio Dell			Evaluation, Individual Therapy/Collateral, Group Therapy, Mental Health Plan Development, Mental Health Rehabilitation, Crisis Intervention *****Therapeutic Behavioral Services *REDDING CLINIC –* Children: *Therapeutic Behavioral Services			

Type Of Provider	Name	Clinic Address	Phone/ Fax	Populations Contracted To Serve	Contracted Services	Non-English Languages Spoken	Specialties	Cultural Competency
		- Eagle Prairie Elementary School, 95 Center St., Rio Dell						
Organizational	Value Options, Inc.	P.O. Box 6065 Cypress, CA 90630-0065	(800) 236-0756	Children	Administrative Service Organization (ASO) who manages Out-of-County care (Outpatient Specialty Mental Health Services)			
Organizational	Youth for Change	7200 Skyway, Paradise CA 95969	(530) 877-1965 Fax (530) 877-1978	Children	Specialty Mental Health Services for Children: Assessment, *Individual Therapy/Collateral, *Group Therapy, *Mental Health Plan Development, *Mental Health Rehabilitation, *Crisis Intervention, *Medication Support		Emotionally disturbed Children and Youth	
Individual	Julie Beach, MFT	2830 G Street, Ste. C-6, Eureka, CA 95501	(707) 269-0177	Adults & Children	Adults: Assessment, *Individual Therapy/Collateral, *Group Therapy,		Adolescents, Children, Family, Sexual Abuse, Domestic	

Type Of Provider	Name	Clinic Address	Phone/ Fax	Populations Contracted To Serve	Contracted Services	Non-English Languages Spoken	Specialties	Cultural Competency
					*Mental Health Plan Development Children: Assessment, *Individual Therapy/Collateral, *Group Therapy, *Mental Health Plan Development		Violence, Various Disorders, Individual/ Family Therapy	
Individual	Nancy Borge-Riis, MFT	2770 Annie Lane, McKinleyville, CA 95519	(707) 839-7920	Adults & Children	Specialty Mental Health Services Adults: Assessment, *Individual Therapy/Collateral, *Group Therapy, *Mental Health Plan Development Children: Assessment, *Individual Therapy/ Collateral, *Group Therapy, *Mental Health Plan Development	French	Sexual Abuse, ACA/ Co-Dependency, Acting Out Adolescents, Multi-Problem Families	White, African-American, Native American, Chicano/ Hispanic, Latin American, South East Asian, Asian Pacific Islander, Multi-Racial, Religious/ Spiritual ID, Sexual Orientation, Gender ID
Individual	Stefanie Enright, LCSW	791 Eighth Street, Ste. M Arcata, CA 95521	(707) 825-1210	Children	Specialty Mental Health Services Assessment,		HIV/AIDS, Grief/Loss, Life-threatening illness, Mood	Physical Disability, Gay Lesbian,

Type Of Provider	Name	Clinic Address	Phone/ Fax	Populations Contracted To Serve	Contracted Services	Non-English Languages Spoken	Specialties	Cultural Competency
					*Individual Therapy/Collateral, *Group Therapy, *Mental Health Plan Development		Disorder, Adjustment Disorder, Individual Therapy	
Individual	Sandy Factor, MFT	1611 Peninsula, Manila, CA 95521	(707) 677-3241 or (707) 616-7428	Children	Specialty Mental Health Services Assessment, *Individual Therapy/Collateral, *Group Therapy, *Mental Health Plan Development	Proficient in American Sign Language	Children, Family, Physical Disability, Deaf, Blind, Trauma, HIV/ AIDS, Domestic Violence, Individual, Family Therapy, Various Disorders	
Individual	Jennifer Finamore, MFT	3172 Walford Ave., Ste. 2 Eureka, CA 95503	(707) 442-0172 (Phone and Fax)	Children	Specialty Mental Health Services Assessment, *Individual Therapy/Collateral, *Group Therapy, *Mental Health Plan Development		Children, Couples, Sexual Abuse, Trauma, ACA/ Co-Dependency, Domestic Violence, Divorce/ Parent-Child Conflict, Various Disorders	
Individual	Olivia Jackson, MFT	455 I St., Ste B-1, Arcata, CA 95519	(707) 839-8467	Children	Specialty Mental Health Services	Spanish	Adolescents, Job Stress, Sexual Abuse, Trauma,	Native American

Type Of Provider	Name	Clinic Address	Phone/ Fax	Populations Contracted To Serve	Contracted Services	Non-English Languages Spoken	Specialties	Cultural Competency
			Fax (707) 822-4529		Assessment, *Individual Therapy/Collateral, *Group Therapy, *Mental Health Plan Development		HIV/ AIDS, ACA/ Co-Dependency, Critical Incident Debriefing, Domestic Violence, Various Disorders, Individual, Family	
Individual	Laurie Monroe, LCSW	618 Harris Street, Eureka, CA 95501	(707) 443-8951 Fax (707) 445-4666	Children	Specialty Mental Health Services Assessment, *Individual Therapy/Collateral, *Group Therapy, *Mental Health Plan Development		Adolescents, Family, Physical Disability, Sexual Abuse, Trauma, Domestic Violence, Various Disorders, Individual Therapy, Family Therapy	
Individual	Jean Noble, MFT	920 Samoa Blvd., Ste. 217, Arcata, CA 95521	(707) 825-1772	Children **Note: only accepting returning clients at this point**	Specialty Mental Health Services Assessment, *Individual Therapy/Collateral, *Group Therapy, *Mental Health Plan Development		Adolescents, Children, Family, Sexual Abuse, Trauma, Individual, Family Therapy, Various Disorders	

Type Of Provider	Name	Clinic Address	Phone/ Fax	Populations Contracted To Serve	Contracted Services	Non-English Languages Spoken	Specialties	Cultural Competency
Individual	Virginia Norling, LCSW	2255 Myrtle Avenue, Ste. A, Eureka, CA 95501	(707) 444-3365 Fax (707) 443-8961	Adults	Specialty Mental Health Services Assessment, *Individual Therapy/Collateral, *Group Therapy, *Mental Health Plan Development		Job Stress, Sexual Abuse, Trauma, HIV/AIDS, ACA/Co-Dependency, Pain Management, Domestic Violence, Various disorders, Individual, Family and Group Therapy	Native American, Chicano/ Hispanic, Black, Cambodian, Gay, Lesbian, Bi-Sexual, Transgender, MH Consumer, Physical Disability
Individual	Brooke Quinlan, LCSW	2625 Wilson Street, Eureka, CA 95503	(707) 443-5601 Ext. 2 Fax (707) 443-5603	Children	Specialty Mental Health Services Assessment, *Individual Therapy/Collateral, *Group Therapy, *Mental Health Plan Development		Parent/Child Relationships, Stress Manage-ment, Depression, Adjustment Disorders, Attachment Disorder, Child and Family Therapy	
Individual	Alice Shannon, MFT	607 F Street, Arcata, CA 95521	(707) 839-0444 Fax (707) 839-	Children **Note: not accepting new Medi-Cal**	Specialty Mental Health Services Assessment, *Individual Therapy/Collateral,		Adolescents, Children, Family, Couples, Sexual Abuse, Trauma, HIV/ AIDS, ACA/ Co-	

Type Of Provider	Name	Clinic Address	Phone/ Fax	Populations Contracted To Serve	Contracted Services	Non-English Languages Spoken	Specialties	Cultural Competency
			1640	**referrals at this time**	*Group Therapy, *Mental Health Plan Development		Dependency Domestic Violence, Various Disorders, Individual/ Family Therapy	
Individual	Mary Jo Stepp, MFT	455 I Street, Arcata, CA 95521	(707) 822-4099 Fax (707) 822-4529	Children	Specialty Mental Health Services Assessment, *Individual Therapy/Collateral, *Group Therapy, *Mental Health Plan Development		Children, Family, Job Stress, Sexual Abuse, Trauma, ACA/Co-Dependency, Domestic Violence, Learning/Other Cognitive, Various Disorders Individual, Group, Family Therapy	Gay/Lesbian, Physical Disability
Individual	Therese Vodden, LCSW	2107 Harrison Avenue, Eureka, CA 95501	(707) 840-0815 Fax (707) 476-9210	Children **Note: Provider is only accepting Medi-Cal referrals related to adoption issues**	Specialty Mental Health Services Assessment, *Individual Therapy/Collateral, *Group Therapy, *Mental Health Plan Development		Children, Adolescents, Family, Sexual Abuse, Adoption, Various Disorders, Individual/Group & Family Therapy	

Type Of Provider	Name	Clinic Address	Phone/ Fax	Populations Contracted To Serve	Contracted Services	Non-English Languages Spoken	Specialties	Cultural Competency
Individual	Carmela Wenger, MFT	2625 Wilson Street, Eureka, CA 95503	(707) 443-5601 Fax (707) 443-5603	Adults & Children	Specialty Mental Health Services Adults: Assessment, *Individual Therapy/Collateral, *Group Therapy, *Mental Health Plan Development Children: Assessment, *Individual Therapy/Collateral, *Group Therapy, *Mental Health Plan Development		Adoption Issues, Dissociative Disorders, Grief/Loss, PTSD/ Trauma, Sexual Abuse/ Assault, Expressive Arts	White, African-American, Chicano/ Hispanic, South East Asian, Religious/ Spiritual ID, Sexual Orientation, Physical Disability

Attachment M

Directorio de Proveedores Condado de Humboldt Cuidado de Salud Mental de Medi-Cal

Directorio de Proveedores
Condado de Humboldt Cuidado de Salud Mental de Medi-Cal
Efectivo Mayo 2, 2011

Nota: Servicios proceidos por un asterisco (*) tienen que ser pre-autorizado por el Condado de Humboldt Salud Mental a través del 1-888-849-5728 Línea de Acceso antes de hacer una cita.

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
De una Organización	El Bridge House	2370 Buhne Street, Eureka, CA 95501	(707) 442-5721 Fax (707) 442-6918	Adultos	*****Día completo Rehabilitativo			
De una Organización	Changing Tides Servicios de Familias	3300 Glenwood Eureka, CA 95501 - Fortuna Escuela Media, 843 L Calle, Fortuna - Este Escuela Secundaria, 392 16th St., Fortuna - Fortuna Escuela Secundaria	(707) 445-5183 o (800) 795-3554 Fax (707) 444-8298	Niños	*Gerencia de Caso/ Corretaje Servicios Especializados de Salud Mental: *Avaluación, *Evaluación, *Terapias Individual/ Colateral/ Grupo, *Desarrollo de Plan de Salud Mental,	Español	Varios problemas y desórdenes, Adolescentes, Niños, Familia, Parejas, Homosexual/ Lesbiana, Abuso Sexual, Trauma, ACA/Co-Dependencia, Adolescentes portándose mal, Familias con Muchos Problemas, Pariente-Niño	Blanco, Africano-Americano, Nativo Americano, Chicano/ Hispano, Latino Americano, Sur-Este Asiático, Asiático, Insleño Pacífico, Multi-Racial, MH

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
		FRC, 379 12th St., Fortuna - Eureka Escuela Secundaria Familia Marshall Centro de Recurso, 2100 J St., Eureka, CA 95501 - Sur de Fortuna Escuela Primaria, 2089 Newburg Rd, Fortuna, CA 95540 - Peninsula Union Escuela Distrito, 909 Vance Ave Samoa -McKinley-ville Escuela Secundaria,			*Rehabilitación Mental de Salud *Servicios Terapéuticos de Comportamiento		Interacción Terapia (PCIT), Años Increíbles.	consumidor, Lesbiana, Disabilidad Física, Disabilidad de Desarrollo, Orientación/l Orientation/ Género Identificación, Espiritual Identificación.

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
		1300 Murray Rd., McKinley-ville -Arcata Escuela Secundaria, 1720 M St, Arcata -Toddy Thomas Escuela Primaria 2800 Thomas Rohnerville -Sur Fork Escuela Secundaria, 6831 Ave. de Los Giants, Miranda -Redway Primaria FRC, 344 Humboldt Ave., Redway - Escuela de Comunidad Río de la Anguila , 2292 Newburg Rd, Fortuna						

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
De una Organización	Humboldt Centro de Servicios de Familias	-1802 California St., Eureka, CA 95501 -801 Crescent Way, Arcata, CA 95521	(707) 443-7358 Fax (707) 443-1092	Adultos y Niños	*Gerencia de Caso/ Corretaje para los Adultos Servicios Especializados de Salud Mental para los Adultos: *Avaluación, *Evaluación, *Terapia Individual/ Colateral/Grupo, *Plan de Salud Mental de Desarrollo *Rehabilitación Mental de Salud *Gerencia de Caso/ Corretaje para los Niños: Servicios Especializados de Salud Mental para los Niños:		Disabilidad para aprender, Varios Problemas y desórdenes, Terapia para Familias y Grupos, Programas para Niños de Divorcio, Programas Certificados de Asaltadores con Intervenciones para Violencia Doméstica Infractores, PC-1000 Clase para Educación de Drogras.	Blanco, Africano-Americano, Nativo Americano, Chicano/ Hispano, Latino Americano, Sur-Este Asiático, Asiático, Insleño Pacífico, Primera Nación, Multi-Racial, Religiosa/ Espiritual Identificación, Orientación Sexual, Género Identificación, MH consumidor, Disabilidad Física.

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
					*Avaluación, *Evaluación, *Terapia Individual/ Colateral/Grupo *Plan de Salud Mental Desarrollo *Rehabilitación Mental de Salud			
De una Organización	Martins' Achieve-ment Place, Inc.	5240 Jackson St., Norte de Highlands, CA 95660	(916) 338-1001 Fax (916) 338-1044	Niños	*Avaluación, *Evaluación, *Terapia Individual/ Colateral *Terapia de Grupos *Soporte de Medicación.		Programa residencial para el tratamiento de Adolescentes con comportamientos Reáctivos-abuso y delincuentes, Educación Especial, y Non-Pública Escuelas	
De una Organización	Redwood Servicios para Niños, Inc.	350 E. Gobbi St., Ukiah, CA 95482	(707) 472-2922 Fax (707) 462-5172	Niños	*Gerencia de Caso/ Corretaje Servicios Especializados de Salud Mental *Avaluación, *Evaluación *Terapia		Fomentar Agencias de Familias, Cuidado y Tratamientos Intensivos, Servicios de Niños con Necesidades	

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
					Individual/ Colateral *Terapia de Grupos *Desarrollo de Plan de Salud Mental		Especiales, Programas para la Comunidad de Vivienda con Grupos Integrados, y Programas para Transiciones.	
De una Organización	Redwood Comunidad Acción Agencia (RCAA)	904 G St., Eureka, CA 95501 - Multiple Asistencia Centro/ Servicios de Familia Division 2413 Second St., Eureka CA 95501 - Jovenes Servicios Bureau Lanzamiento Nido / Nuestra Casa 1100	(707) 445-0881 Fax (707) 445-0884 (707) 269-9590 (707) 445-1360	Niños	<u>*Gerencia de Caso/ Corretaje</u> <u>Servicios Especializados de Salud Mental</u> *Avaluación, *Evaluación *Terapia Individual/ Colateral *Terapia de Grupos *Desarrollo de Plan de Salud Mental *Servicios de Rehabilitación de Salud Mental.		Adolescentes con mál comportamiento, Programas de Vivienda Transicional para Jóvenes y Familias, Clases de Educación-Psicológicas acerca Varios temas incluyendo abuso de sustancias, y Terapia para Parientes - Niños interacciónes (PCIT).	Africano-Americano, Nativo Americano, Blanco, Chicano/ Hispano, Latino Americano, Sur-Este Asiático, Asiático, Insleño Pacífico, Primera Nación, Multi-Racial, Identificación Religiosa/ Espiritual, Orientación

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
		California St., Eureka CA 95501						Sexual, Género Identidad, MH Consumidor, Disabilidad Física.
De una Organización	Remi Vista, Inc.	-3960 Walnut Dr., Eureka, CA 95503 - 3191 Churn Creek Rd, Redding CA 96002 - 370 9th Street, Crescent City, CA 95531 - Morris Escuela, 2395 McKinley-ville Ave., McKinley-	(707) 268-8722 Fax (707) 268-0218 (530) 224-7160 (707) 464-4349	-Adultos y Niños	*CLÍNICA DE EUREKA* *Gerencia de Caso/ Corretaje para los Adultos Servicios Especializados de Salud Mental para los Adultos: *Avaluación, *Evaluación *Terapia Individual/ Colateral *Terapia de Grupos *Desarrollo de Plan de Salud Mental		Adolescentes, Niños, Tension de trabajo, Abuso sexual, trauma SIDA del HIV, ACA/Co-Dependencia, violencia Doméstica, Terapia de la Interacción del Pariente-Niño (PCIT); Terapia de Comportamiento Cognoscitiva enfocada Trauma (Trauma focused cognitive behavior therapy, TF-CBT)	Blanco, Africano-Americano, Nativo Americano, Chicano/ Hispano, Latino Americano, Sur-Este Asiático, Asiático Insleño Pacífico, Primera Nación, Multi-Racial, Religiosa/ Espiritual Identificación, Orientación Sexual,

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
		ville - Dow's Prairie, 3940 Dow's Prairie Rd., McKinley-ville - Ambrosini Escuela Primaria, 3850 Rohnerville Rd., Fortuna - Costal Grove Charter Escuel 1897 S St., Arcata -Toddy Thomas Escuela Primaria 2800 Thomas Rohnerville -Arcata Escuela Primaria 2400 Baldwin Arcata - Monument Middle School 95 Center St. Rio Dell			*Rehabilitación mental de salud *Gerencia de Caso/ Corretaje para los Niños Servicios Especializados de Salud Mental para los Niños *Avaluación, *Evaluación *Terapia Individual/ Colateral *Terapia de Grupos *Desarrollo de Plan de Salud Mental *Rehabilitación mental de salud *Intervención de Crisis *Servicios Terapéuticos de Comportamiento			Género Identificación, MH consumidor, Disabilidad Física.

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
		- Eagle Prairie Escuela Primaria 95 Center St. Rio Dell			*CLÍNICA DE REDDING –* Niños: *Servicios Terapéuticos de comportamiento			
De una Organización	Value Options, Inc.	P.O. Box 6065 Cypress, CA 90630-0065	(800) 236-0756	Niños	Organización de Servicios Administrativos (ASO) que maneja el cuidado de Condados-De-Afuera (Especialidad de Servicios de Salud Mental de Pacientes-no-internados)			
De una Organización	Los Jóvenes para el Transfor-mación	7200 Skyway, Paradise CA 95969	(530) 877-1965 Fax (530) 877-1978	Niños	Servicios Especializados de Salud Mental para los Niños *Avaluación, *Evaluación, *Terapia Individual/		Trastornos Emocionales Niños y Jóvenes	

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
					Colateral, *Terapia de Grupos *Desarrollo de Plan de Salud Mental, *Rehabilitación mental de salud *Intervención de Crisis, **Soporte de Medicación.			
Individual	Julie Beach, MFT	2830 G Street, Ste. C-6, Eureka, CA 95501	(707) 269-0177	Adultos y Niños	<u>Servicios Especializados de Salud Mental</u> -<u>Adultos:</u> *Avaluación *Terapia Individual/ Colateral *Terapia de Grupos *Gerencia de Caso/ Corretaje *Desarrollo de Plan de Salud Mental		Adolescentes, Niños, Familias, Abuso Sexual, Violencia Doméstica, Varios Desórdenes, Terapia Individual/ Familias.	

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
					-Niños: *Avaluación, *Terapia Individual/ Colateral *Terapia de Grupos *Gerencia de Caso/ Corretaje *Desarrollo de Plan de Salud Mental			
Individual	Nancy Borge-Riis, MFT	2770 Annie Lane, McKinleyville, CA 95519	(707) 839-7920	Adultos y Niños	Servicios Especializados de Salud Mental -Adultos: *Avaluación *Terapia Individual/ Colateral *Terapia de Grupos *Gerencia de Caso/ Corretaje *Desarrollo de Plan de Salud Mental	Francés	Abuso sexual, ACA/Co-Dependencia, Adolescentes portándose mal, Familias con Muchos Problemas	Blanco, Africano-Americano, Nativo Americano, Chicano/ Hispano, Latino Americano, Sur-Este Asiático, Asiático, Insleño Pacífico, Multi-Racial, Identificación Religiosa/

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
					-Niños: *Avaluación, *Terapia Individual/ Colateral *Terapia de Grupos *Gerencia de Caso/ Corretaje *Desarrollo de Plan de Salud Mental			Espiritual, Orientación Sexual, Género Identidad,
Individual	Stefanie Enright, LCSW	791 Eighth Street, Ste. M Arcata, CA 95521	(707) 825-1210	Niños	Servicios Especializados de Salud Mental *Avaluación, *Terapia Individual/ Colateral, *Terapia de Grupos, *Desarrollo de Plan de Salud Mental.		HIV/SIDA, Pena/Perdida, Enfermedad peligrosa de vida, Desórden de humor, Desórden de Ajustamiento, Terapia individual.	Disabilidad fisica, Homosexual, Lesbiana.
Individual	Sandy Factor, MFT	1611 Peninsula, Manila, CA	(707) 677-3241 ó	Niños	Servicios Especializados de Salud Mental	Competente en Lengua Americana de Señas	Niños, Familias, Disabilidad Física, Sordo,	

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
		95521	(707) 616-7428		*Avaluación, *Terapia Individual-Collateral, *Terapia de Grupos, *Desarrollo de Plan de Salud Mental		Ciego, Trauma, HIV/SIDA, Violencia Doméstica, Terapia Individual y de Familia, Varios Desórdenes	
Individual	Jennifer Finamore, MFT	3172 Walford Ave., Ste. 2 Eureka, CA 95503	(707) 442-0172 (Teléfono y Fax)	Niños	Servicios Especializados de Salud Mental *Avaluación, *Terapia Individual-Collateral, *Terapia de Grupos, *Desarrollo de Plan de Salud Mental		Niños, Parejas, Abuso Sexual, Trauma, ACA/ Co-Dependencia, Violencia Doméstica, Conflictos de Divorcio/Pariente Niño, Varios desórdenes.	
Individual	Olivia Jackson, MFT	455 I St., Ste B-1, Arcata, CA 95519	(707) 839-8467 Fax (707) 822-4529	Niños	Servicios Especializados de Salud Mental *Avaluación,	Español	Adolescentes, Tension de trabajo, Abuso Sexual, Trauma, HIV/SIDA,	Nativo Americano

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
					*Terapia Individual-Collateral, *Terapia de Grupos, *Desarrollo de Plan de Salud Mental		ACA/Co-Dependencia, Interrogación de incidentes críticos, Violencia Doméstica, Varios Desórdenes, Terapia Individual/ Familias	
Individual	Laurie Monroe, LCSW	618 Harris St., Eureka, CA 95501	(707) 443-8951 Fax (707) 445-4666	Niños	Servicios Especializados de Salud Mental *Avaluación, *Terapia Individual-Collateral, *Terapia de Grupos, *Desarrollo de Plan de Salud Mental		Adolescentes, Familia, Disabilidad Física, Abuso Sexual, Trauma, Violencia Doméstica, Varios Desórdenes, Terapia Individual, Terapia-Familia.	
Individual	Jean Noble, MFT	920 Samoa Blvd., Ste. 217, Arcata,	(707) 825-1772	Niños **Nota:**	Servicios Especializados de Salud Mental		Adolescentes, Niños, Familias, Abuso Sexual,	

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
		CA 95521		**Están aceptando solamente clientes de regreso en este momento**	*Avaluación, *Terapia Individual-Collateral, *Terapia de Grupos, *Desarrollo de Plan de Salud Mental		Trauma, Individual, Terapia de Familia, Varios Desórdenes.	
Individual	Virginia Norling, LCSW	2255 Myrtle Ave., Ste. A, Eureka, CA 95501	(707) 444-3365 Fax (707) 443-8961	Adultos	Servicios Especializados de Salud Mental *Avaluación, *Terapia Individual-Collateral, *Terapia de Grupos, *Desarrollo de Plan de Salud Mental		Tension de Trabajo, Abuso Sexual, Trauma, HIV/SIDA, ACA/Co-Dependencia, Manejamiento de Dolor, Violencia Doméstica, Varios Desórdenes, Terapia Individual, de Familia y Grupos	Nativo Americano, Chicano/ Hispano, Negro, Camboyano, Homosexual, Lesbiano, Bi-Sexual, Trans-género, MH Consumidor, Disabilidad Física.
Individual	Brooke Quinlan, LCSW	2625 Wilson St., Eureka, CA 95503	(707) 443-5601 Ext. 2	Niños	Servicios Especializados de Salud Mental		Relaciones de Pariente/Niños, Manejamiento de Tension,	

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
			Fax (707) 443-5603		*Avaluación, *Terapia Individual-Collateral, *Terapia de Grupos, *Desarrollo de Plan de Salud Mental		Depresión, Desórdenes de Ajustamiento y Afición, Terapia de Niños y Familias.	
Individual	Alice Shannon, MFT	607 F St., Arcata, CA 95521	(707) 839-0444 Fax (707) 839-1640	Niños **Nota: no están aceptando nuevas referencias de Medi-Cal en este tiempo**	Servicios Especializados de Salud Mental *Avaluación, *Terapia Individual-Collateral, *Terapia de Grupos, *Desarrollo de Plan de Salud Mental		Adolescentes, Niños, Familias, Parejas, Abuso Sexual, Trauma, HIV/ SIDA, ACA/ Co-Dependencia, Violencia Doméstica, Varios Desórdenes, Terapia Individual/ Familia.	
Individual	Mary Jo Stepp, MFT	455 I St., Arcata, CA 95521	(707) 822-4099 Fax (707) 822-4529	Niños	Servicios Especializados de Salud Mental *Avaluación,		Niños, Familia, Tensión de Trabajo, Abuso Sexual, Trauma, ACA/Co-	Homosexual/ Lesbiana, Disabilidad Física.

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
					*Terapia Individual-Collateral, *Terapia de Grupos, *Desarrollo de Plan de Salud Mental		Dependencia, Violencia Doméstica, Aprendizaje/ Otras Cogniciones, Varios Desórdenes Individuales, Grupo, Terapia para Familias.	
Individual	Therese Vodden, LCSW	2107 Harrison Ave., Eureka, CA 95501	(707) 840-0815 Fax (707) 476-9210	Niños **Nota: El Proveedor esta aceptando solamente referencias de Medi-Cal relacionado con asuntos de Adopción**	Servicios Especializados de Salud Mental *Avaluación, *Terapia Individual-Collateral, *Terapia de Grupos, *Desarrollo de Plan de Salud Mental		Niños, Adolescentes, Familia, Abuso Sexual, Adopción, Varios Desórdenes, Terapia para Indivíduo/Grupo & Familia.	
Individual	Carmela Wenger, MFT	2625 Wilson St., Eureka, CA 95503	(707) 443-5601 Fax (707)	Adultos y Niños	Servicios Especializados de Salud Mental		Asuntos Adoptivos, Desórdenes Disociativos,	Hispano, Blanco, Africano-Americano,

Tipo de Proveedor	Nombre	Dirección de Clínica	Teléfono/ Fax	Servicios Contratados para la Población	Servicios Contratados	LenguajesHablados de No-Inglés	Especialidad	Competencia Cultural
			443-5603		Adultos: *Avaluación, *Terapia Individual, Collateral, Grupos. *Desarrollo de Plan de Salud Mental Niños: *Avaluación, *Terapia Individual, Collateral, Grupos. *Desarrollo de Plan de Salud Mental.		Desgracia / Perdida, PTSD/ Trauma, Abuso Sexual/ Asalto, Artes Expresivos.	Chicano/ Sur-Este Asiático, Identificación Religiosa/ Espiritual, Orientación Sexual, Disabilidad Fisica.

Attachment N

Humboldt County Resource List

Humboldt County Resource List

MENTAL HEALTH SERVICES & SUPPORT

In case of an emergency, call 911.

24-HOUR HOTLINES

Humboldt County Mental Health 24-hour Crisis Line 445-7715
Toll free..... (888) 849-5728
Child Welfare Services, Emergency Response, Abuse Reports 445-6180
Adult Protective Services, Elder Abuse Reports..... 476-2100
After 5pm or weekends 445-7715
YSB Youth and Family Crisis Line 444-CARE/444-2273
Humboldt Domestic Violence Services 24-Hour Crisis/Support Line 443-6042
(Toll Free)..... (866) 668-6543
Emergency services and confidential housing for domestic violence survivors, support groups, education, advocacy and referrals, Eureka
National Suicide Prevention Lifeline..... 1-800-273-TALK (8255)
Spanish language option available
North Coast Rape Crisis Team Hotline (Will accept collect calls)
Victim advocacy at scene, hospitals, & court proceedings
Eureka 24-Hour Crisis Line 445-2881
Del Norte.....(707) 465-2851
Pathways..... **826-1886**
Serves developmentally disabled adults and families with children who are receiving services through Redwood Coast Regional Center
Veterans Administration 24-hour Suicide Hotline 1-800-273-TALK (8255)

Inpatient Mental Health Treatment:

Crestwood Behavioral Health.....442-5721
Mental Health Rehabilitation Center
Sempervirens Psychiatric Health Facility.....445-7715

Low Cost Outpatient Mental Health Services:

Changing Tides Family Services (Formerly Humboldt Childcare Council)... 445-1195
Mental Health- Family Empowerment, Home Visiting & Parent Education Services for families of children with Medi-Cal, 805 7th St., Eureka
The Emma Center 825-6680
Therapeutic and educational resources, support groups, safe space for women experiencing the long-term effects of abuse, 920 Samoa Blvd. Ste. 207, Arcata

Homeless Education Project……..441-2516
Free counseling for school children, Marshall Family Resource Center, 2100 J St., Eureka

Low Cost Outpatient Mental Health Services continued

Humboldt County Mental Health
Outpatient therapy, medication management, case management
Adult Services, Walk in- clinic M-F, 720 Wood St., Eureka ……..268-2945
Children, Youth, and Family Services 1711 3rd St., Eureka…… 268-2800

Humboldt Family Service Center……..443-7358
Services for adults and children, MediCal and sliding scale, free walk-in clinic on Mon. 1-4pm, 1802 California St., Eureka

HSU Community Clinic (formerly Davis House)……826-3921
Sliding scale counseling during HSU semesters, Room 208 of the Behavioral Sciences Bldg. on HSU Campus- Union St. (between 14th & 17th St.) Arcata

HumWORKS……..269-4179
Mental health and substance abuse treatment, domestic violence and vocational services for Cal WORKS recipients

Mobile Medical Office……..443-1186
Traveling medical care including mental health services and substance abuse harm reduction

Street Outreach Services……..441-5252
Traveling mental health services and referrals for people experiencing homelessness, call for daily location

Four Paths Gallery is located at 1122 Fifth St. Eureka (between "L" and "M") and provides daily group educational activities and assists with accessing services and housing.

Remi Vista……268-8722
Mental Health Services for adults and children with MediCal, 3960 Walnut Dr., Eureka

Support Groups and Services

National Alliance on Mental Illness (NAMI) Humboldt…….444-1600
Advocacy, education and support for people with mental illness and their families
www.nami-humboldt.org

Hope Center……..441-3723
Free, supportive space for people with mental illness, ongoing groups, peer to peer support, advocacy, drop in services, 2933 H St., Eureka

Hospice of Humboldt…….445-8443
Free bereavement support groups and individual services, 2010 Myrtle Ave., Eureka

Compassionate Friends……. 923-7276
Support group for parents whose child died people who have lost a sibling meets the first Thurs of each month at 6 pm at the Hospice Meeting Room on the Locust side Garberville

SUICIDE-RELATED RESOURCES

Support After Suicide……839-3349
Support for family and friends suffering from a loss due to suicide, meets 7 pm, 3rd Mon. each month at the Adorni Center, Eureka

VETERAN SERVICES

Humboldt County Veterans Services Office……..445-7341
Support in obtaining vet and survivor benefits, advocacy, assistance with vocational rehab and education, County Courthouse, Eureka

North Coast Veterans Resource Center……442-5852
Transitional living for single male veterans

Redwood Vet Center…….444-8271
Readjustment therapy, substance abuse treatment and outreach, 2830 G St., Ste. A, Eureka

Eureka VA Mental Health Clinic ……268-3530
Open Mon-Fri 8am-4:30pm

Veterans Administration 24-hour Suicide Hotline. 1-800-273-TALK (8255)

Veteran's Hotline…… (888) 777-4443
operates daily, 9am-9pm pacific standard time

Veterans Resource Locator:
www.suicidepreventionlifeline.org/Veterans/ResourceLocator.aspx

Other NATIONAL and WEB-BASED RESOURCES

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
www.suicidepreventionlifeline.org.

American Association of Suicidology: www.suicidology.org. Research, training, education, links to national support groups, crisis centers

American Foundation for Suicide Prevention: www.afsp.org. Research, education, support, advocacy

Center for Disease Control: www.cdc.gov.

High School Blues: www.highschoolblues.com information and resources for high school students on mental health

Inspire USA Foundation: www.reachout.com interactive site with resources for young people, digital stories, mission is to help young people lead happier lives

The Jason Foundation: www.thejasonfoundation.org. information on youth suicide

The Jed Foundation: www.jedfoundation.org. College-age campus information on suicide prevention, mental health

The Link Counseling Center: www.thelink.org. Grief support, education and counseling for families

Means Matter Project: www.meansmatter.org. Information on restricting access to lethal means

National Alliance on Mental Illness: www.nami.org. Support, education, advocacy. Stigma Busters—works to raise awareness about mental health.

National Institute on Mental Health: www.nimh.nih.gov/index.shtml
National Organization of People of Color Against Suicide: www.nopcas.org. Community-based suicide prevention for underserved communities
National Strategy for Suicide Prevention/Department of Health and Human Services: **http://mentalhealth.samhsa.gov/suicideprevention/default.asp**
National Youth Violence Prevention Resource Center: www.safeyouth.org.
Samaritans: www.samaritans.org. Telephone counseling and support
SA/VE (Suicide Awareness/Voices of Education): www.save.org. Suicide prevention through public awareness and education. Works to eliminate stigma
Substance Abuse and Mental Health Services Administration: www.samhsa.gov. "What a Difference a Friend Makes' campaign
Suicide Prevention Resource Center (SPRC): www.sprc.org. Prevention support, training, and resources to assist development of suicide prevention programs, interventions and policies
The Trevor Project: www.thetrevorproject.org. Crisis and suicide prevention efforts among lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. National 24-hour, toll free confidential suicide hotline for gay and questioning youth
(866) 4-U-TREVOR (488-7386)
The Youth Suicide Prevention Program: www.yspp.org. Dedicated to reducing youth suicide through training, public awareness and communities in action

---

ALCOHOL And OTHER DRUG SERVICES

Al-Anon and Ala-Teen.....443-1419
Support groups for family members of people experiencing addiction
Alcohol and Drug Care Services (ADCS).....445-1391
Outpatient Treatment, Serenity Bookstore twelve step center, 528 5 St., Eureka
Detoxification clinic.....445-3869
Lee & Bonny Brown Programs 268- 0264
Residential treatment 30 days- one year for men and women, no children
Alcoholics Anonymous 442-0711
Crossroads.....445-0869
Residential treatment, 90 day program for men and women, visits from kids allowed
Eureka Rescue Mission New Life Discipleship Program.....445-3787
Faith-based, 1 year residential program for men
Faith Center's Celebrate Recovery support programs.....442-1784 (#7)
Good Grounds 768-3732
Faith-based, one-year program, Hydesville
Healthy Moms Day Treatment..... 441-5220
Intensive outpatient treatment for pregnant women & mothers of children 0-5, parenting education, aftercare, free daycare for 0-5, 2910 H St., Eureka

Humboldt County Alcohol & Other Drug Programs

Outpatient Treatment 1335 C St., Eureka.....476-4054

The DETOX Program..... 445-9251

Adolescent Treatment Program 720 Wood St., Eureka.....441-3787

Humboldt Recovery Center.....443-4237

Narcotics Anonymous.....444-8645

Singing Trees Recovery Center.....247-3495

Residential treatment, continuing care sober living home for men and women, 2061 Hwy 101, Garberville

Teen Challenge.....443-6965

1 year, faith-based residential program for men and women, possible access to out-of-area treatment that allows children, 1435 7th St., Eureka

---

LOW OR NO INCOME HEALTHCARE RESOURCES

Humboldt County Public Health Clinic.....268-2105

Free or low cost preventative care, STD treatment, HIV testing and counseling, TB screening, immunizations, 529 I St., Eureka

Mobile Medical Office.....443-1186

Traveling medical care- primary and preventative healthcare, chronic disease management, no insurance necessary, special services for people experiencing homelessness, Latino/as, and teens, walk-in and appointments, call for daily location

---

MISCELLANEOUS RESOURCES FOR PEOPLE EXPERIENCING HOMELESSNESS

Homeless Court.....445-7634

Assistance to people in clearing up outstanding misdemeanor charges, community service replaces fines and jail time, access through care providers(i.e. North Coast Service Center, St. Vincent de Paul's, the MAC and Mobile Medical) Contact: Christina Albright

North Coast Service Center (formerly the Arcata Endeavor).....822-5008

Case management and referrals, free telephone, 501 9th St., Arcata

YSB RAVEN Project 443-7099

Youth-led street outreach and drop-in center for youth, 10-21, peer mentors, support groups, computers, clothing closet, laundry, shower, call for days/times, 523 T St., Eureka

---

HOUSING

Emergency Shelters:

Arcata Night Shelter 822-6066

Through Humboldt All Faiths Partnership: same day emergency shelter includes meals and transportation, access at North Coast Resource Center (formerly the Arcata Endeavor), 501 9th St. Arcata

Eureka Rescue Mission
(Men's number)…… 443-4551
(Women's number)……..443-5016
Emergency Shelter for men at 110 2nd St., women and children at 107 3rd St., Eureka

Fortuna Community Services……725-1166
Single room emergency shelter, extreme weather shelter during severe winter weather, 2331 Rohnerville Rd., Fortuna

Humboldt County Social Services……269-3590
Once in a lifetime housing relief for TANF recipients- 16 day motel vouchers or rental deposit support, 929 Koster St., Eureka

North Coast Resource Center (formerly Arcata Endeavor) ……..822-5008
Extreme weather emergency shelter during severe winter storms, 501 9th St. Arcata

Harrington House …… 465-3013
Short-term emergency housing for women and children in N. Humboldt and Del Norte

RCAA Emergency Shelter Program.....269-2075
Limited vouchers for emergency shelter, 906 G St., Eureka; call 1-3 pm Tues. & Thurs.

Women & Children In Southern Humboldt – WISH……..923-4100
Emergency Shelter for adults in Crisis

Youth Service Bureau (YSB)…… 443-8322
Emergency Shelter and Transitional Living Program for youth

Transitional Housing:

Arcata House.....822-4528
Transitional Housing for homeless families, case management, parenting and life skills support, assistance accessing permanent housing and Apartments First! permanent supportive housing

Crestwood Bridge House ……268-0402
Transitional living and day treatment for mental illness, dual diagnosis treatment

North Coast Vets……442-5852
Transitional living for single male veterans

RCAA MAC and Bridge House Program……269-9590 x 209
Transitional housing for families, case management, parenting and life skills support, assistance accessing permanent housing

Serenity Inn……442-4815
Low cost family shelter, winter shelter, sober living, support services, children's services, assistance accessing permanent housing

Transitional Residential Treatment Facilities……444-8213

Board and care for Humboldt residents experiencing mental illness, must be age 18-59 and ambulatory, independent living skills and reintegration from locked facilities

Clean and Sober Housing:

Alcohol and Drug Care Services…….445-1391
Three clean and sober houses for men and women, 528 5th St., Eureka

Alexis Avert Clean and Sober House……444-3935
2122 Buhne St., Eureka

Corner Stones Recovery Project……725-9252
Transitional housing for men and women with children, faith-based, Fortuna

Crossroads Residential Program……445-0869
Transitional home after completing residential treatment, co-ed, visits from kids allowed

Dave Widmark and Dale Ward Clean and Sober House…….496-1709
Multiple sites in Eureka

Patrick's Clean and Sober House……725-2728
Men only, 2331 Rohnerville Ave, Fortuna

Personal Growth Center……442-1104
Three clean and sober homes for men and women, contact Mark and Karen Mesa

Redwood Recovery ……768-1708
12 step program for women only, Fortuna, contact Kim Selby

Domestic Violence Shelters:

Harrington House …… 465-3013
Short-term emergency housing for women and children- N. Humboldt, Del Norte, S. Oregon

Humboldt Domestic Violence Services 24-Hour Crisis/Support Line 443-6042
(Toll Free)…… (866) 668-6543
Emergency services and confidential housing for domestic violence survivors, support groups, education, advocacy and referrals, Eureka

New Beginnings …… 442-8750
Private, faith-based shelter/ transitional living program for abused women, low cost, with school-aged children possible

Women & Children In Southern Humboldt WISH (voicemail box)…….923-4100
(Toll Free)…… (800) 211-1188
Emergency Services and confidential housing for domestic violence survivors, education, advocacy and referrals, Garberville

---

DOMESTIC VIOLENCE CRISIS/SUPPORT SERVICES

Humboldt Domestic Violence Services 24-Hour Crisis/Support Line 443-6042
(Toll Free)…… (866) 668-6543

Emergency services and confidential housing for domestic violence survivors, support groups, education, advocacy and referrals, Eureka

North Coast Rape Crisis Team Hotline (Will accept collect calls)
Victim advocacy at scene, hospitals, & court proceedings

Eureka 24-Hour Crisis Line 445-2881
Del Norte.....(707) 465-2851

ADVOCACY/LEGAL SERVICES

District Attorney's Victim Witness Assistance Program..... 445-7417
Monday—Friday, 8:30—12:00 & 1:00—4:00
For info about the California victims compensation program ..... (800) 777-9229

Family Court Self-Help Center at County Courthouse 269-1223
Support with custody, & restraining orders, Wednesday and Friday 1-3

Humboldt Domestic Violence Services.....444-9255
Victim advocacy at scene, assistance with restraining orders

Legal Services of Northern California.....445-0866
Lawyer Referral Service.....445-2652

North Coast Rape Crisis Team Office.....443-2737
Victim advocacy at scene, hospitals and court

NATIVE AMERICAN FAMILY RESOURCES

Bear River Band of Rohnerville Rancheria..... 733-1900 x 225
Blue Lake Rancheria.....668-5101
California Indian Legal Services 443-8397
California Tribal TANF Partnership Eureka Office.....476-0344
Hoopa Valley Tribal Court ..... (530) 842-9228
Hoopa Valley Tribal Human Services Dept..... (530) 625-4236
Counseling, Support Groups, Indian Child Welfare, Court Advocacy
Karuk Tribe of Northern California ..... (530) 842-9228
Karuk Tribe Batterer's Treatment Program .....(530) 627-3452 x 3019
K'ima:w Medical Center ..... (530) 625-4261
Northern California Indian Development Council 445-8451
Has computers available to Native Americans in the job room free of charge
Positive Indian Family Network.....(530) 625-4692
Temporary housing and basic assistance to Hoopa Tribal TANF families
Stop the Violence Coalition.....(530) 625-1662
Table Bluff Rancheria 733-5055
Two Feathers Native American Family Services 839-1933
(Toll Free).....(800) 341-9454

Native American Resources, Child Abuse & Domestic Violence Programs, Support Groups, Mental Health Counseling

United Indian Health Services.....825-5000

Child & Family Services.....825-5060

Community Health Services.....825-5070

Nutrition & WIC 825-5030

Yurok Tribe

Eureka.....444-0433

Klamath.....481-1350

Weitchpec .....(530) 625-4130

GAY, LESBIAN, BISEXUAL, TRANSGENDER RESOURCES

Queer Humboldt.....834-4839

Community resources, referrals, and network

Humboldt Domestic Violence Services

(Includes Gay/Lesbian/Bisexual Victim Services).....443-6042

Humboldt Pride (info@ humboldtpride.org)

P.O. Box 111, Eureka, CA 95502

HSU Women's Resource Center 826-4216

North Coast Rape Crisis Team 24-hour crisis line..... 445-2881

YSB RAVEN Project 443-7099

Queer Coffee House group

HIV+/AIDS RESOURCES

North Coast AIDS Project (at Community Wellness Center).....268-2132

Case Management at 908 7th Street in Eureka; Outreach Van travels throughout County for testing and counseling, call for schedule

Open Door Community Health Centers.....826-8610

RESOURCES FOR SENIORS

Humboldt Senior Resource Center.....443-9747

Alzheimer's Day Care and Resource Center.....444-8254

Area One Agency on Aging.....442-3763

Information & Assistance.....442-9591

Health Insurance Advocacy Project (Hi-Cap)..... 444-3000

Caregiver Services.....443-4363

CHILDREN, YOUTH AND FAMILIES

Changing Tides Family Services (Formerly Humboldt Childcare Council)...444-8293
(Toll Free)..... (800) 795-3554
Childcare referrals & subsidies, Parenting Warmline & Classes, Play Centers..... 445-9291
Special Needs: Respite Care, Therapeutic Behavior Services 444-8293

Fortuna Community Services 725-1166
3-day emergency shelter for mothers w/ children or married couples

Humboldt Community Switchboard for assistance and referral..... 441-1001
www.theswitchboard.org helps individuals and professionals find the services they need

Humboldt County Department of Health and Human Services Family Violence Prevention Program at the Community Wellness Center..... 268-2132

Humboldt County Mental Health Services
Children, Youth, and Family Services..... 268-2800

Humboldt County Transition Age Youth Collaborative
Organizations and individuals committed to making change for youth in Humboldt County
www.humboldtyouth.org

North Coast Rape Crisis Team Office.....443-2737
24-Hour Crisis Line 445-2881
Child Assault Prevention, Child Abuse Mandated Reporters Training, CALM: Children & Adults Learning to Mend, Court Advocacy & Accompaniment, Support Groups, Individual Counseling

North Coast Children's Services.....822-7206
(Toll Free)..... (800) 808-7206
Headstart, Early Headstart, State Preschool, Child Development Centers, Recreation Program, Family Partnership Program- Home visiting services include parenting support, transportation assistance, social services information and assistance

Paso a Paso.....599-2474 or 441-4477
Childbirth education classes, new parent classes, and a breastfeeding support group in Spanish in the Burre Conference room at the General Hospital Campus, Harrison St., Eureka

Youth Service Bureau (YSB)..... 443-8322
Emergency Shelter and Transitional Living Program for youth

YSB RAVEN Project 443-7099
Street outreach and drop-in center for youth, ages 21 and under

Six Rivers Planned Parenthood..... 442-5709
Teen Clinic and Spare Change Theatre Troupe

Family and Community Resource Centers (see separate page for services)
Alderpoint, Blocksburg, Casterlin (ABC)..... 926-5402
Blue Lake.....668-5239
Bridgeville 777-1775
Eureka 442-5239

Eureka/ Marshall FRC.....441-2404
Fortuna Elementary.....725-9082
Fortuna/ East High.....725-5239
Manila 444-9771
McKinleyville 840-0905
Orick.....488-2403
Pine Hill.....445-5933
Redway/ S. Fork High.....923-1147
Rio Dell.....764-5239
South Bay.....445-5933
Willow Creek..... .....(530) 629-3141
Kris Kelly Health Information Center (within Eureka Library)..... 442-9094

Attachment O

Mental Health Branch Databook

DATA BOOK REPORT
MARCH 2011

"The mission of Mental Health Branch is to provide an array of mental health and alcohol & drug related services that promote health and mental health as well as treat illness; respect consumer dignity and Recovery principles; respond to cultural differences; and continually evaluate effectiveness of our services."

County of Humboldt
Department of Health & Human Services,
Mental Health Branch
Karolyn Rim Stein, Director

DHHS Mental Health Branch Data Book Report
March 2011 Table of Contents

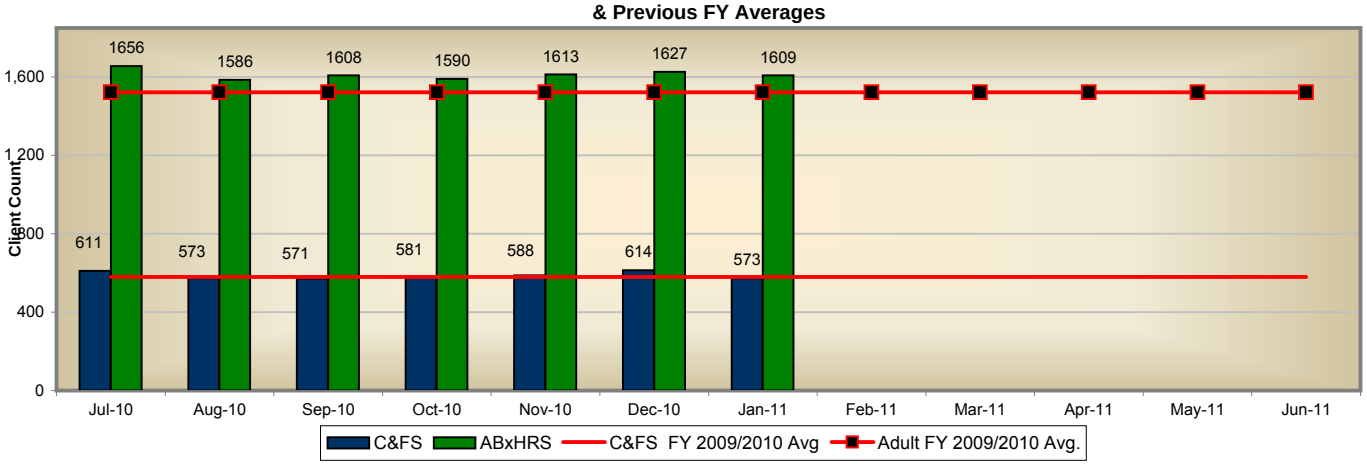
Humboldt County Department of Health and Human Services Mental Health Branch:

The total number of Out Patient Mental Health clients has remained fairly constant since data collecting began in March 2008.

Note: These numbers represent Out Patient Clients who had an open episode during the reporting month. On any given day, the number would be less (i.e. June 17, 2009 there were 2,154 vs. 2,221 for the month.)

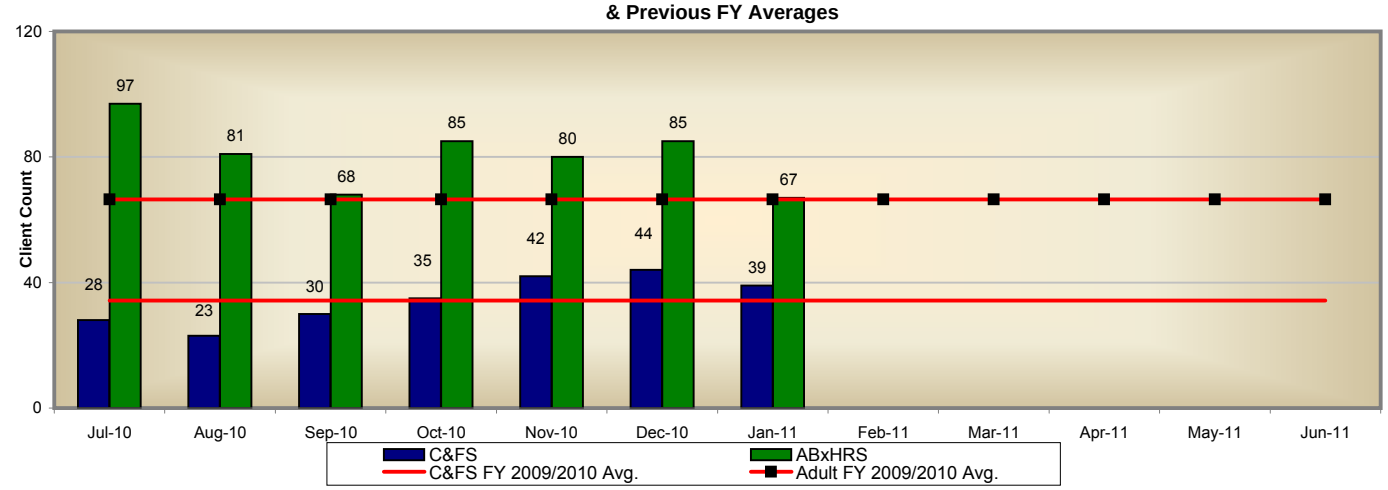
.

All Open Clients Fiscal Year 2010/ 2011
& Previous FY Averages



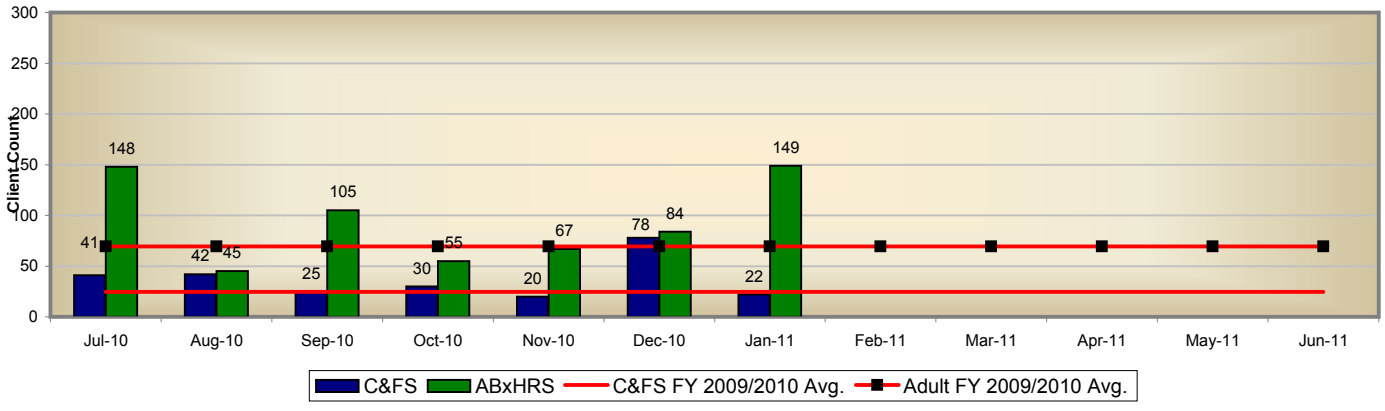
The following charts show the number of clients who were opened to mental health services for past and current Fiscal Years.

Clients Opened Fiscal Year 2010/2011
& Previous FY Averages



The following charts show the number of clients who were closed to mental health services for past and current Fiscal Years. Closing spikes are due to Med Support "clean-up process" of clients no longer receiving services.

Clients Closed Fiscal Year 2010/2011
& Previous FY Averages

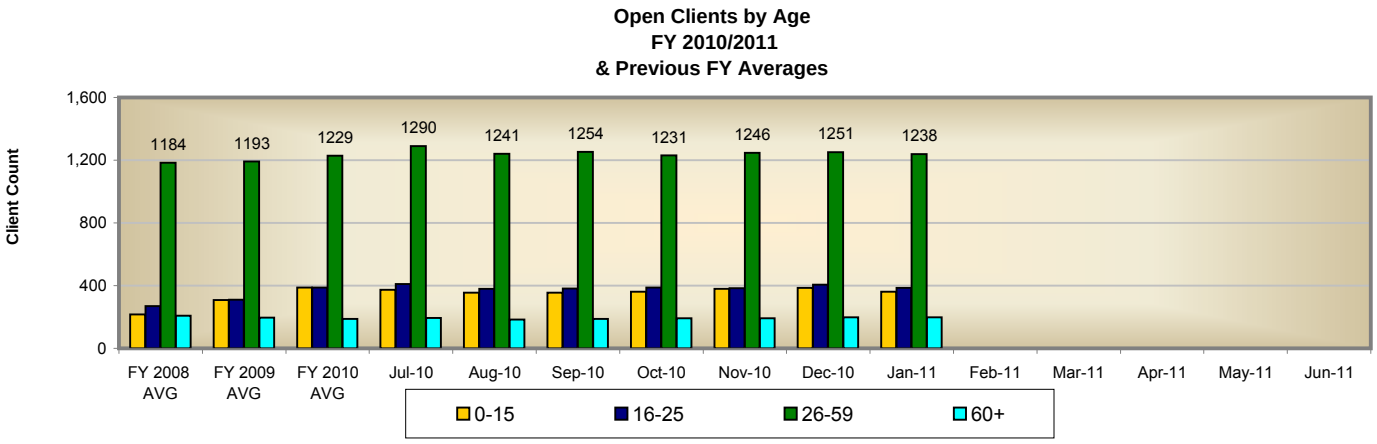


extract: 3/4/11

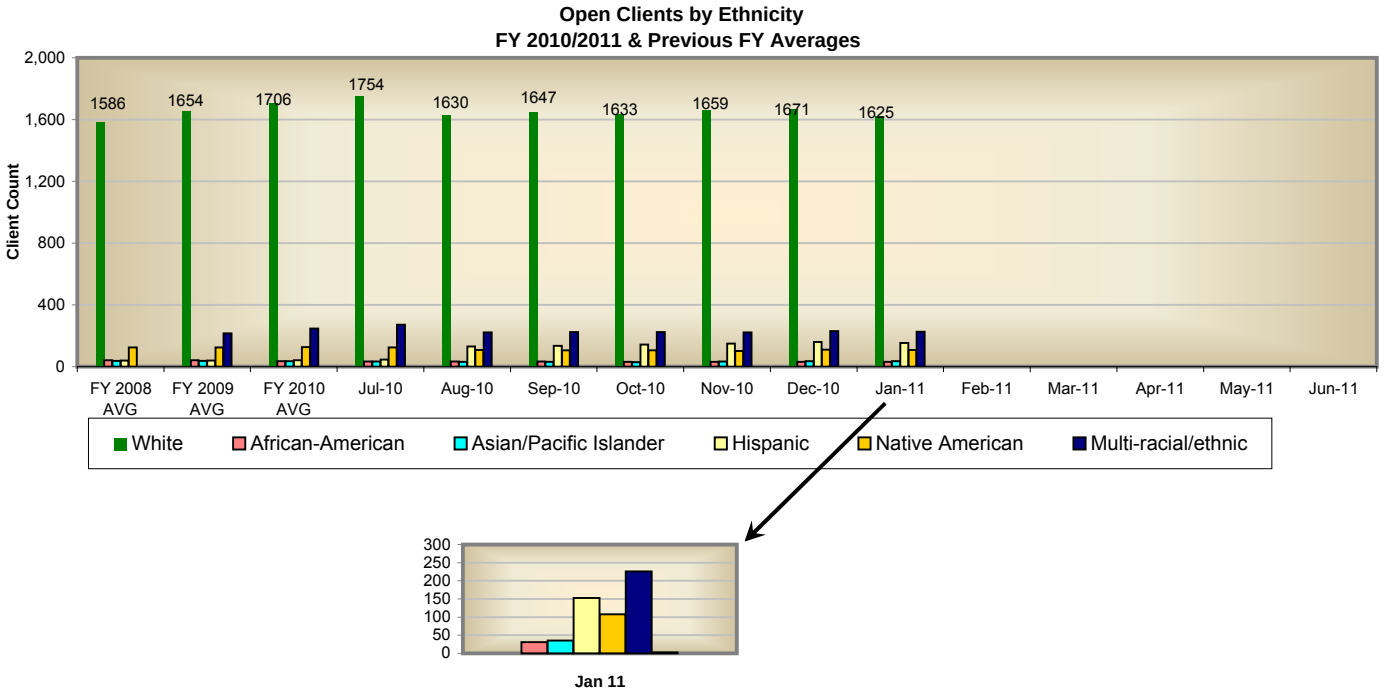
Source: CMHC

The following charts illustrate clients receiving county mental health services according to age categories for past and current Fiscal Years.

Note: Adults with mental health needs who have children being served by the CYFS clinic are also served at that location by what is termed the Samoa Project.



The following charts illustrate clients receiving county mental health services according to ethnicity for past and current Fisca Years. Beginning with August 2010, the Hispanic data source has been changed. The data is now collected from the Yes/No question: "Are you of Hispanic/Latino Origin?" The data is now higher and more accurately reflects the actual population of the county.

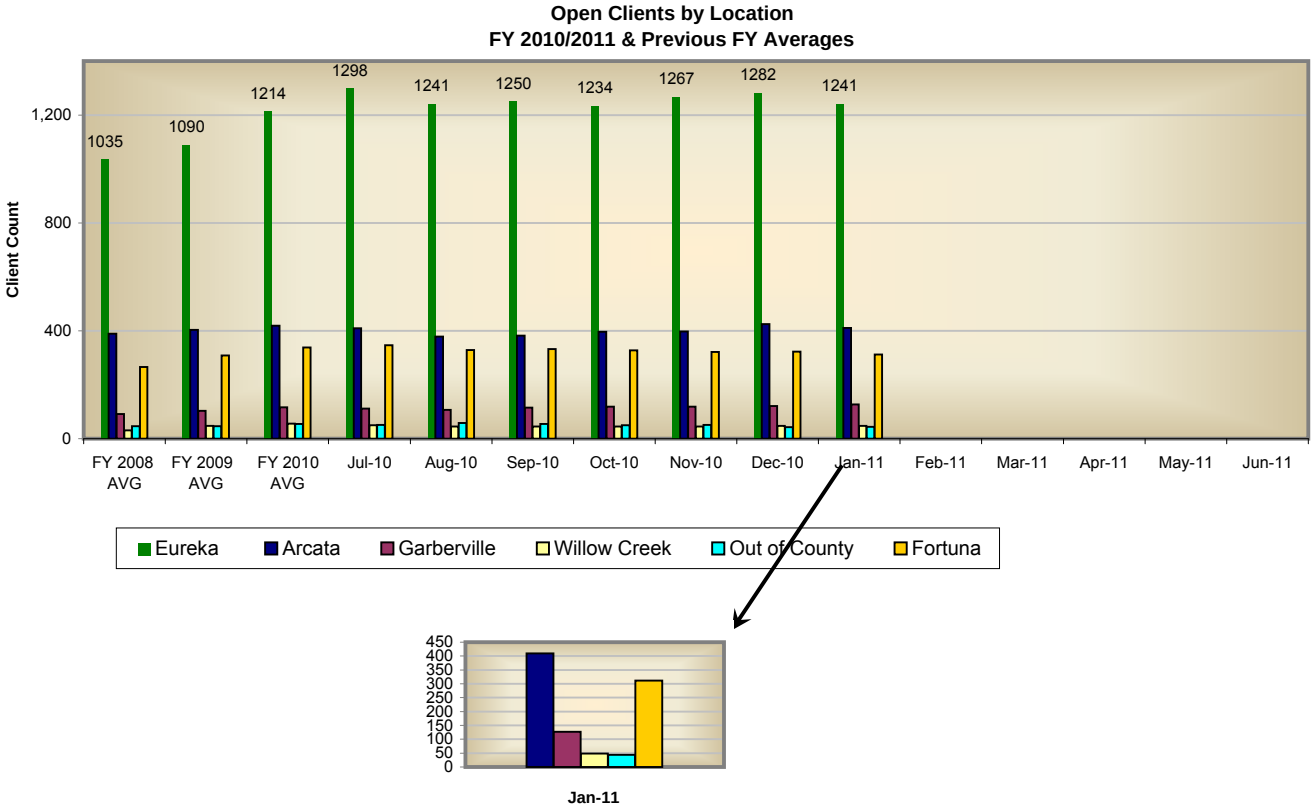


extract: 3/4/11

Source: CMHC

Humboldt County Department of Health and Human Services Mental Health Branch:
Current Clients
#1 Data Book Report June 2010

The following charts illustrate clients receiving county mental health services according to location for the past and current Fiscal Years. The overall trend shows that the clients consist predominantly of those located within the largest city of Humboldt County. Since April 08, Eureka, followed by Arcata, & Fortuna have had the most clients served.
Note: McKinleyville is grouped with Arcata. Ferndale/Rio Dell is grouped with Fortuna.

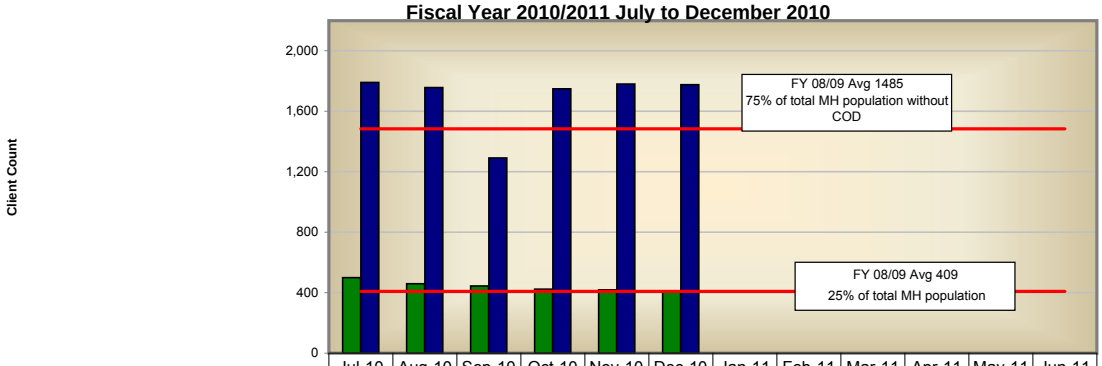


extract: 3/4/11

Source: CMHC

The charts illustrate the percentage of mental health clients that have a co-occurring substance abuse diagnosis relative to the total client population. The distribution of clients with and without a co-occurring substance abuse diagnosis (COD) has not changed significantly in proportion to the total number of clients over time.

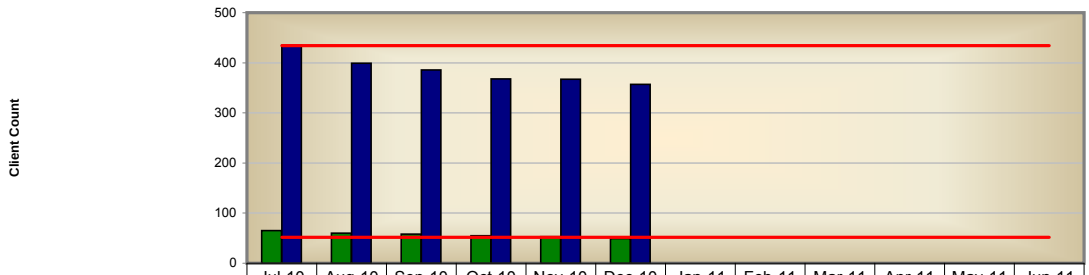
Mental Health Clients With and Without Co-Occurring Substance Abuse Diagnosis
Fiscal Year 2010/2011 July to December 2010



	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
With COD	500	459	444	423	420	406						
Without COD	1792	1757	1291	1748	1781	1776						
08/09 Average CYFS With COD	409	409	409	409	409	409	409	409	409	409	409	409
08/09 Average Adult Without COD	1485	1485	1485	1485	1485	1485	1485	1485	1485	1485	1485	1485

In October 2010, of the 423 Open Mental Health Clients with A Co-Occurring Substance Abuse Diagnosis, 13% are children and 87% are adults.
In response to a consistent documented need, a new Evidence Based Practice, IDDT, or Integrated Dual Diagnosis Treatment, will be implemented to address client needs and improve outcomes for clients who hold both a mental health and substance abuse diagnosis.

Children & Adult MH Clients With Co-Occurring Substance Abuse Diagnosis
Fiscal Year 2010/11 July to December 2010

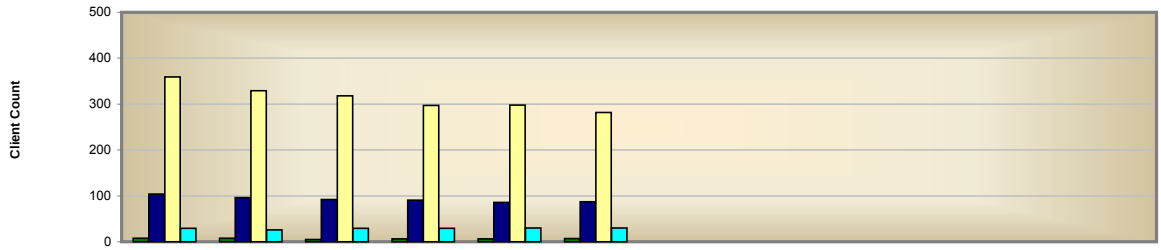


	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
CYFS	65	60	58	55	53	49						
ABxHRS	435	399	386	368	367	357						
08/09 CYFS with COD	52	52	52	52	52	52	52	52	52	52	52	52
08/09 Adults with COD	434	434	434	434	434	434	434	434	434	434	434	434

Source: CMHC extract: 03/01/10

Clients with co-occurring substance abuse diagnosis according to age for the current fiscal year. The overall trend shows that the clients with co-occurring substance abuse consist predominantly of those between the ages of 26 and 59 (75%), followed by the age category 16 to 25 as a distant second (17%). There has been minor changes in the distribution of age in the last few months, whicl demonstrates that the trend is relatively stable.

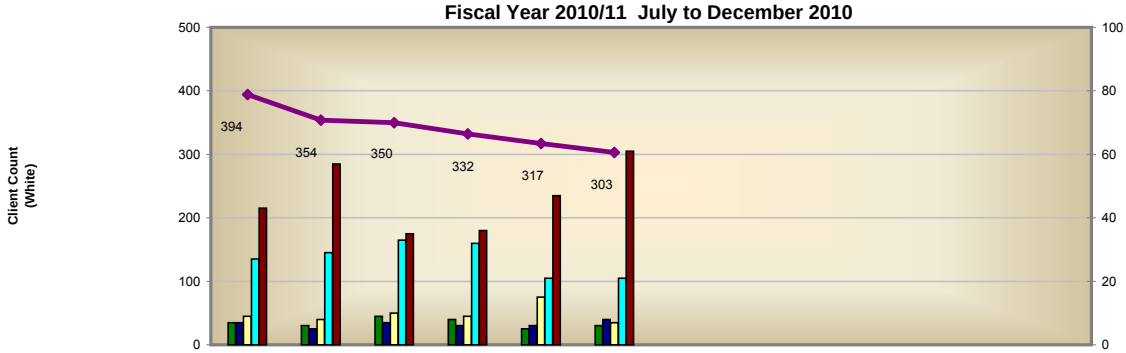
Mental Health Clients with Co-Occurring Substance Abuse Diagnosis by Age Range
Fiscal Year 2010/11 July to December 2010



	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
0-15	8	8	5	6	6	7						
16-25	104	96	92	91	86	87						
26-59	359	329	318	297	298	282						
60+	29	26	29	29	30	30						

Clients consist predominantly of White (Caucasian) ethnicity (85%), followed by a distant second in the Native American ethnic group (6%). An observation is that Native American children represent a much larger proportion of the children clients (12%) in relation to the number of Native American adults (6%) of the adult clients. Furthermore, the proportion of the county's Native American children population to total county children population is about 8%, in comparison to the much larger Native American children client share (12%) of the total children client population. In 2009, data is reviewed in both ethnicity fields and are included in client demographics, which more accurately counts the number of clients identifying themselves as more than one race/ethnicity or other ethnicity category.

Mental Health Clients with Co-Occurring Substance Abuse Diagnosis by Ethnicity
Fiscal Year 2010/11 July to December 2010

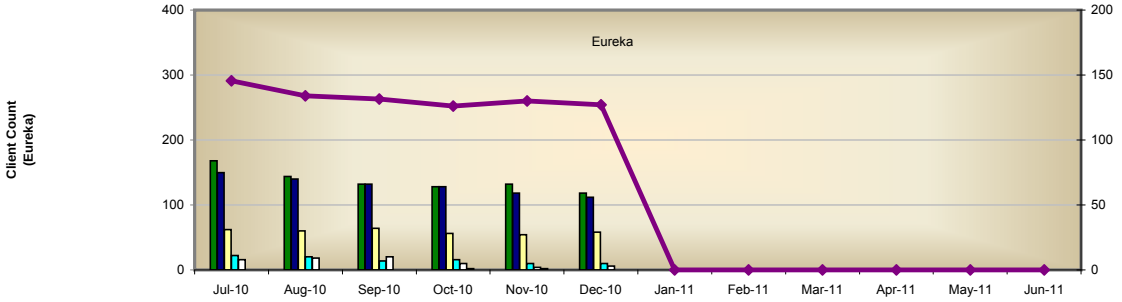


	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
African-American	7	6	9	8	5	6						
Asian/Pacific Islander	7	5	7	6	6	8						
Hispanic	9	8	10	9	15	7						
Native American	27	29	33	32	21	21						
Multi-Racial/Other	43	57	35	36	47	61						
White	394	354	350	332	317	303						

Source: CMHC extract: 03/01/10

The overall trend shows that the clients consist predominantly of those located within Eureka (59%), the largest city of Humboldt County. The second largest client location is Arcata (17 %), followed closely by Fortuna (16%). The recent trend shows the city o Fortuna slowly gaining in rank toward Arcata's #2 position, while Willow Creek is slightly decreasing.

Mental Health Clients with Co-Occurring Substance Abuse Diagnosis by Location
Fiscal Year 2010/2011



	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
	500	459	444	423	420	406	0	0	0	0	0	0
Arcata*	84	72	66	64	66	59	0	0	0	0	0	0
Fortuna*	75	70	66	64	59	56	0	0	0	0	0	0
Garberville*	31	30	32	28	27	29	0	0	0	0	0	0
Willow Creek*	11	10	7	8	5	5	0	0	0	0	0	0
Out of County	8	9	10	5	2	3	0	0	0	0	0	0
Unknown	0	0	0	1	1	0	0	0	0	0	0	0
Eureka*	291	268	263	252	260	254	0	0	0	0	0	0

Source: CMHC extract: 03/01/10

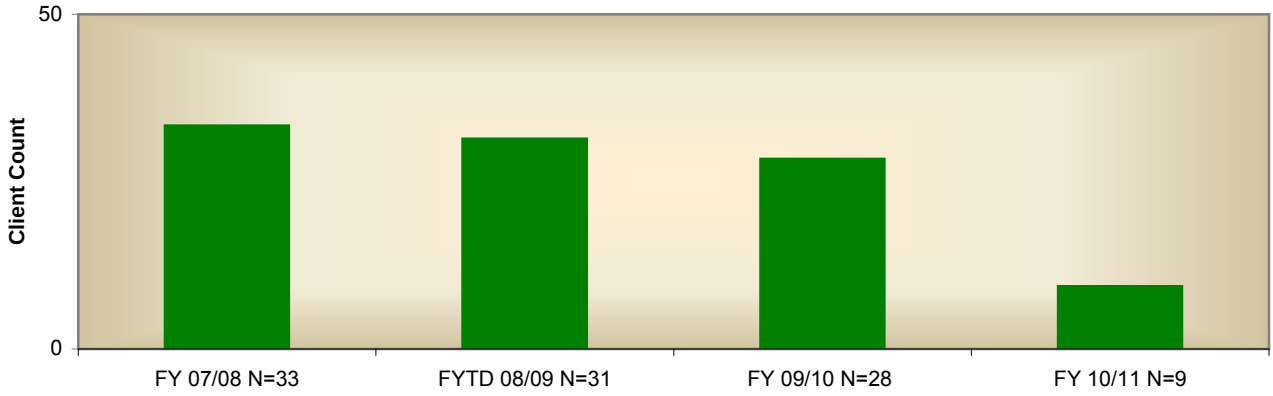
Humboldt County Department of Health and Human Services- Mental Health Branch:
Dual Recovery Program Clients
#3 Data Book Report

The set of charts below shows comparison of the numbers of unique clients served annually and the client demographics for prior fiscal years.

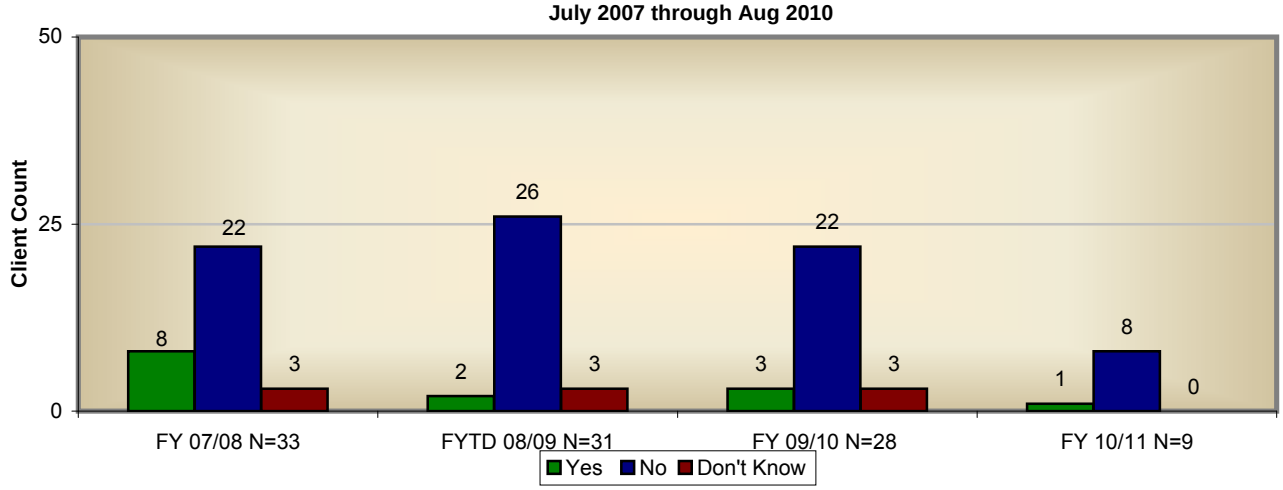
Adolescent Treatment Program (ATP) provides outpatient group treatment to youth ages 12 - 17 who have been diagnosed with a substance abuse or dependence issue. Program referrals come from Probation and CWS as well as from CYFS. A component of the program is gender-specific treatment groups. In addition, a family education group is under development.

Program offers "school friendly" hours for treatment

Dual Recovery Adolescent Treatment Program Clients Open to Services
by Fiscal Year
July 2007 through Aug 2010



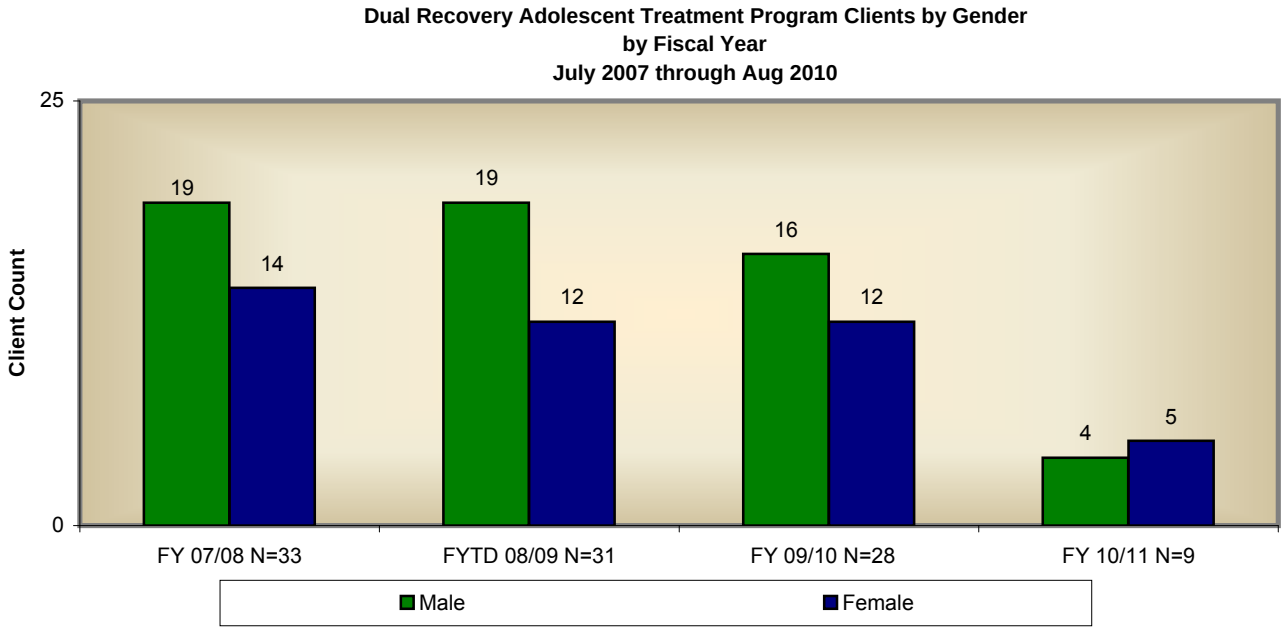
Dual Recovery Adolescent Treatment Program Clients with Mental Health Diagnosis
by Fiscal Year
July 2007 through Aug 2010

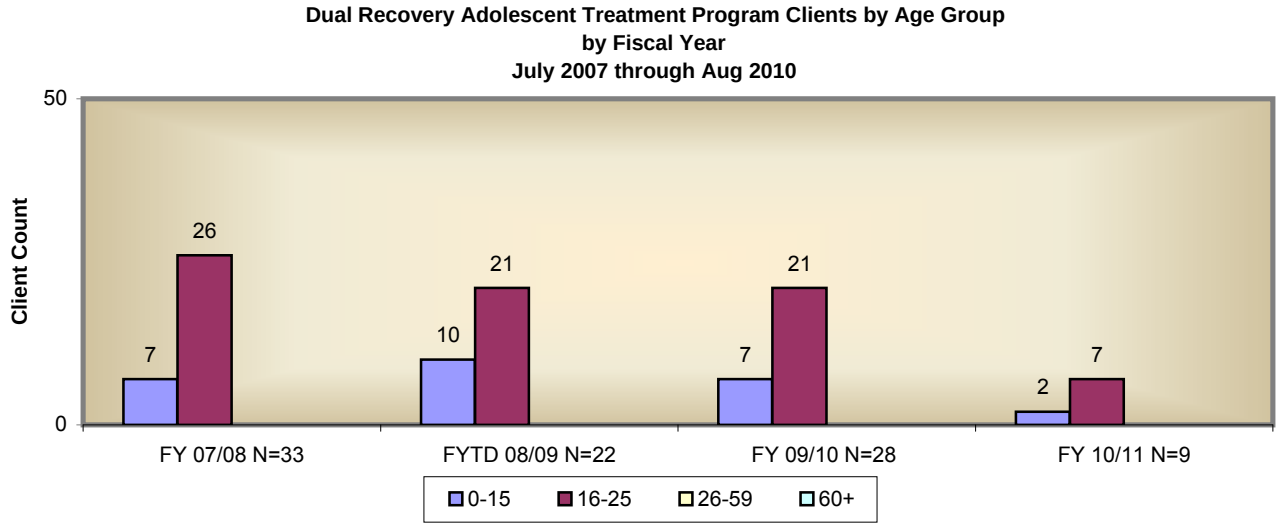


Source: CalOMS
Local Database

extract: 5/28/09

Humboldt County Department of Health and Human Services- Mental Health Branch:
Dual Recovery Program Clients
#3 Data Book Report

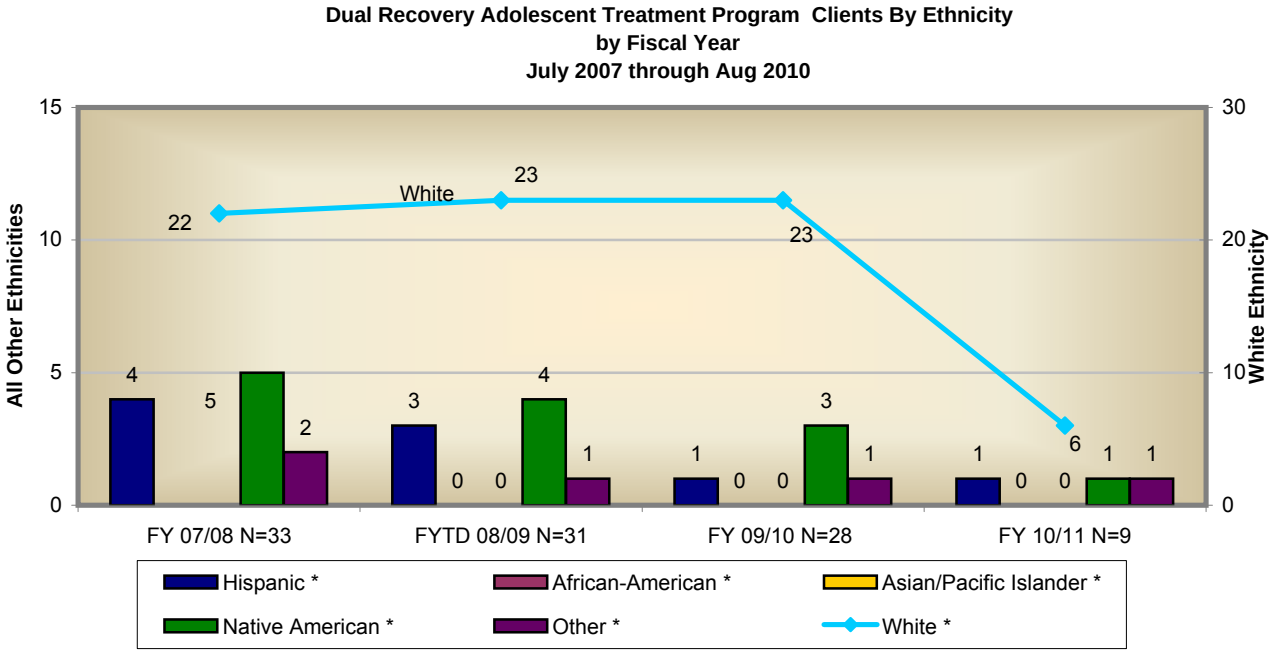


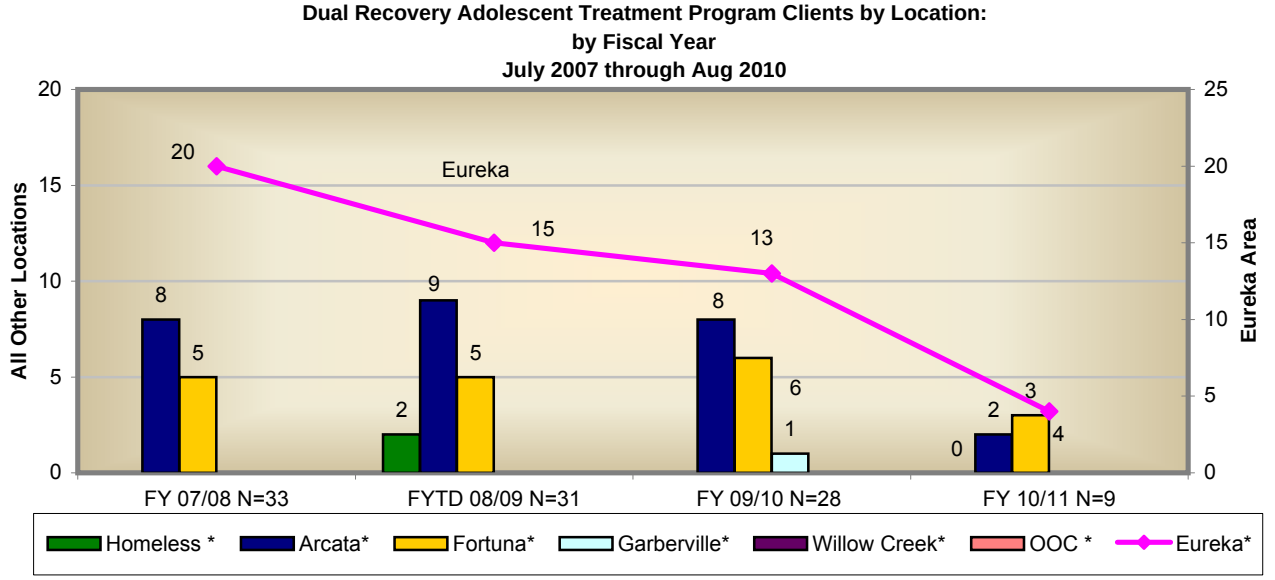


Source: CalOMS
Local Database

extract: 5/28/09

Humboldt County Department of Health and Human Services- Mental Health Branch:
Dual Recovery Program Clients
#3 Data Book Report





Source: CalOMS
Local Database

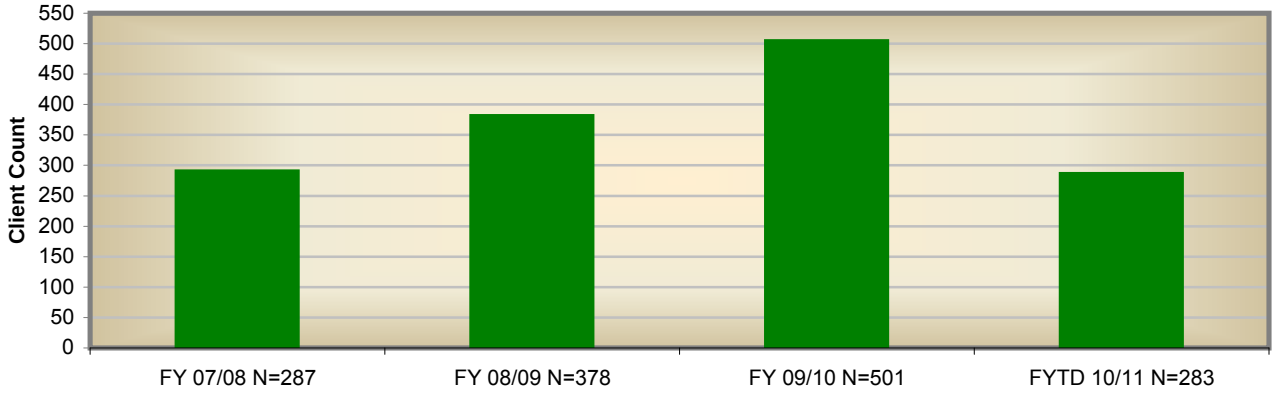
extract: 5/28/09

Humboldt County Department of Health and Human Services- Mental Health Branch:
Dual Recovery Program Clients
#3 Data Book Report

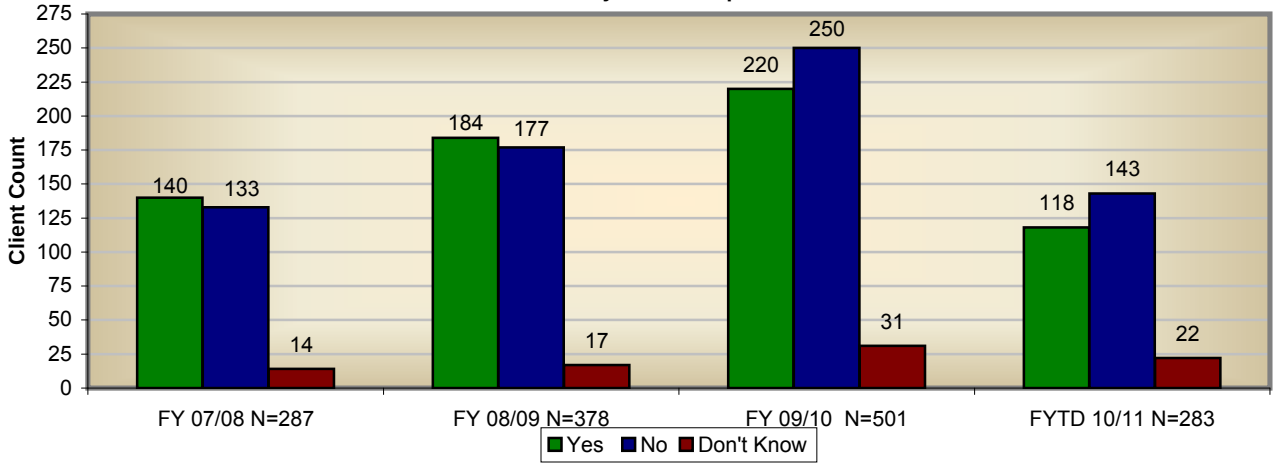
The set of charts below shows comparison of the numbers of unique clients served annually and the client characterisctics between prior fiscal year(s) and the current fiscal year through the reporting period.

The Dual Recovery Adult AOD Program provides outpatient and intensive outpatient treatment for men and women 18 years old and older with substance abuse diagnoses.
Serves Medi-Cal and non Medi-Cal populations. Offers several treatment groups for co-occurring clients and aftercare. Behavioral health treatment and services are also available onsite.

Dual Recovery Adult AOD Program Clients Open to Services
by Fiscal Year
July 2007 to Sept 2010



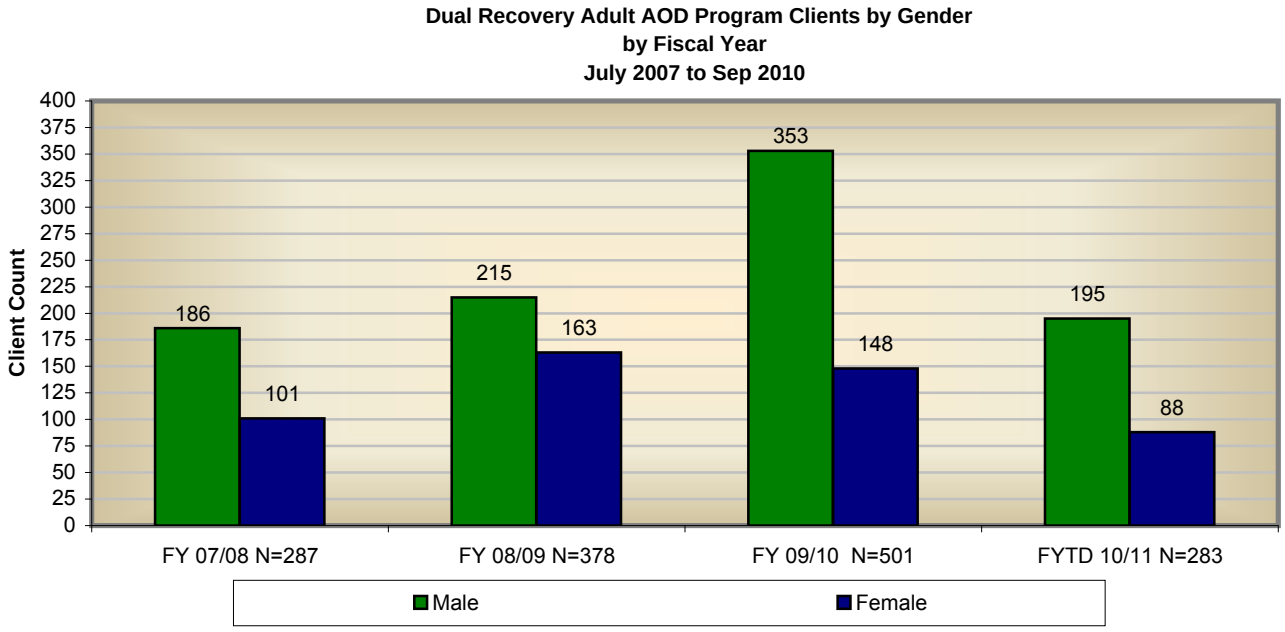
Dual Recovery Adult AOD Program Clients with Mental Health Diagnosis
by Fiscal Year
July 2007 to Sept 2010

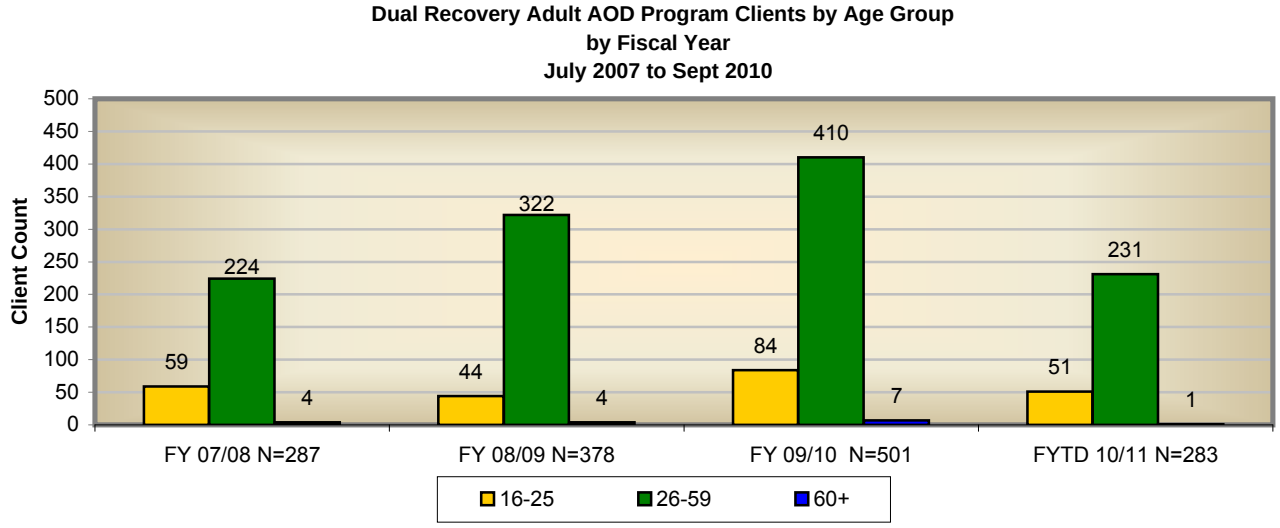


Source: CalOMS
Local Database

extract: 12/1//2010

Humboldt County Department of Health and Human Services- Mental Health Branch:
Dual Recovery Program Clients
#3 Data Book Report



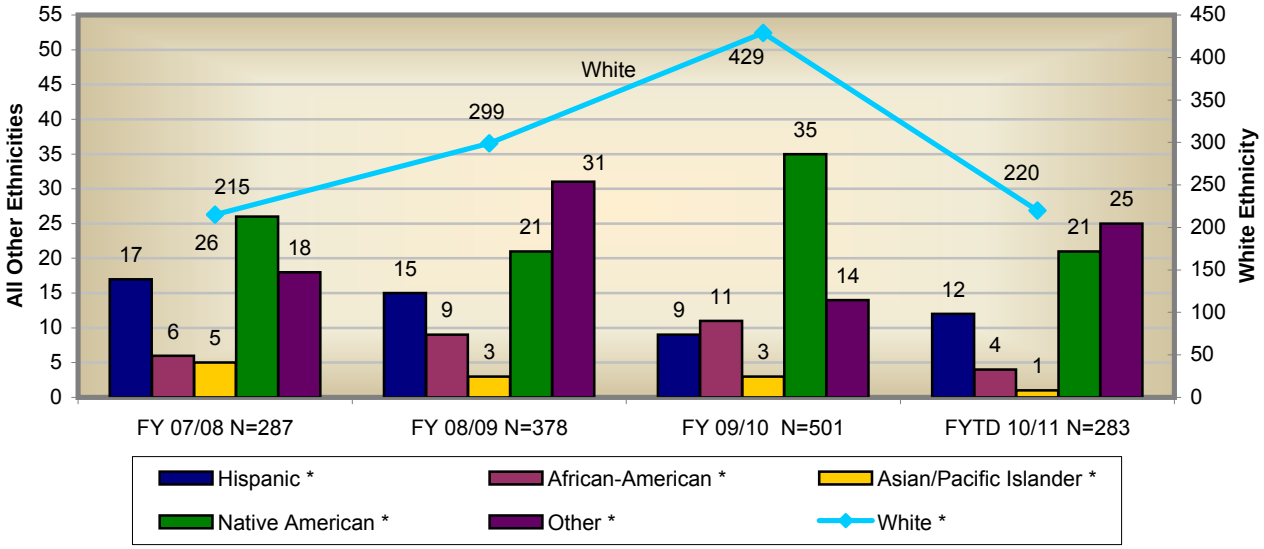


Source: CalOMS
Local Database

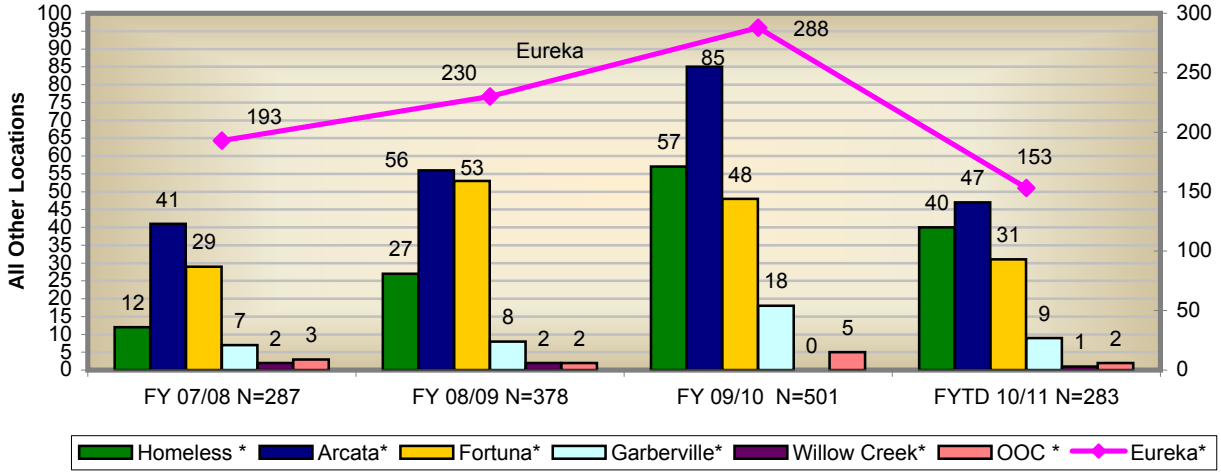
extract: 12/1//2010

Humboldt County Department of Health and Human Services- Mental Health Branch:
Dual Recovery Program Clients
#3 Data Book Report

Dual Recovery Adult AOD Program Clients By Ethnicity
by Fiscal Year
July 2007 to Sept 2010



Dual Recovery Adult AOD Program Clients by Location:
by Fiscal Year
July 2007 to Sept 2010



Source: CalOMS
Local Database

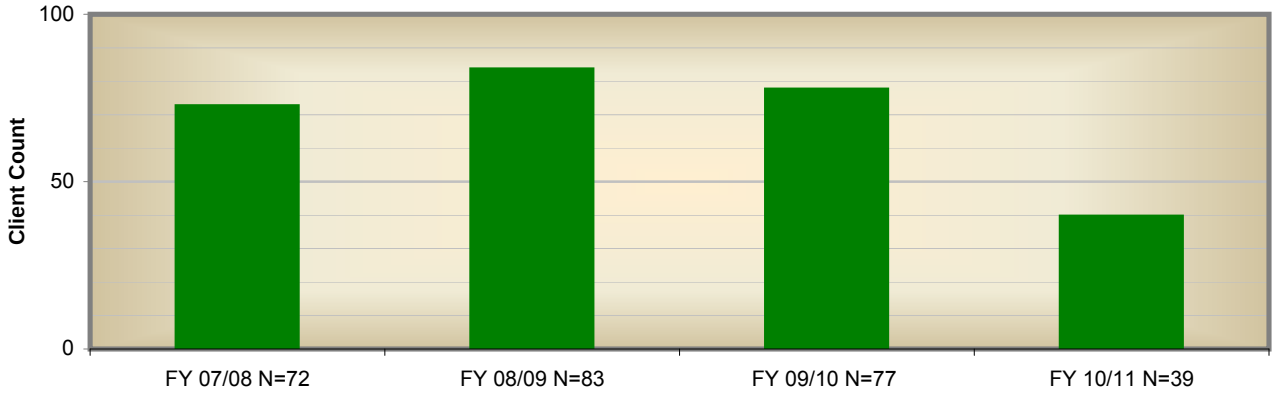
extract: 12/1//2010

Humboldt County Department of Health and Human Services- Mental Health Branch:
Dual Recovery Program Clients
#3 Data Book Report

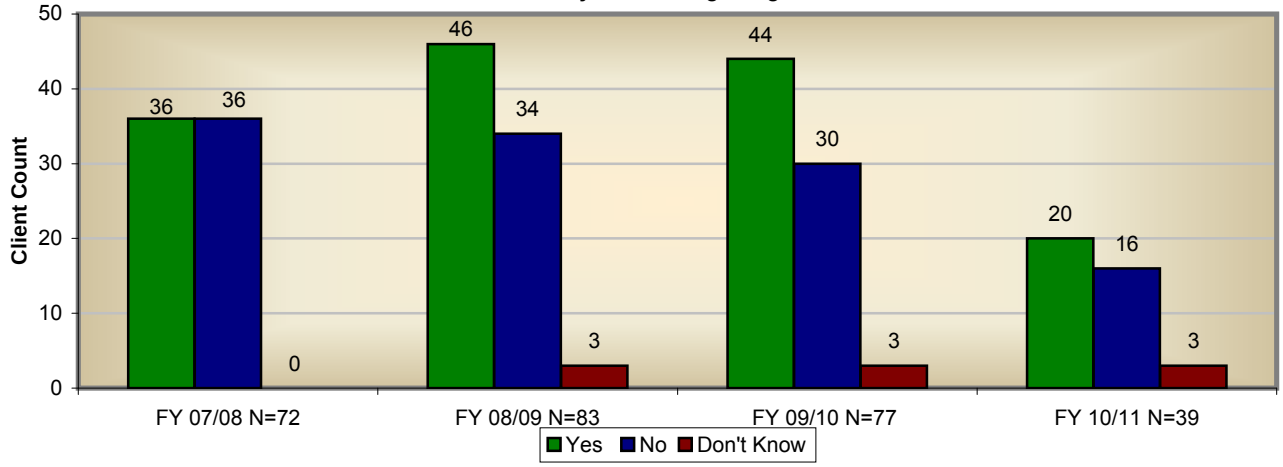
The set of charts below shows comparison of the numbers of unique clients served annually and the client demographics for prior fiscal years.

Healthy Moms is a gender-specific intensive day treatment program for pregnant or parenting women who have children under 6 and a substance abuse diagnosis. Provides onsite childcare and parent educator. Extended aftercare and alumnae support, behavioral health counseling and case management provided, PCIT available onsite. Includes an art therapy component.

Dual Recovery Healthy Moms Program Clients Open to Services
by Fiscal Year
July 2007 through Aug 2010



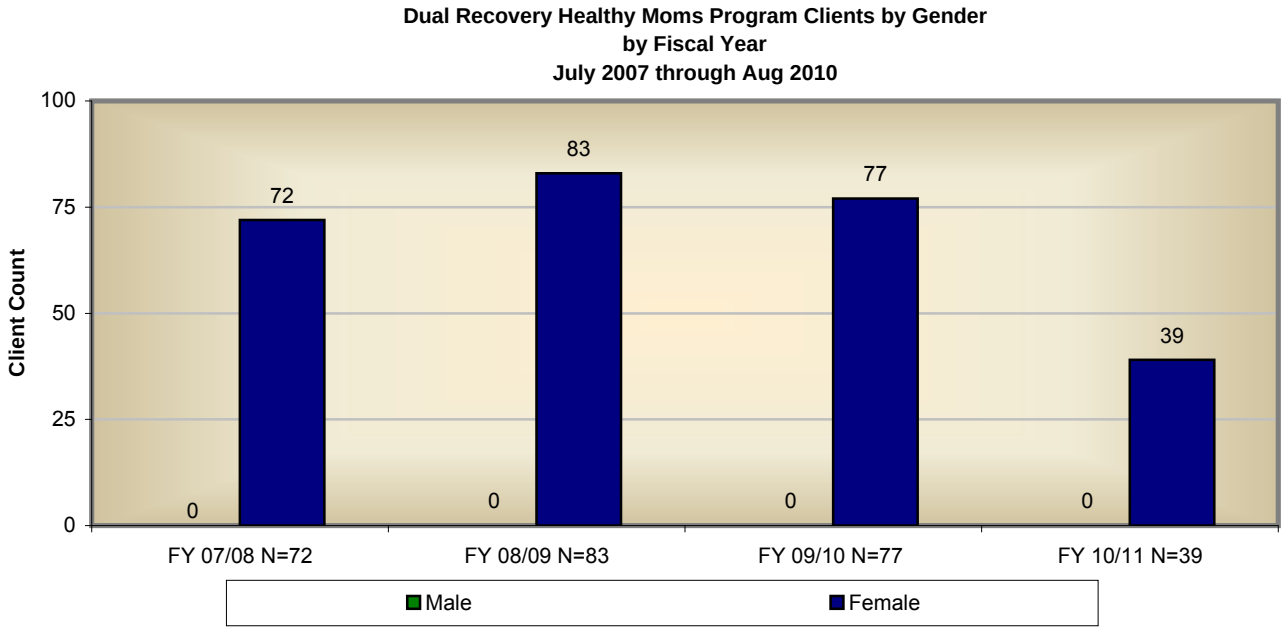
Dual Recovery Healthy Moms Program Clients with Mental Health Diagnosis
by Fiscal Year
July 2007 through Aug 2010

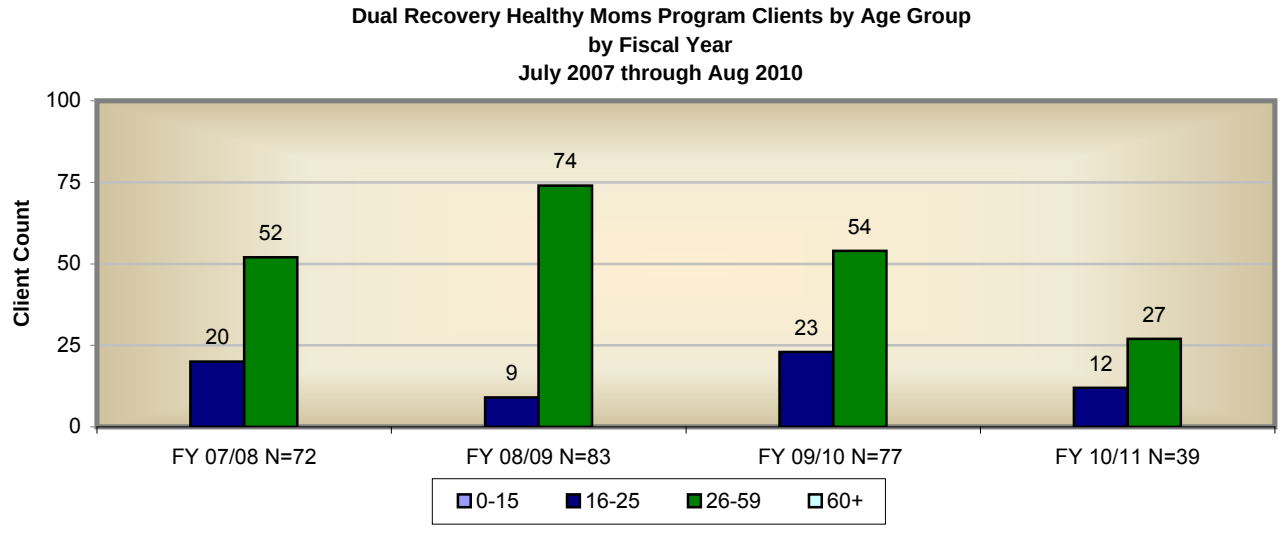


Source: CalOMS
Local Database

extract: 12/01/10

Humboldt County Department of Health and Human Services- Mental Health Branch:
Dual Recovery Program Clients
#3 Data Book Report

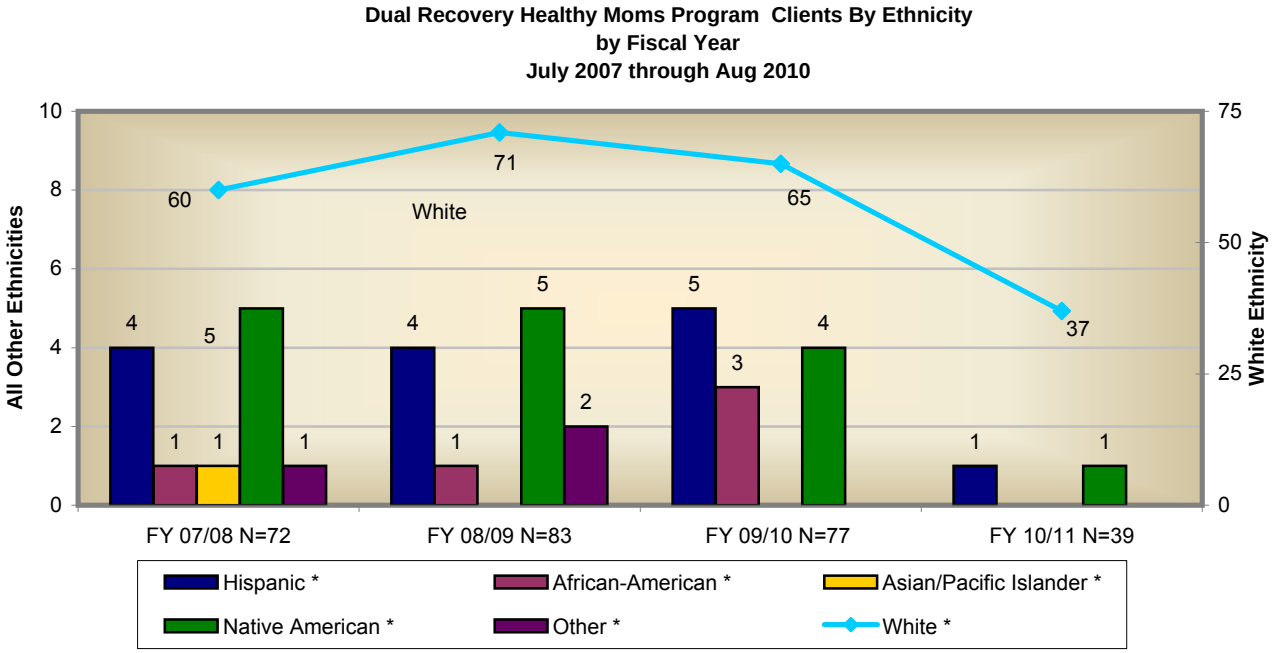


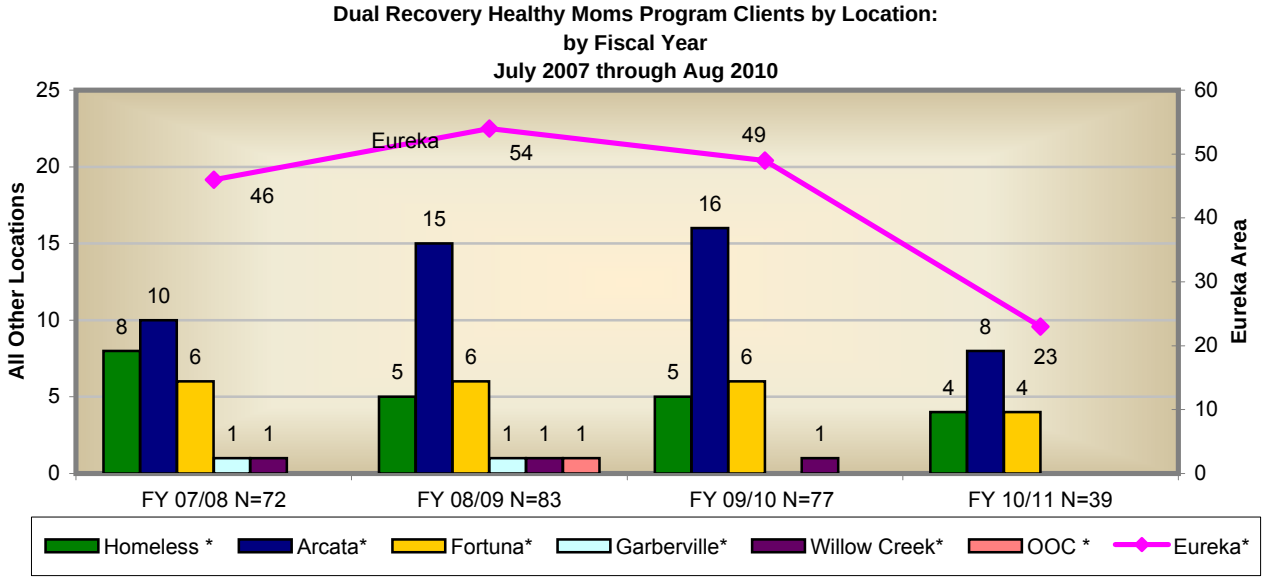


Source: CalOMS
Local Database

extract: 12/01/10

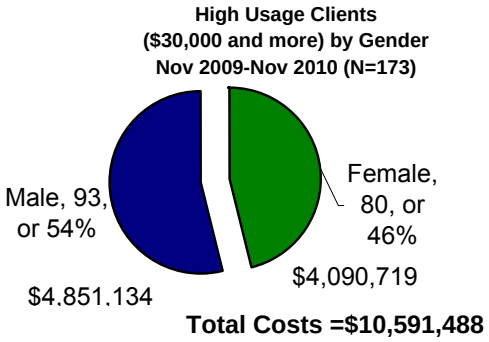
Humboldt County Department of Health and Human Services- Mental Health Branch:
Dual Recovery Program Clients
#3 Data Book Report

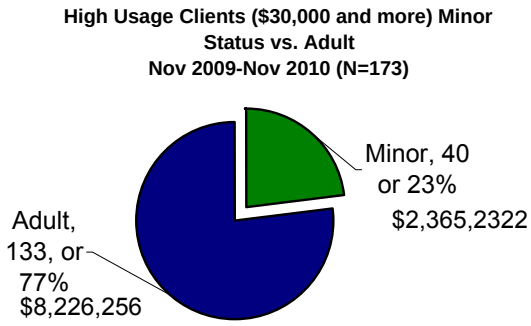


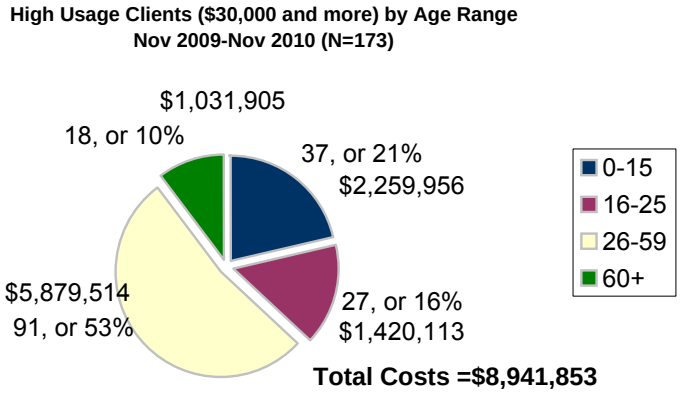


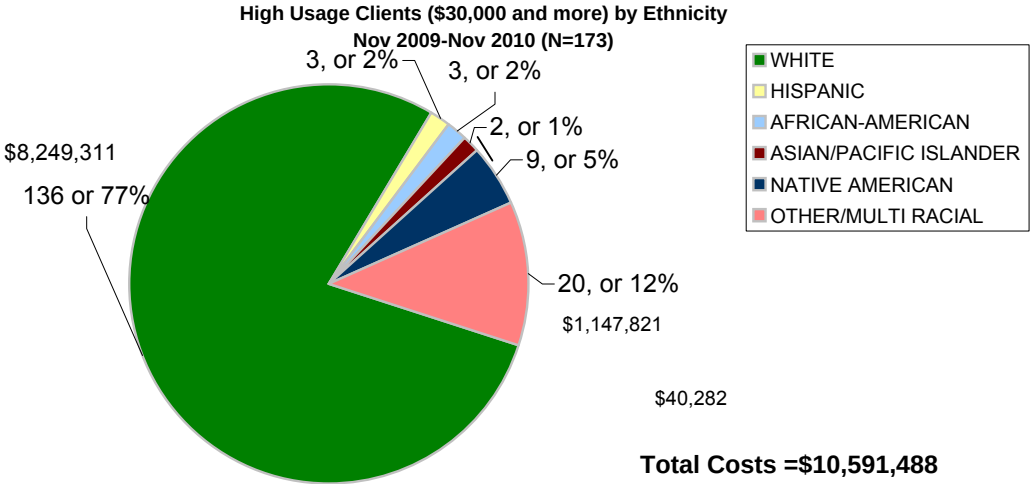
Source: CalOMS
Local Database

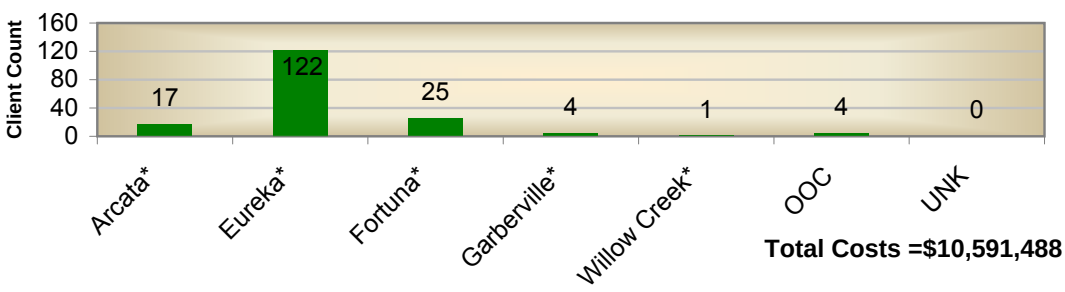
extract: 12/01/10







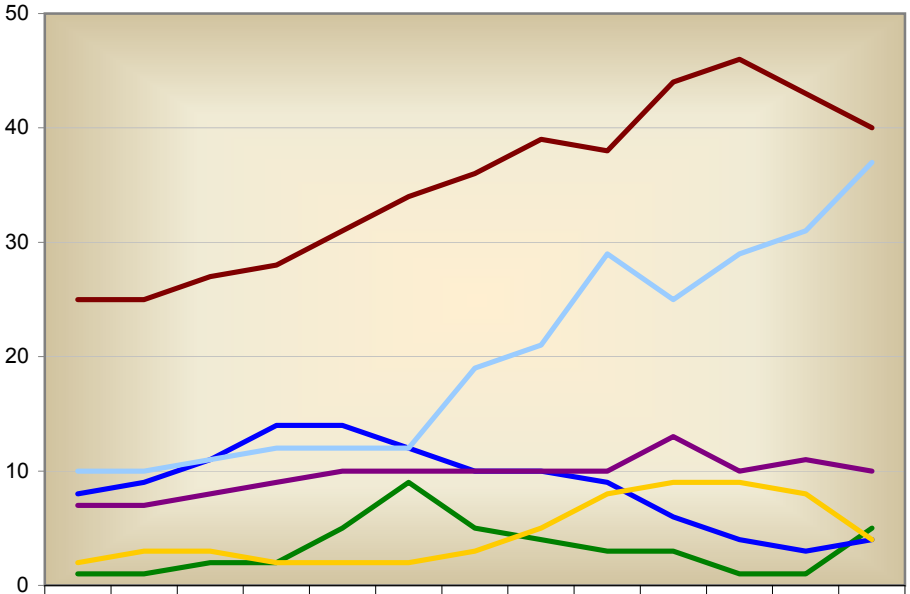




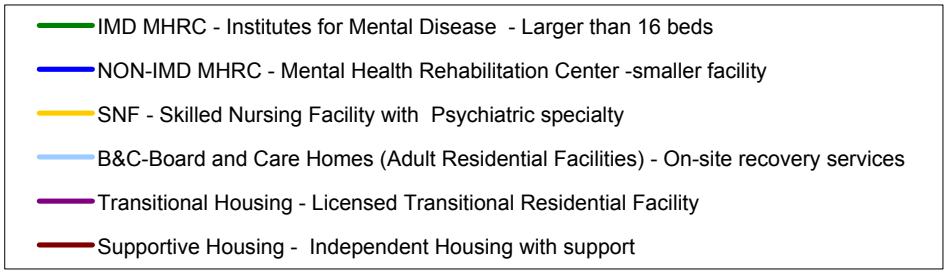
Source: Standard Service Fees Tracked in CMHC

extract: 02/16/10

Adult Residential Placements of
Mental Health Clients
January 2008 to December 2010
First day of each fiscal quarter

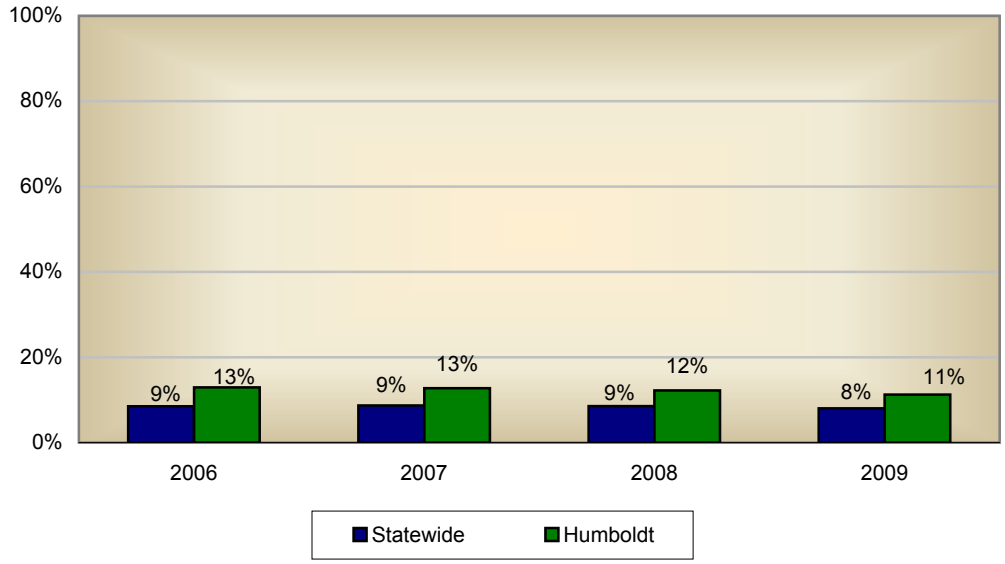


	Jan 08 N=53	Apr 08 N=55	Jul 08 N=62	Oct 08 N=67	Jan 09 N=74	Apr 09 N=79	Jul 09 N=83	Oct 09 N=89	Jan 10 N=97	Apr 10 N=10	Jul 10 N=99	Oct 10 N=97	Dec 10 N=10
IMD MHRC - Institutes for Mental Disease - Larger than 16 beds	1	1	2	2	5	9	5	4	3	3	1	1	5
NON-IMD MHRC - Mental Health Rehabilitation Center -smaller facility	8	9	11	14	14	12	10	10	9	6	4	3	4
SNF - Skilled Nursing Facility with Psychiatric specialty	2	3	3	2	2	2	3	5	8	9	9	8	4
B&C-Board and Care Homes (Adult Residential Facilities) - On-site recovery services	10	10	11	12	12	12	19	21	29	25	29	31	37
Transitional Housing - Licensed Transitional Residential Facility	7	7	8	9	10	10	10	10	10	13	10	11	10
Supportive Housing - Independent Housing with support	25	25	27	28	31	34	36	39	38	44	46	43	40



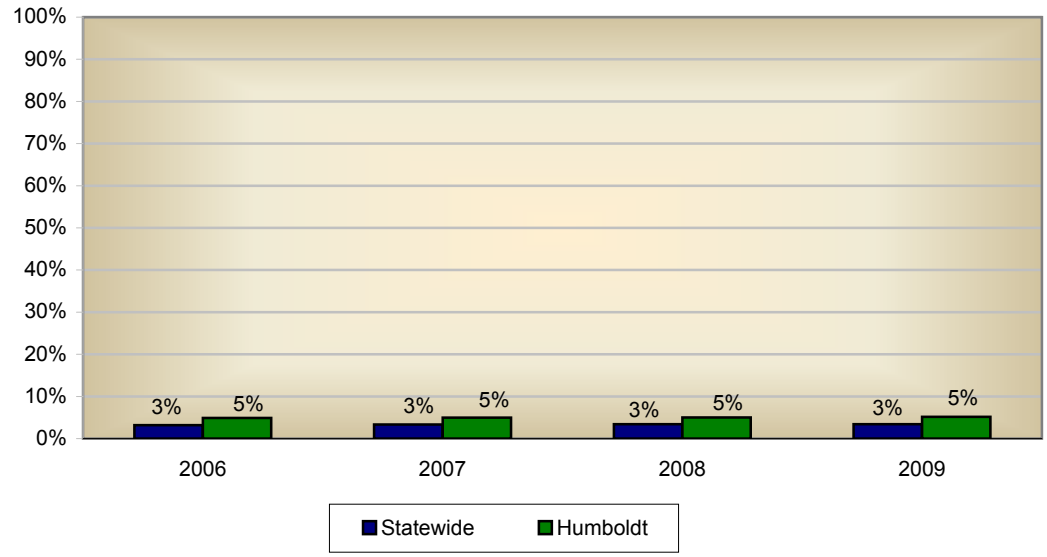
Source: DHHS Mental Health
Branch database, 1/5/2011

Medi-Cal Mental Health
Penetration Rate:
Adults 18 to 59 Years
Calendar Years 2006 to 2009



Source: DMH Approved Claims
and MMEF Data, prepared May 2010

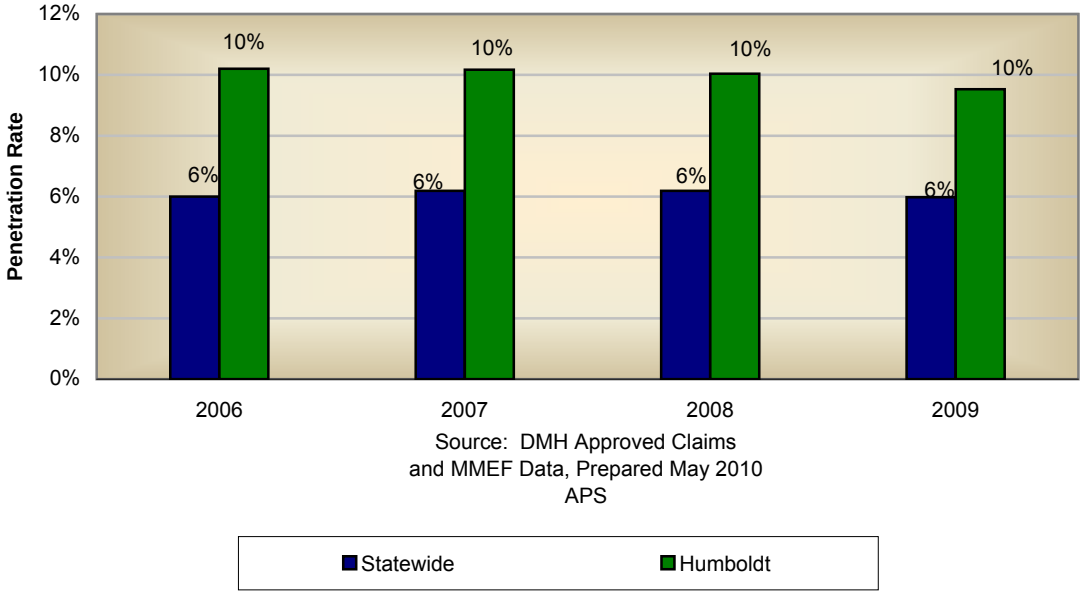
Medi-Cal Mental Health
Penetration Rate
for Older Adults (60+ Years)
Calendar Years 2006 to 2009



Source: DMH Approved Claims and
MMEF Data, May 2010

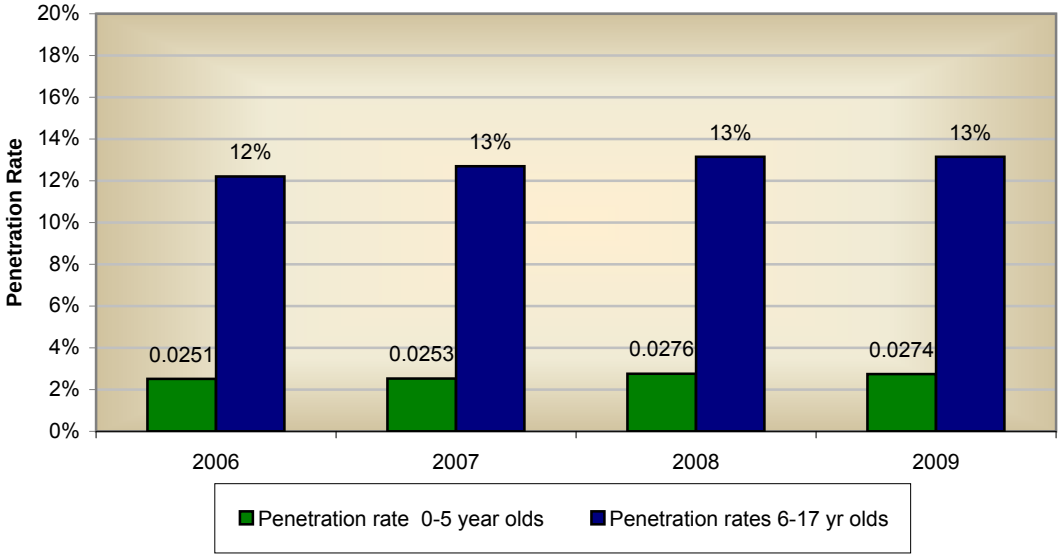
source: DMH Approved claims and MMEF Data, May 2010

Medi-Cal Mental Health Overall Penetration Rates:
Total Services
Calendar Years 2006 to 2009



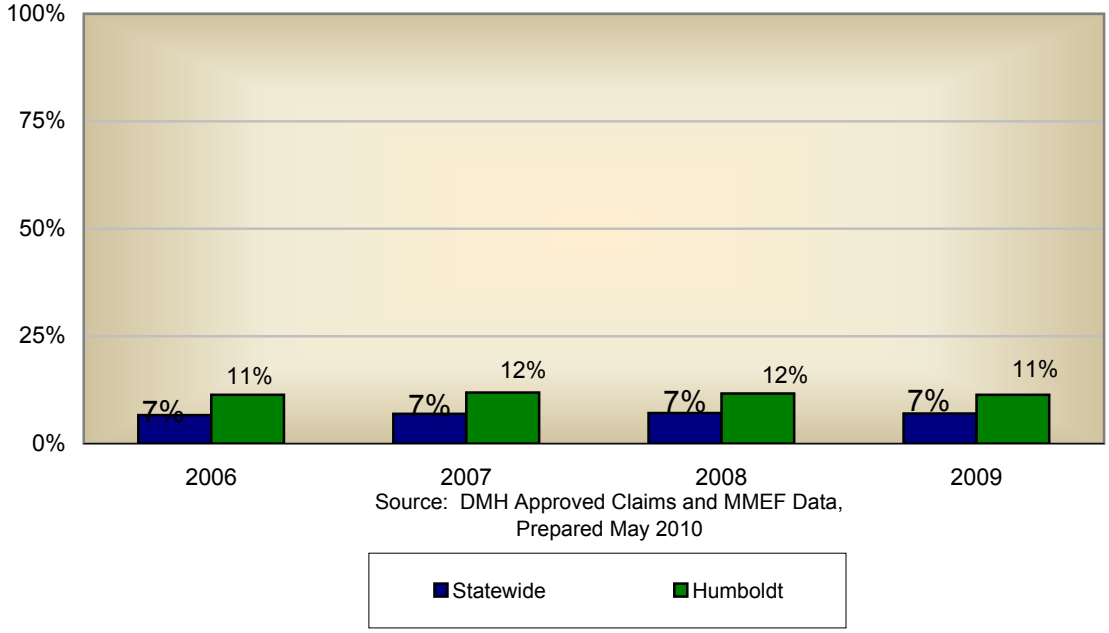
Source: DMH Approved Claims
and MMEF Data, Prepared May 2010
APS

Medi-Cal Mental Health Penetration Rate:
Total Services
0-5 and 6-17 year olds
Calendar Years 2006 to 2009



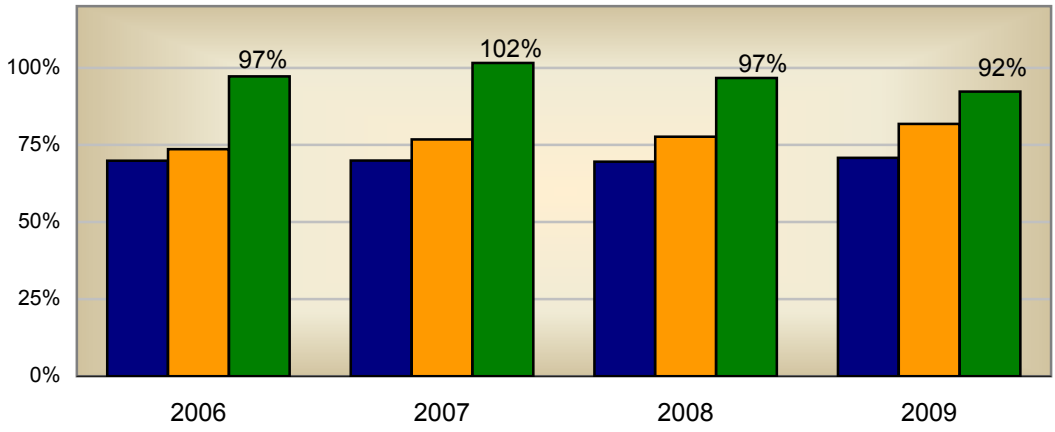
Source: DMH Approved Claims
and MMEF Data, Prepared May 2010
APS

Medi-Cal Mental Health
Penetration Rates for
Transition Age Youth (16 to 25)
Calendar Years 2006 to 2009



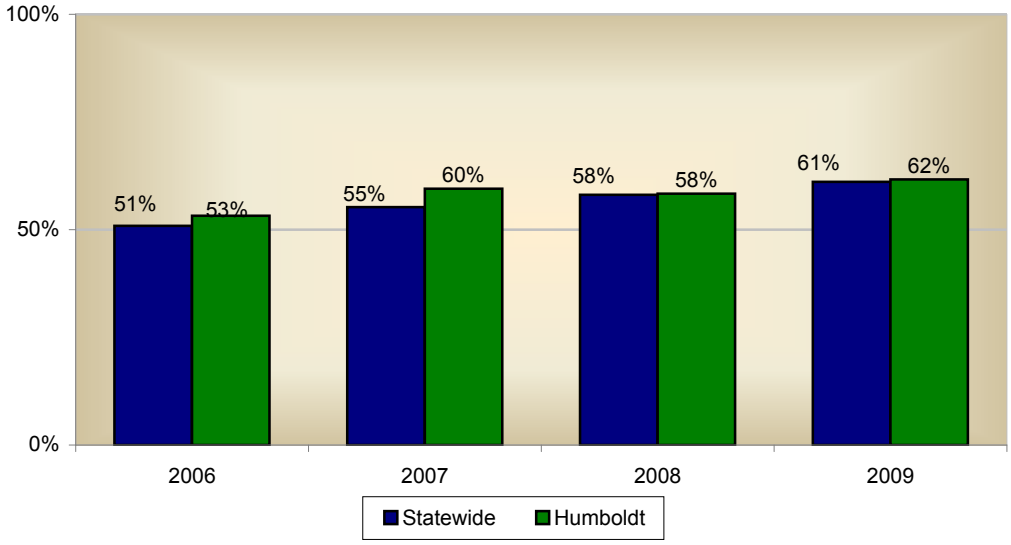
Source: DMH Approved Claims and MMEF Data,
Prepared May 2010

Medi-Cal Mental Health Penetration Rate
for Transition Aged Youth in Foster Care
(Ages 16-25)
Calendar Years 2006 to 2009



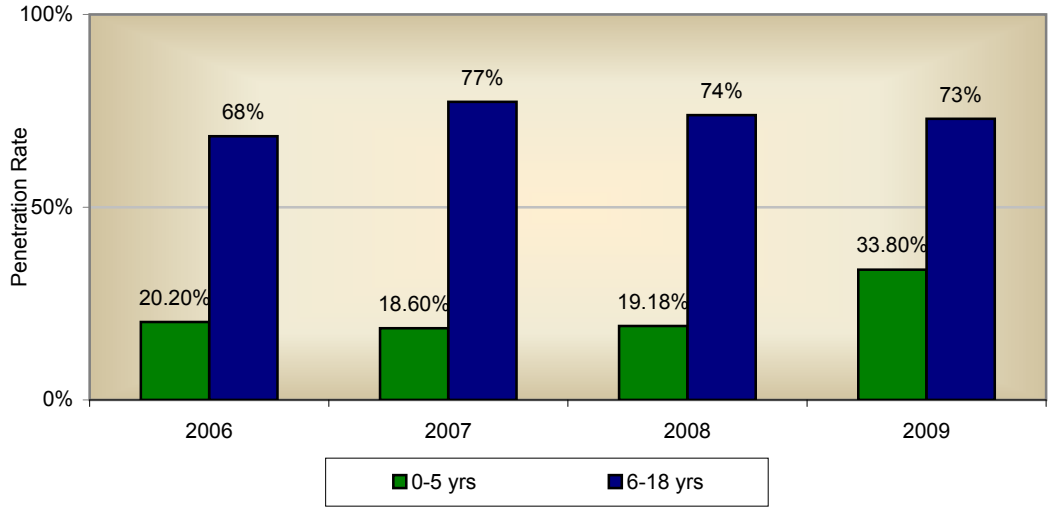
Source: DMH Approved Claims and MMEF Data
Prepared May 2010

Medi-Cal Mental Health Penetration Rate
Foster Care Youth Total Services
Calendar Years 2006 to 2009



Source: DMH Approved Claims and MMEF Data,
Prepared May 2010

Medi-Cal Mental Health Penetration Rate:
Foster Care Youth
0-5 and 6-17 year olds
Calendar Years 2006 to 2009

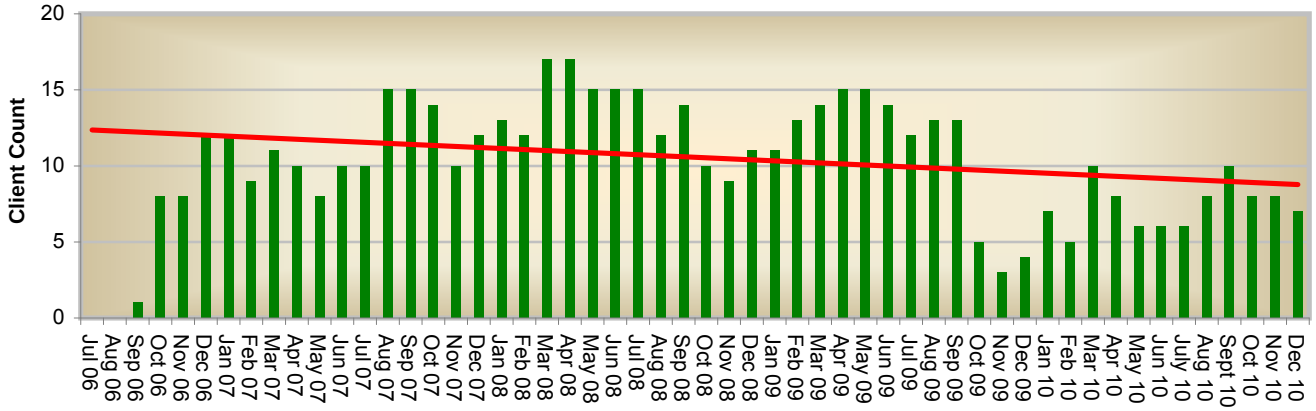


Source: DMH Approved Claims
and MMEF Data, Prepared May 2010

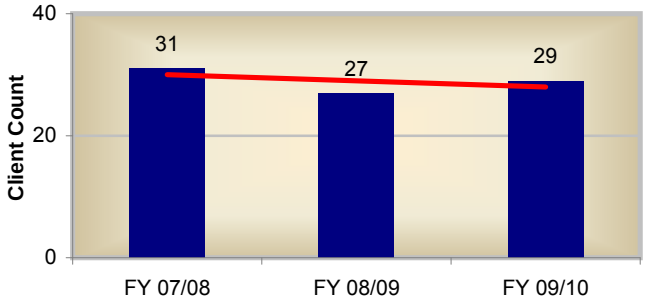
MHSA: Alternative Response Team (ART)

Integrated Services & Supports for children and families includes services such as mental health assessment and clinical services.Through MHSA funding a full time Mental Health Clinician position was added to the interdisciplinary team in September 2006.

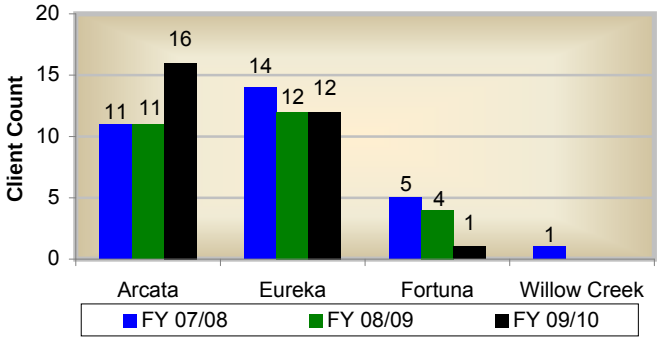
MHSA: Alternative Response Team (ART)
Total Unduplicated Clients by Month with Trendline
July 2006 to December 2010



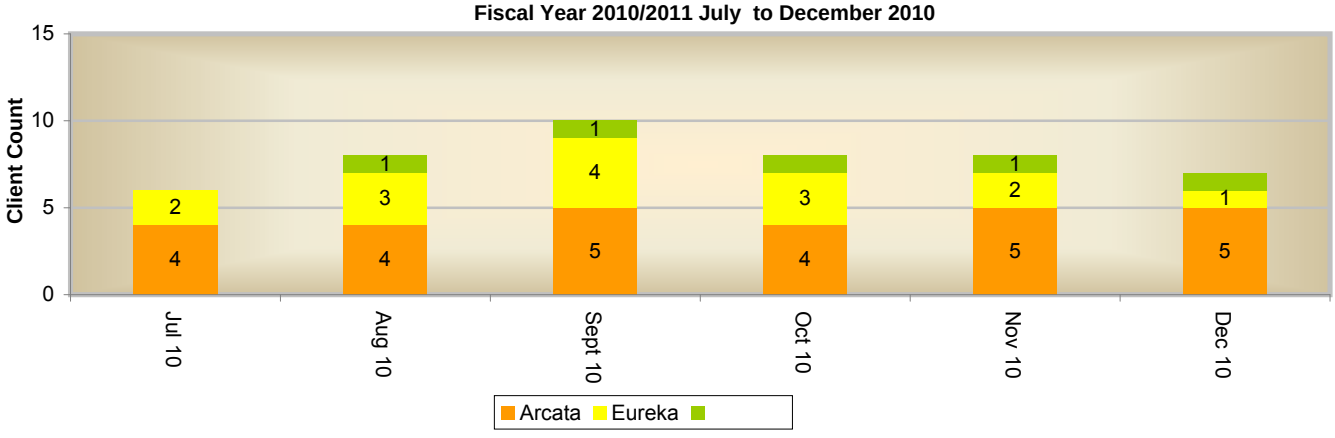
MHSA: Alternative Response Team (ART)
Total Unduplicated Clients with Trendline
Fiscal Years 2007/2008 to 2009/2010



MHSA: Alternative Response Team (ART)
Unduplicated Clients by Location
Fiscal Years 2007/2008 to 2009/2010

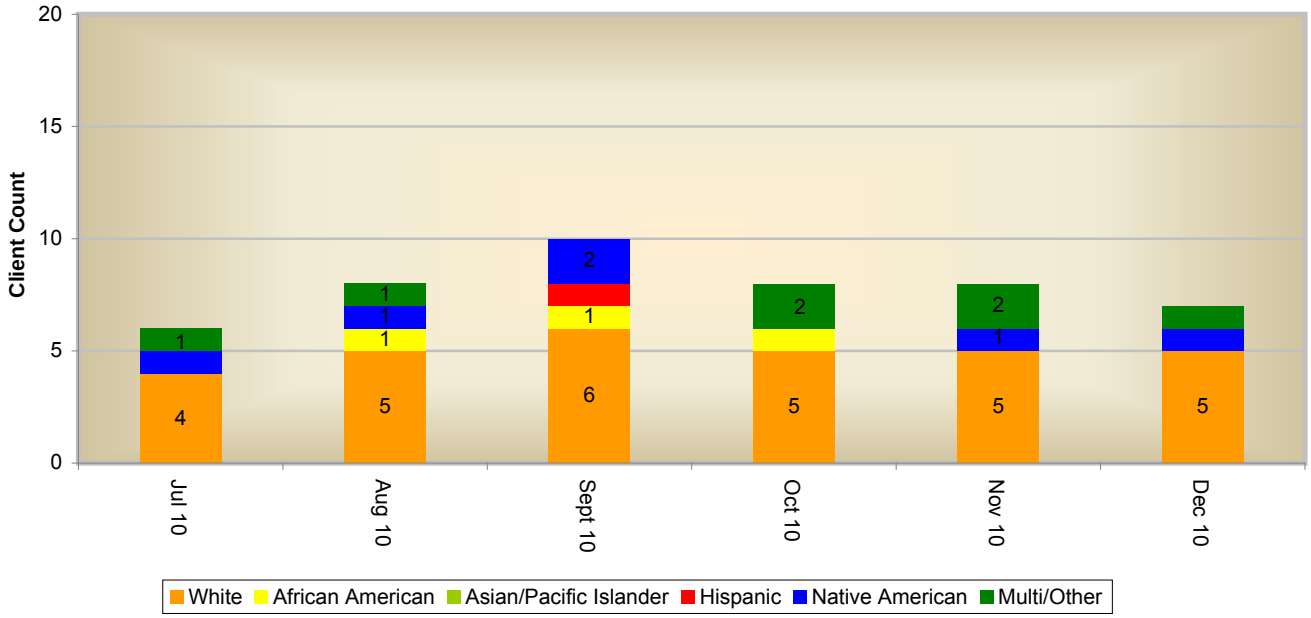


MHSA: Alternative Response Team (ART)
Unduplicated Clients by Location
Fiscal Year 2010/2011 July to December 2010

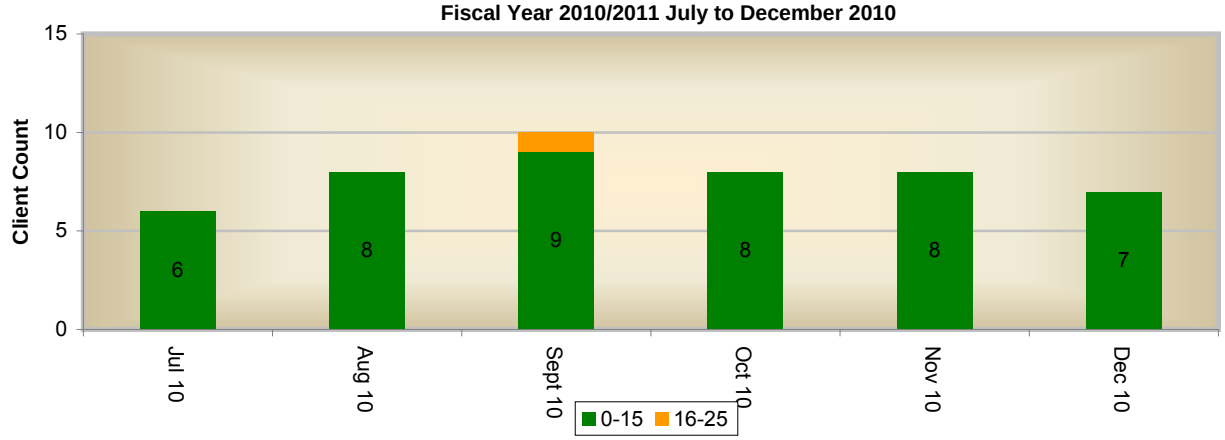


Source: CMHC RU 4651 Extract:March 2011

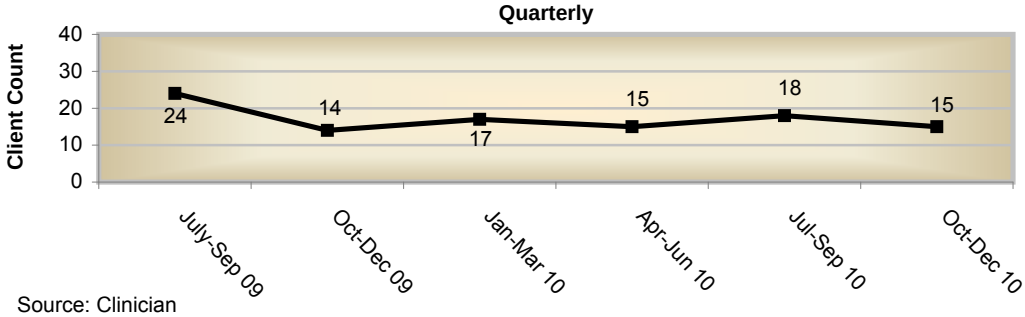
MHSA: Alternative Response Team (ART)
Unduplicated Clients by Ethnicity
Fiscal Year 2010/2011 July to December 2010



MHSA: Alternative Response Team (ART)
Clients by Age Group
Fiscal Year 2010/2011 July to December 2010



MHSA: Alternative Response Team (ART)
Clinician Provided Parental Education
Quarterly

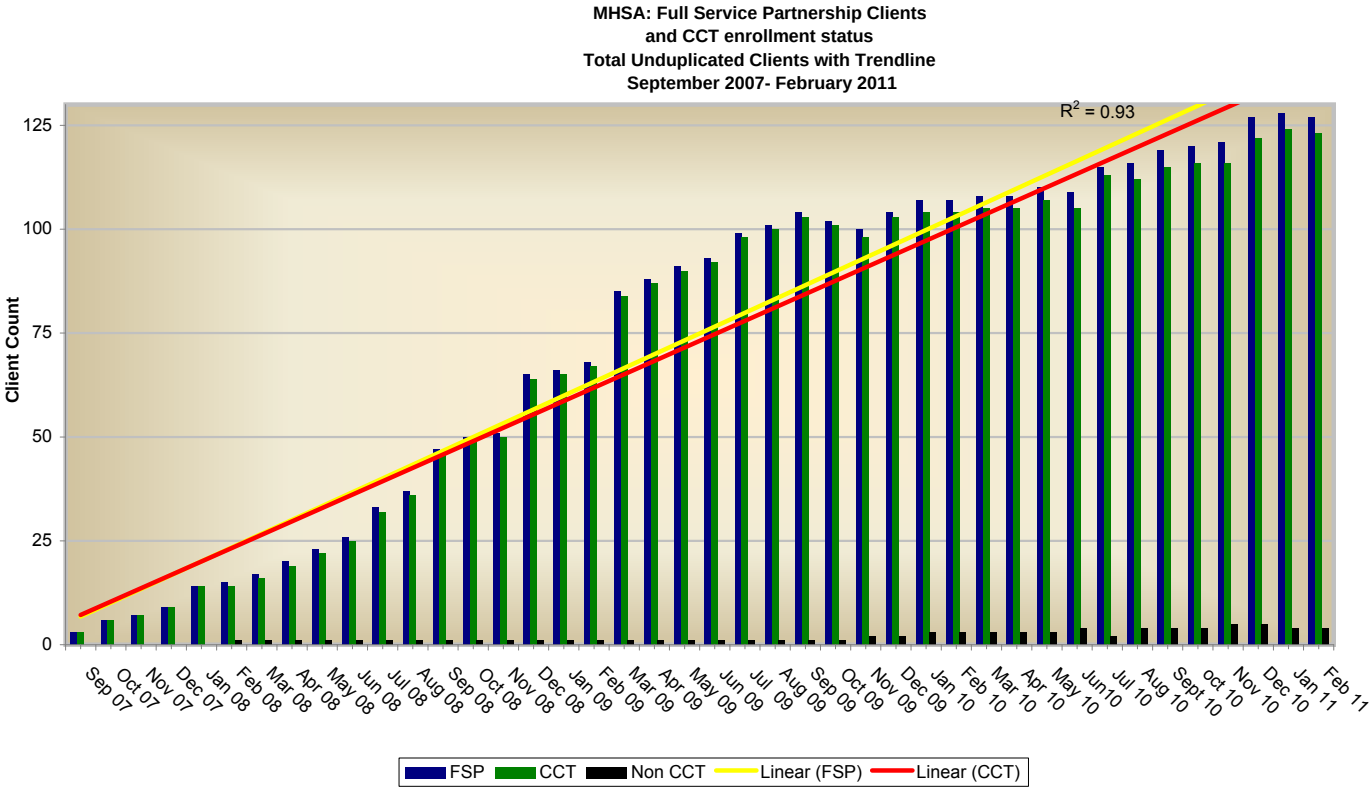


Source: Clinician

Parental education is provided through collateral contact.

Source: CMHC RU 4651 Extract:March 2011

MHSA: Full Service Partnership
Provides intensive community services and supports (e.g.: housing, medical, educational, social, vocational, rehabilitative, or other needed community services) as defined by the partner to achieve recovery.

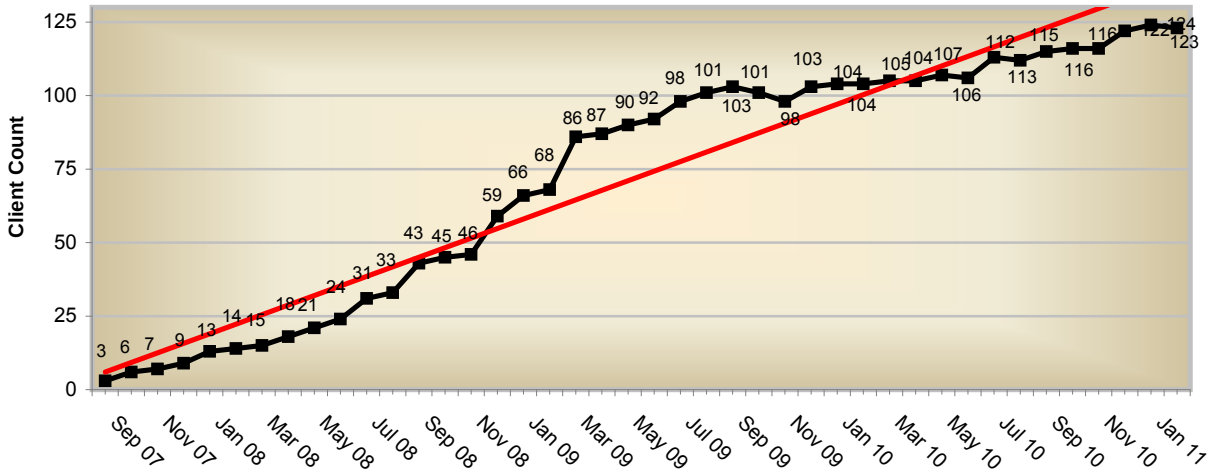


Most of the clients who are enrolled in MHSA services and supports, also known as the Full Service Partnership, are concurrently enrolled and participating in the Comprehensive Community Treatment program.
The upward Trend indicates continued participation and enrollment of CCT clients in the Full Service Partnership.

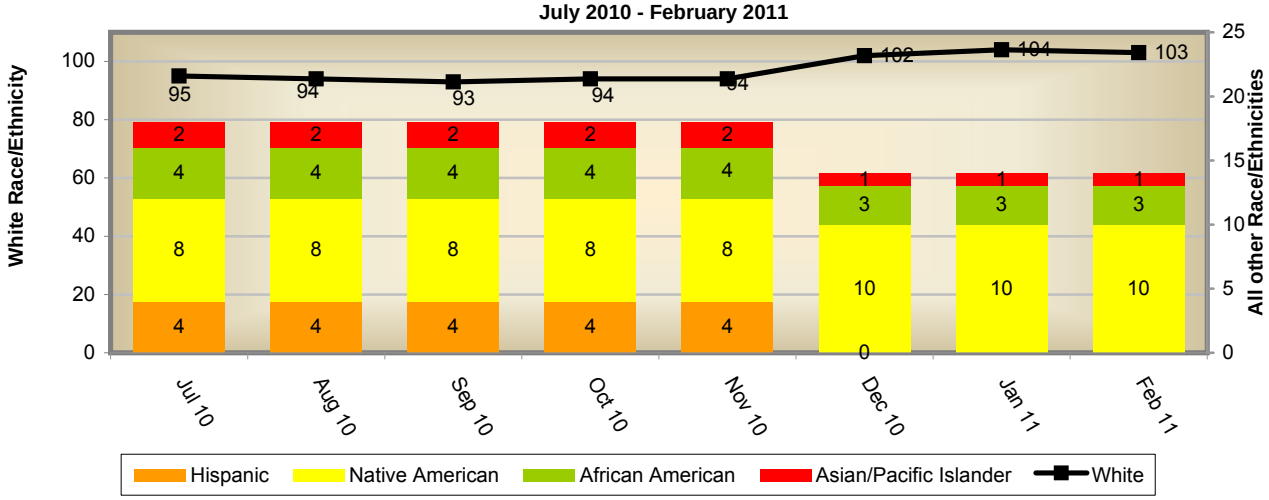
Source: DCR, and CCT Program Spreadsheet Extract: March 2011

MHSA: Comprehensive Community Treatment (CCT)
Provides intensive community services and supports (e.g.: housing, medical, educational, social, vocational, rehabilitative, or other needed community services) as defined by the partner to achieve recovery.

MHSA: Comprehensive Community Treatment (CCT)
Total Unduplicated Clients
September 2007- February 2011



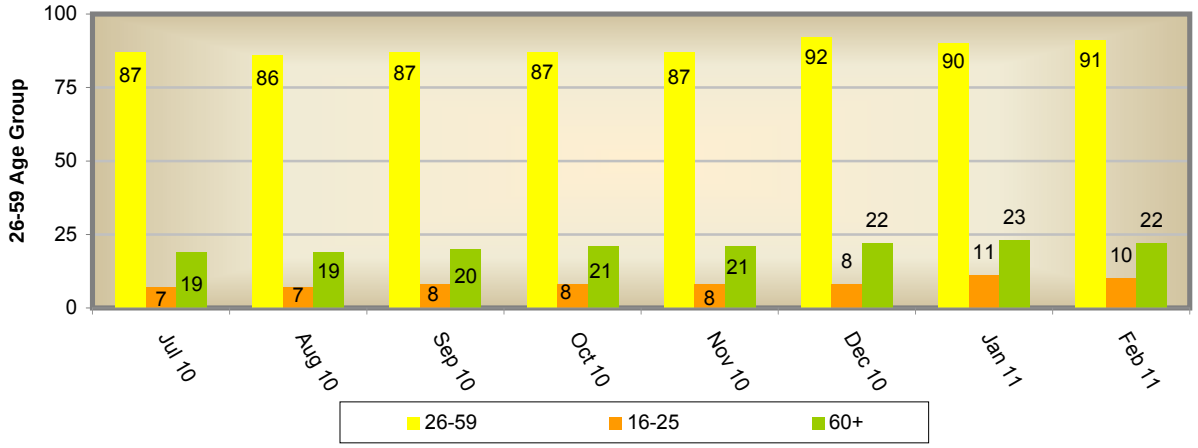
MHSA: Comprehensive Community Treatment (CCT)
Unduplicated Clients by Race/Ethnicity
July 2010 - February 2011



Source: DMH DCR and CCT Program Spreadsheet

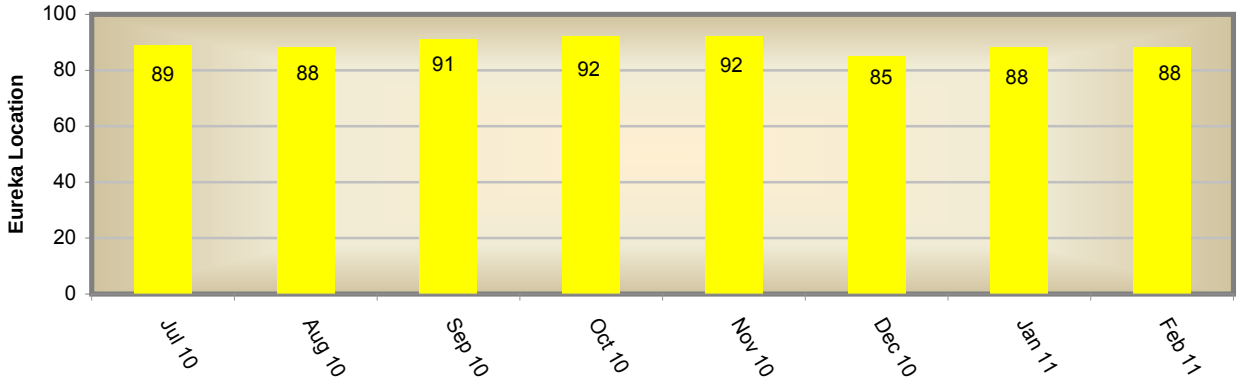
Extract: March 2011

MHSA: Comprehensive Community Treatment (CCT)
Unduplicated Clients by Age Group
July 2010 to February 2011

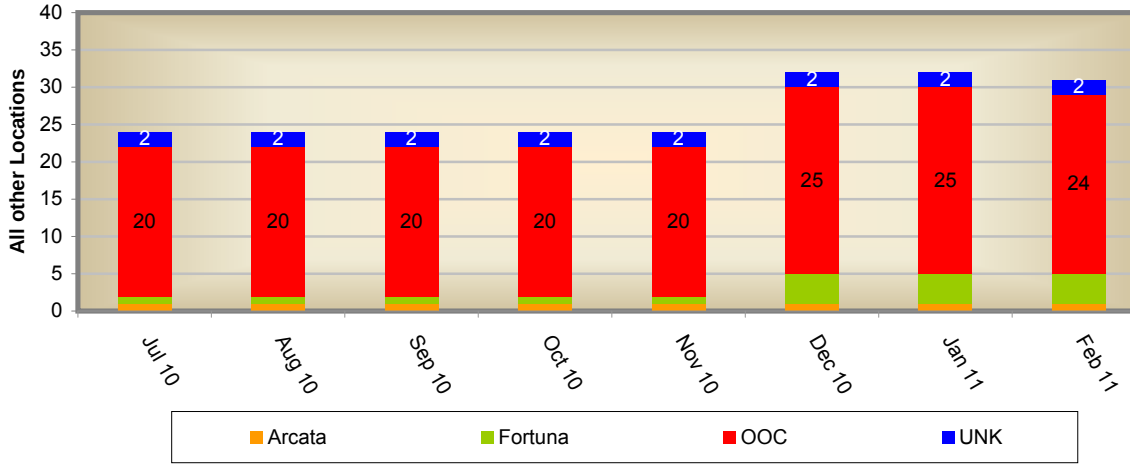


Age was previously calculated at the age of the client at enrollment; the age is based on run date for data source, now updated regularly by Case Managers with CCT. Data represents clients currently enrolled in CCT only.

MHSA: Comprehensive Community Treatment (CCT)
Unduplicated Clients by Location - Eureka Only
July 2010 to February 2011



MHSA: Comprehensive Community Treatment (CCT)
Unduplicated Clients by Location
July 2010 to February 2011



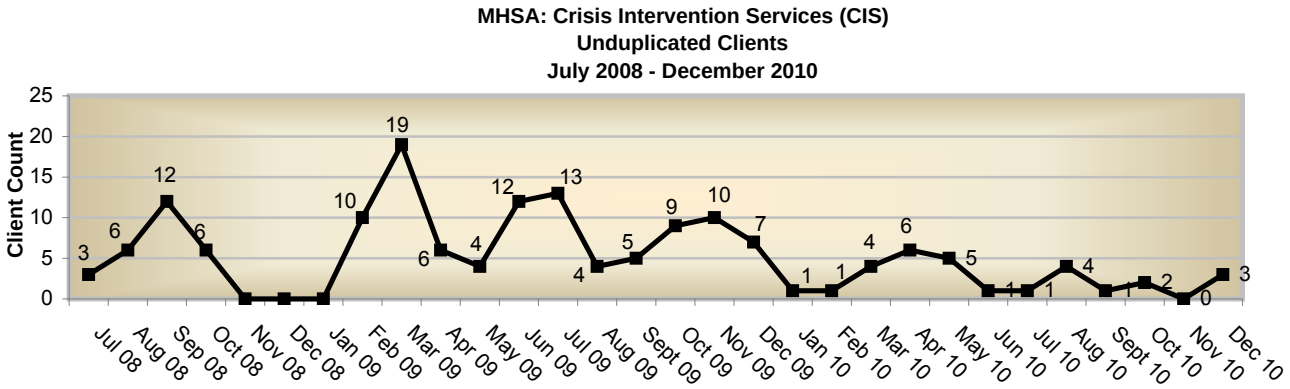
Data reflects CCT client's residential location.

Source: DMH DCR and CCT Program Spreadsheet

Extract: March 2011

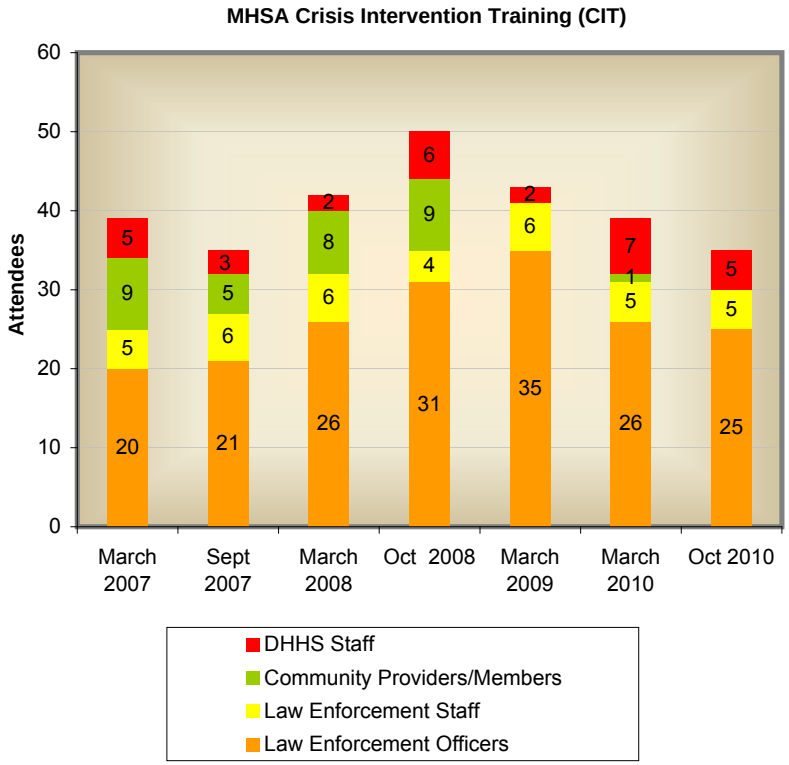
MHSA: Crisis Intervention Services (CIS)

CIS staff responds to intervene and prevent hospitalizations and incarcerations. CIS provides crisis support during critical incidents or potential critical incidents involving persons who may have a mental illness or co-occurring disorder. Additional mental health staff will be added to current programs for the purpose of responding to local hospital emergency rooms to assess, engage, and refer clients to appropriate services and supports; and to develop more direct outreach, engagement, and access strategies.



Source: CMHC (March 2011)

Previously CIS data was reported quarterly and provided by the Supervising Clinician. The above data is by month and the source is CMHC based on the RU codes 1614 and 4664.



Source: CIT Staff (October 2010)

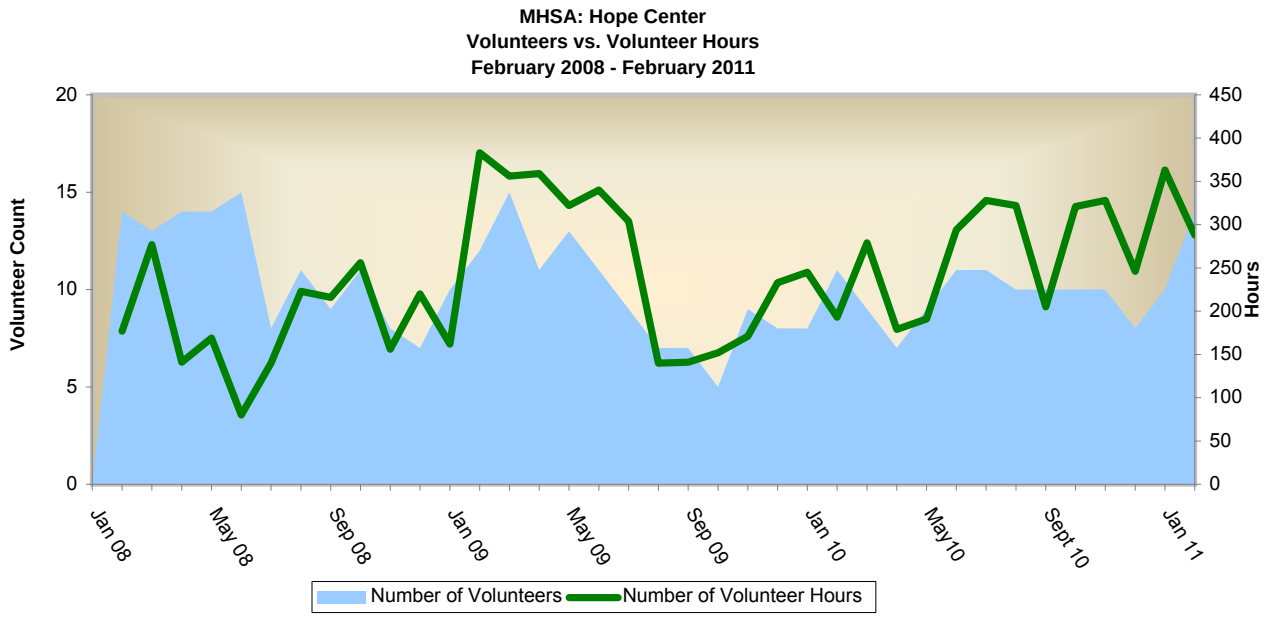
MHSA: Crisis Intervention Team (CIT)

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.

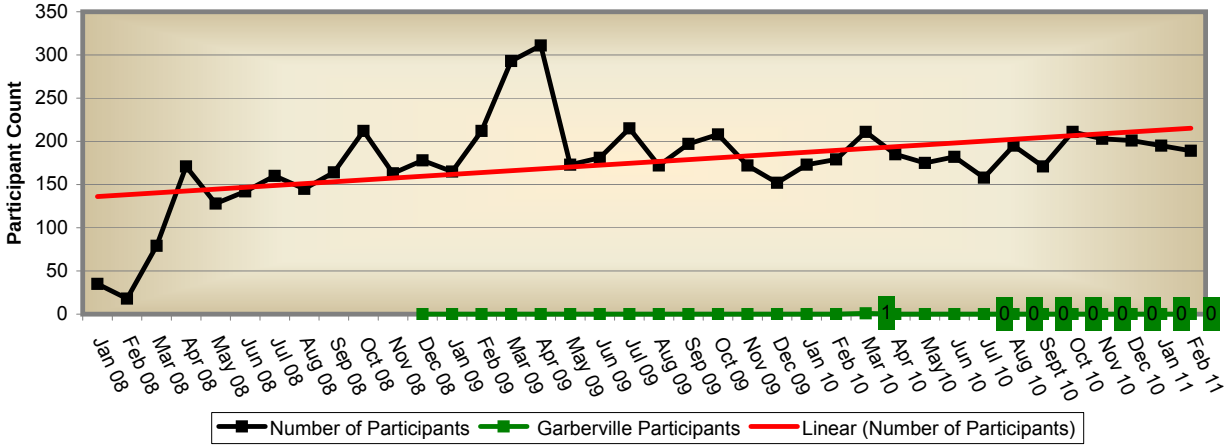
Mental Health Branch Staff trained in the Crisis Intervention Team model have sponsored and provided local CIT training. To date, seven CIT sessions have trained 184 law enforcement officers and staff, 37 community providers/members, and 30 DHHS staff.

MHSA: Hope Center

Beginning in February 2008, the Hope Center provides a safe, welcoming environment based on recovery self-help principles and the resources necessary for people with a mental health diagnosis who are underserved and their families to be empowered in their efforts to be self sufficient. The Hope Center is client run and 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.

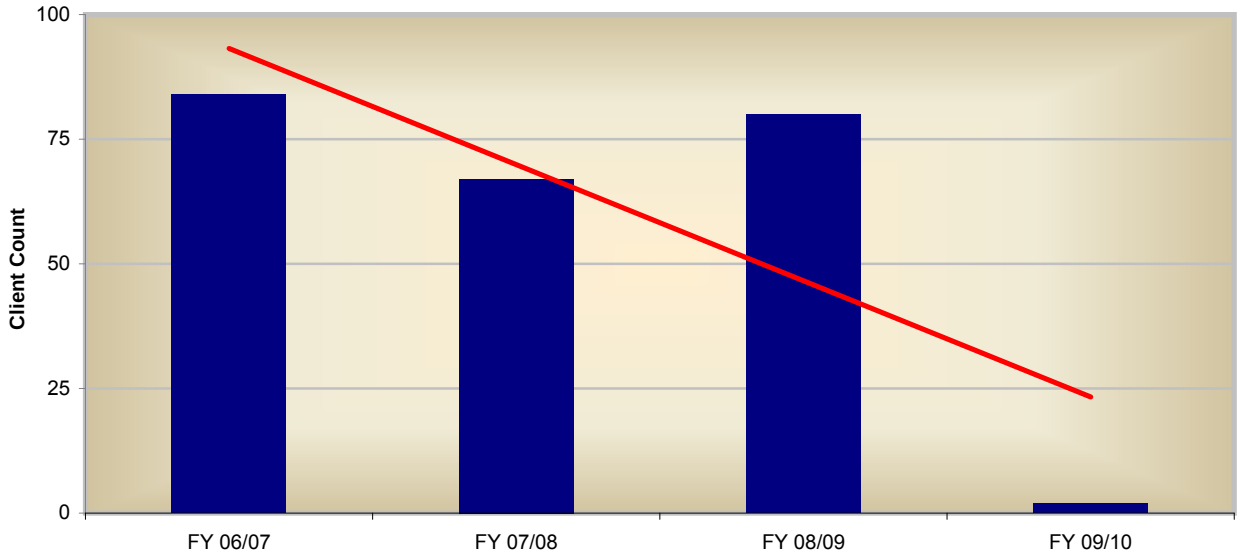


In the months when the Hope Center sponsors special events such as an Open House, Picnic, or Bake Sale, it is reflected in the number of volunteer hours at the Center. On going Outreach and Participation by clients in Garberville is a goal; one person completed a WRAP with Hope Center staff in Garberville in March 2010.



Source: Hope Center Extract: March 2011

MHSA: Older and Dependant Adults Expansion
Total Unduplicated Clients with Trendline
Fiscal Years 2006/07 to 2009/10



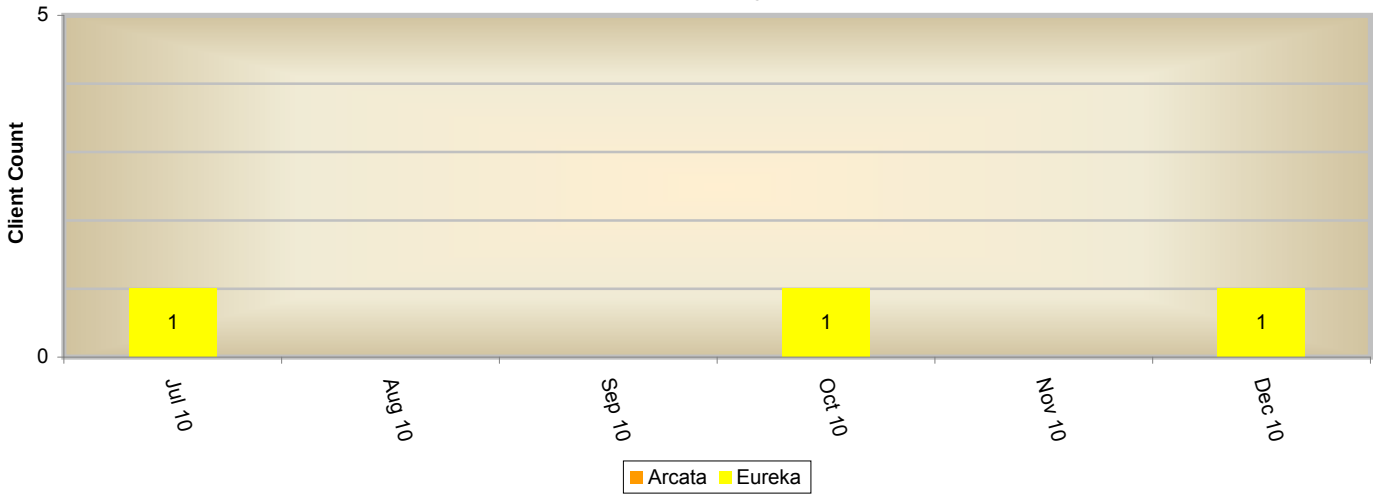
MHSA: Older Adults and Dependent Adults Expansion Program
provides in home services to disabled adults, at-risk adults and older adults. The enhanced adult services team expands an existing collaboration between Social Services, Adult Protective Services, In Home Support Services, Public Health Nursing, and a Mental Health Clinician to provide assessment and treatment planning to older and dependent adults with a serious mental illness who are at risk of abuse or neglect or who are in need of support services to remain in their home.

This data source was CMHC RU code 1672 for Sep 06 through Jan 09.
The data source for Feb 09 through May 09 was SALs for RU code 1671, when the incorrect code was used, and the source for June 2009 to June 2010 was 1672.

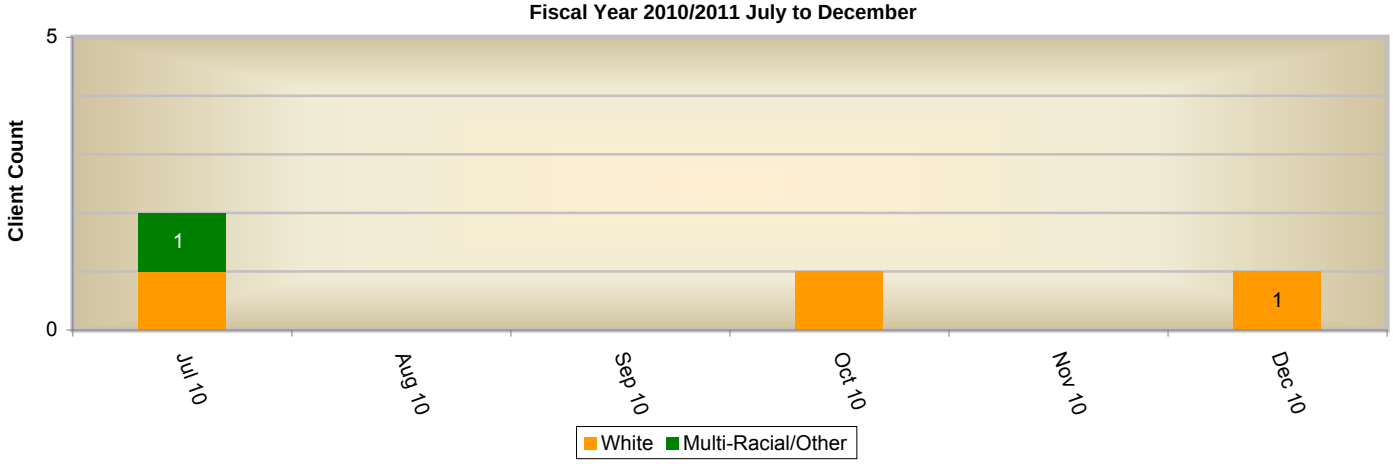
The Older Adult Expansion clinician position was vacant in 2009/2010, and continues to be vacant in 10/11.

YTD calculated using both codes and eliminating duplicated client numbers.

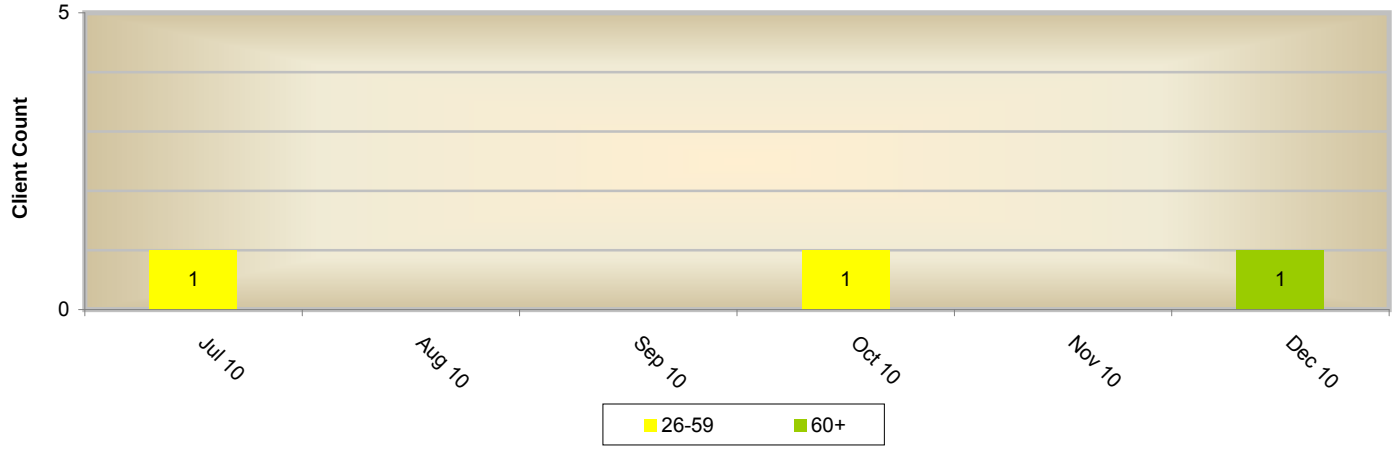
MHSA: Older and Dependent Adults Expansion
Unduplicated Clients by Location
Fiscal Year 2010/2011 July to December



MHSA: Older and Dependent Adults Expansion
Unduplicated Client Count by Ethnicity
Fiscal Year 2010/2011 July to December

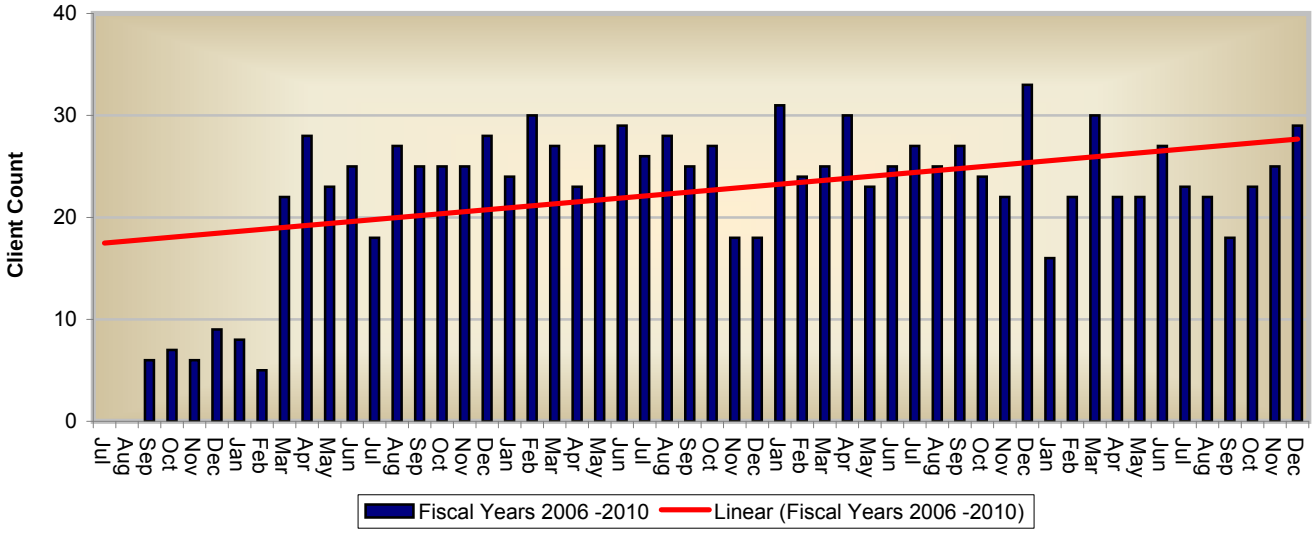


MHSA: Older and Dependent Adults Expansion
Unduplicated Clients by Age Group
Fiscal Year 2010/2011 July to December



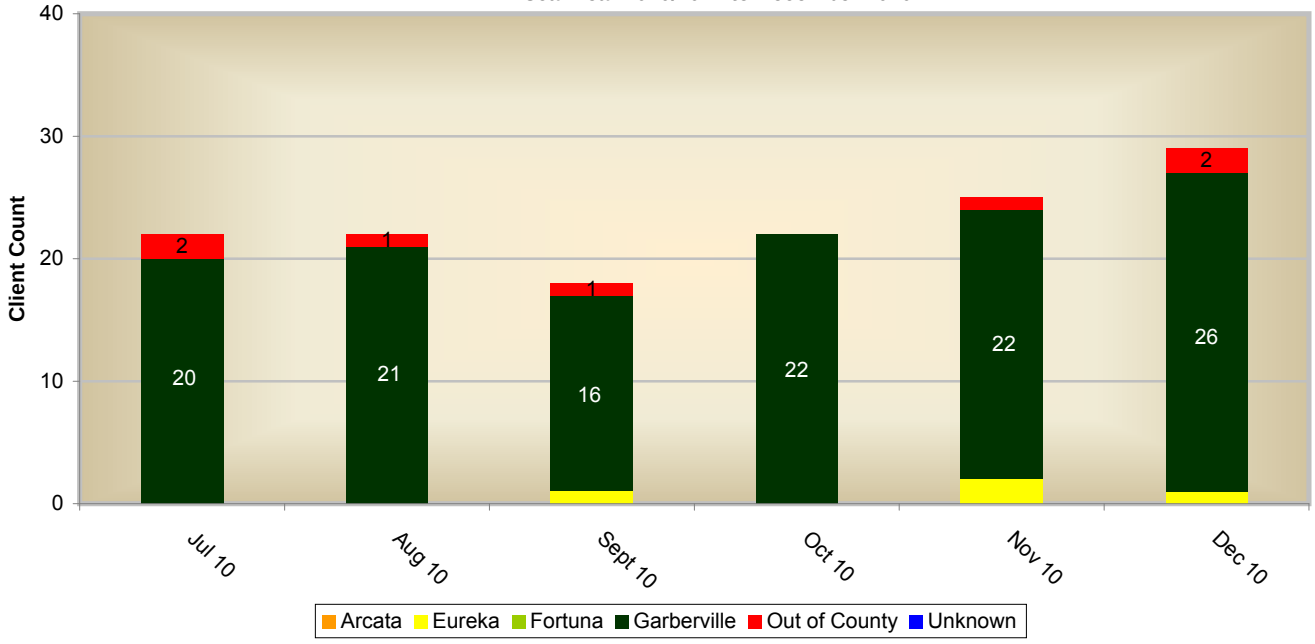
MHSA: Telemedicine: Outpatient Medication Services Expansion
provides medication support to people with a serious mental illness residing in remote rural areas utilizing video conferencing equipment. It is a service strategy that will enhance existing collaborative efforts with primary health care providers.

MHSA: Outpatient Medication Services Expansion
Total Unduplicated Client Count with Trendline
Fiscal Years 2006/07 to 2010/11 to December 2010



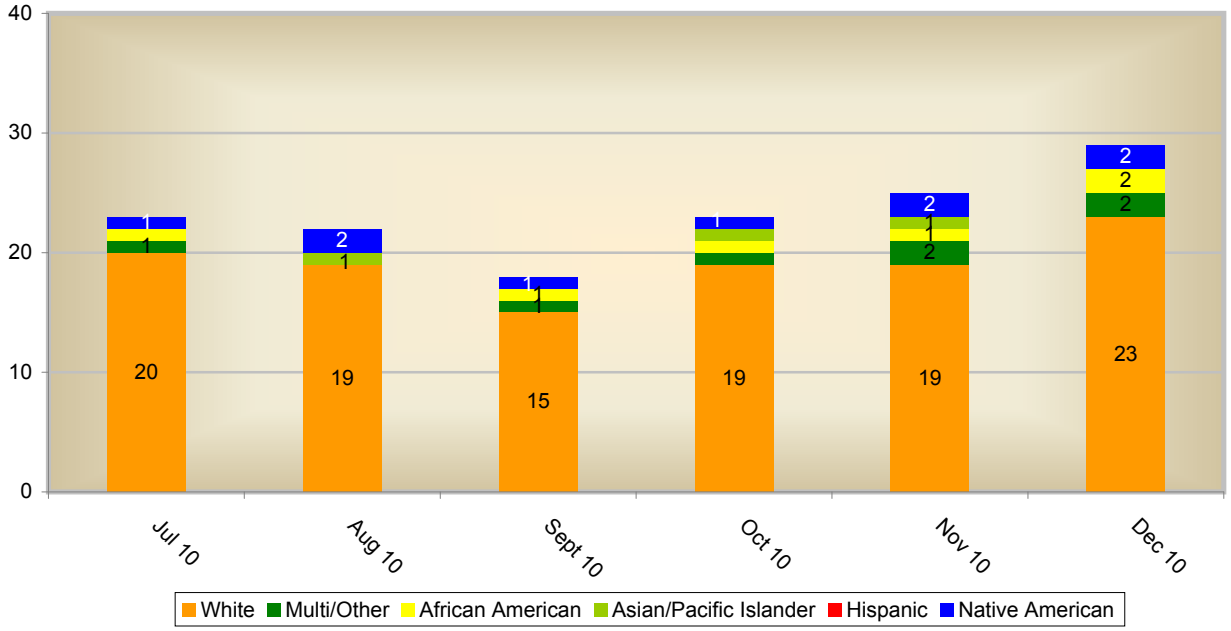
Unduplicated clients by location reflects the residence of clients as recorded in CMHC.

MHSA: Outpatient Medication Services Expansion
Unduplicated Clients by Location
Fiscal Year 2010/2011 to December 2010

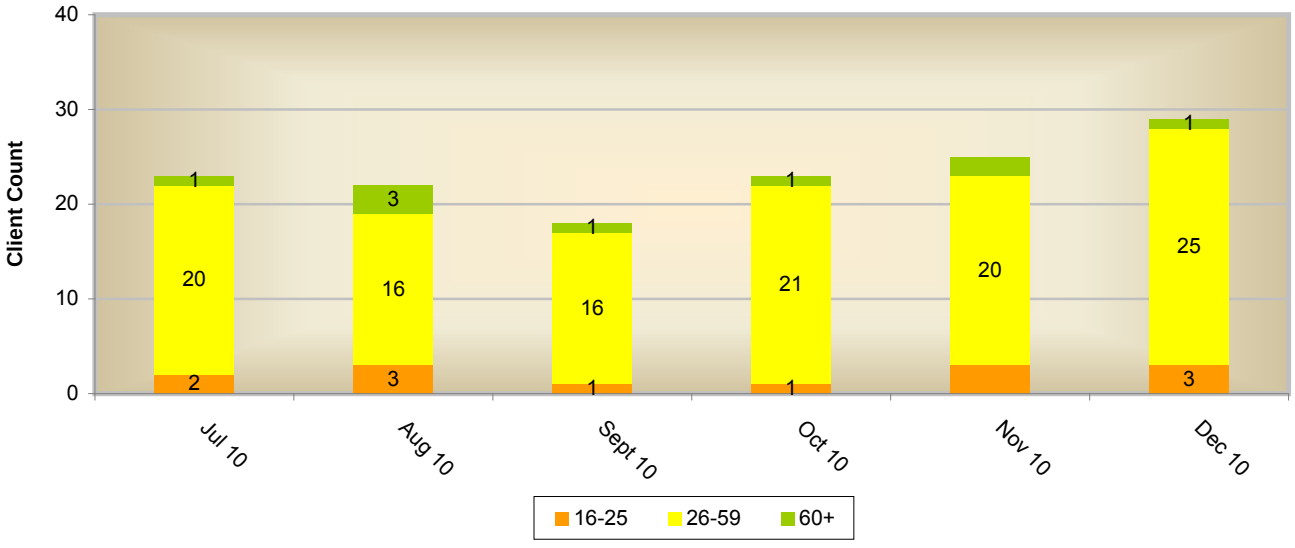


Source: CMHC Extract: March 2011

MHSA: Outpatient Medication Services Expansion
Unduplicated Clients by Race/Ethnicity
Fiscal Year 2010/2011 to December 2010



MHSA: Outpatient Medication Services Expansion
Unduplicated Clients by Age Group
Fiscal Year 2009/2010 and 2010/2011 to December 2010



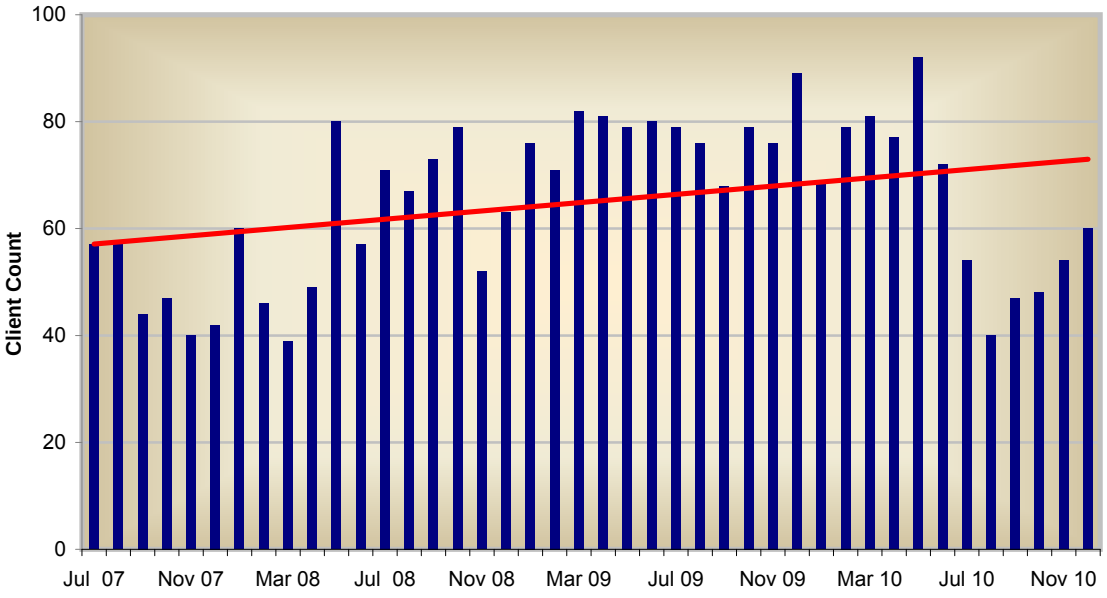
Source: CMHC Extract: March 2011

Rural Outreach Services Enterprise (ROSE)

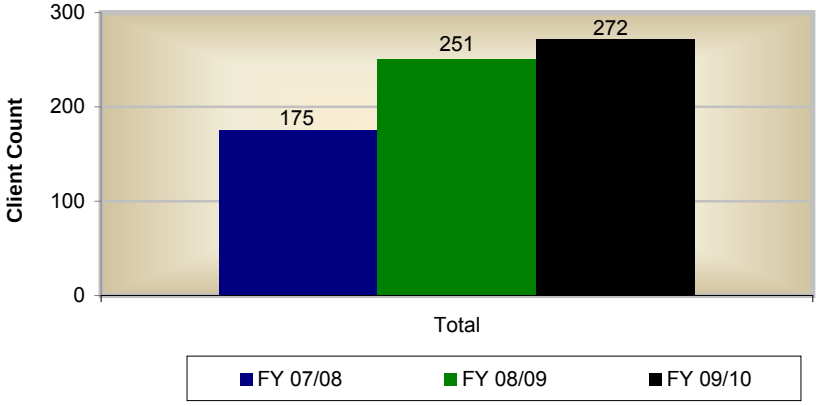
Beginning in July 2007, ROSE provides mobile access to behavioral health services throughout Humboldt County including the rural outlying geographic areas. ROSE serves all age groups including but not limited to people who are homeless and at-risk of homelessness. Efforts focus on reducing cultural and ethnic barriers to access that tend to exist in more traditional behavioral health settings.

MHSA: Rural Outreach Services Enterprise (ROSE)
Total Unduplicated Clients
Fiscal Years 2007/08 to December 2010

The total number of unduplicated clients served has increased from 57 in July 2007 to 72 in June 2010.

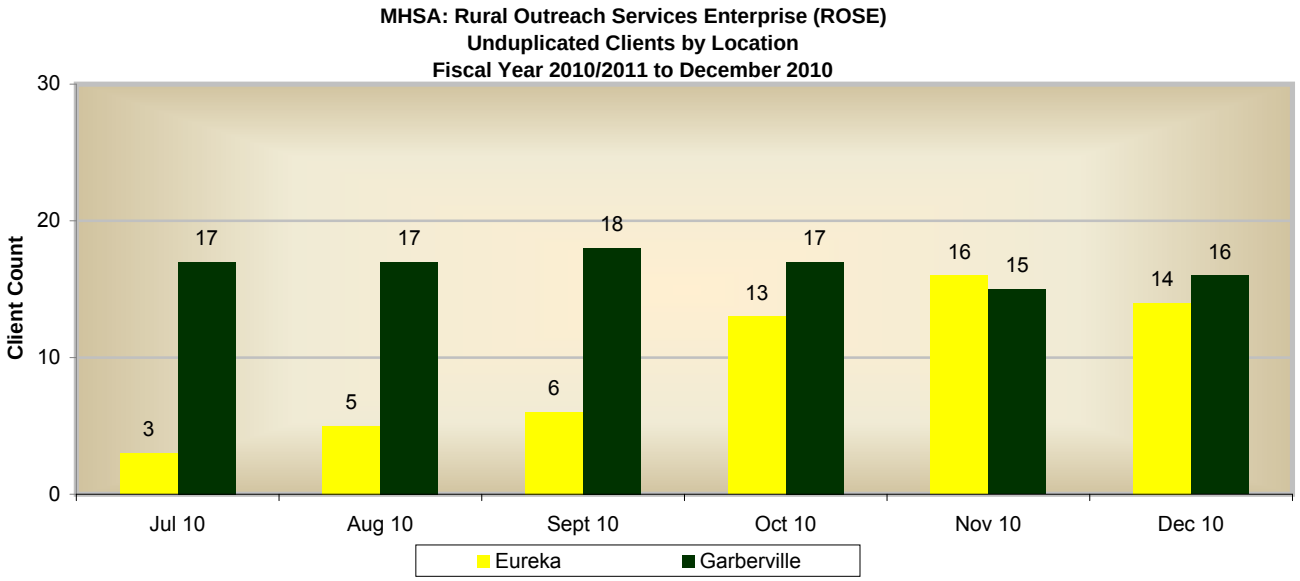


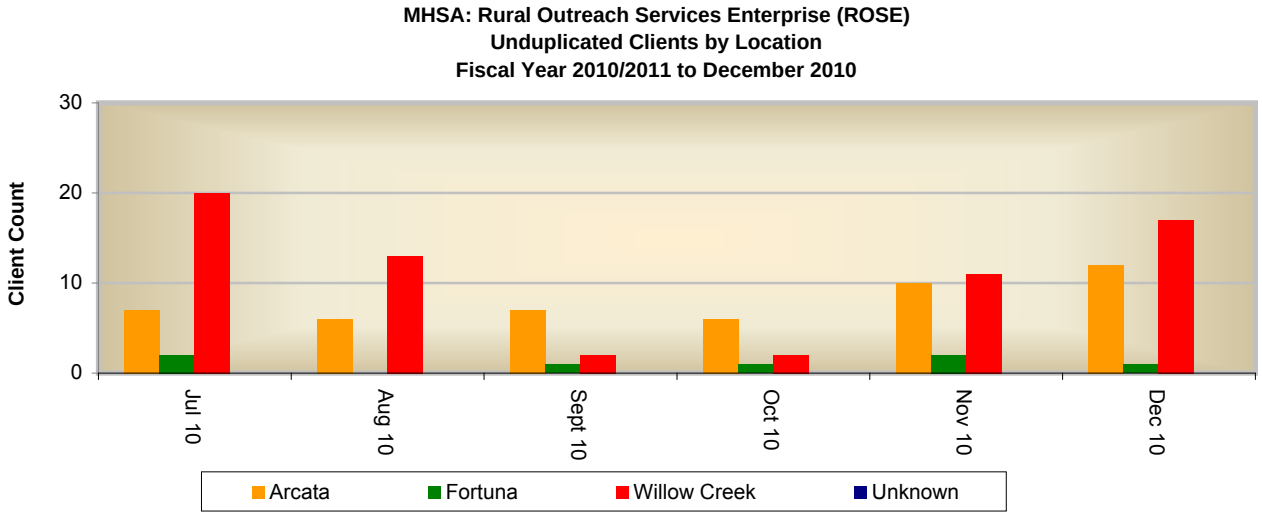
MHSA: Rural Outreach Services Enterprise (ROSE)
Total Unduplicated Clients
Fiscal Years 07/08, 08/09, 09/10

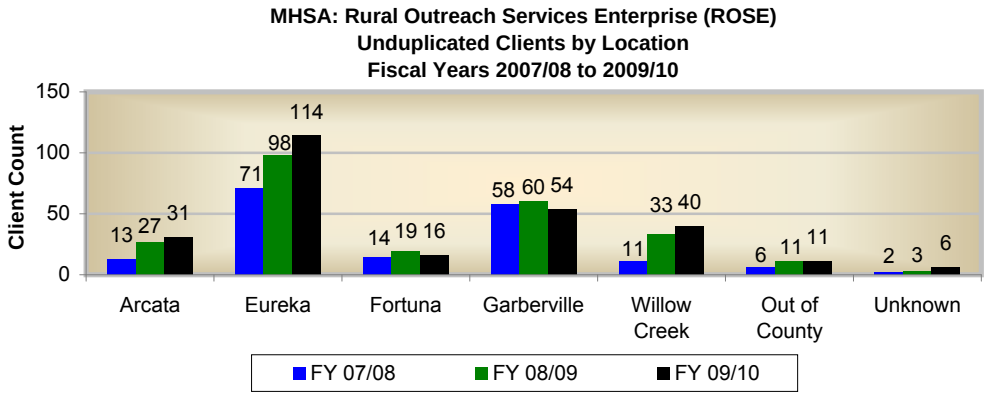


The number of unduplicated clients served in the twelve month period from July through June increased from 175 in FY 2007/2008 to 251 in FY 2008/2009 and 272 in FY 2009/2010.

Source: CMHC Extract: March 2011



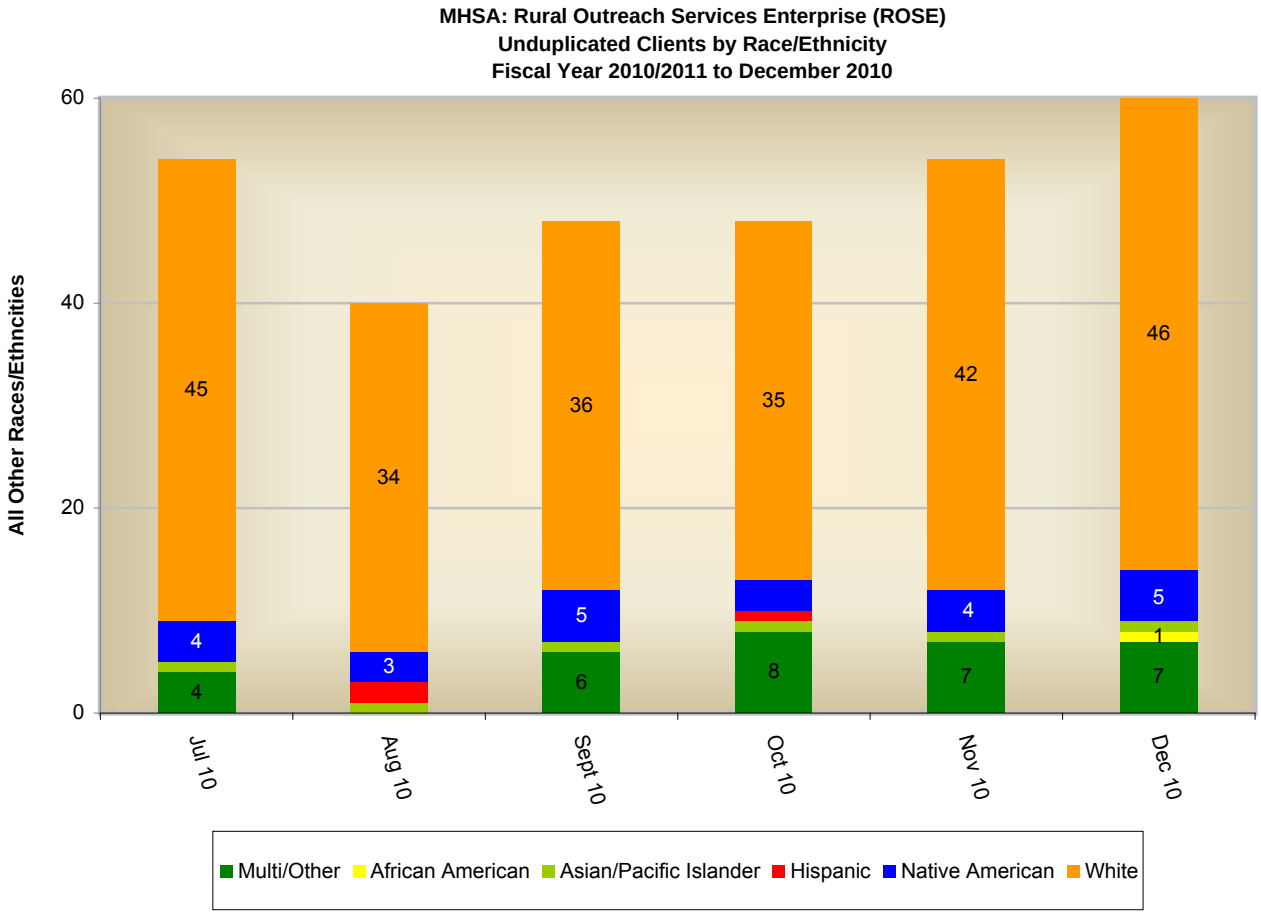


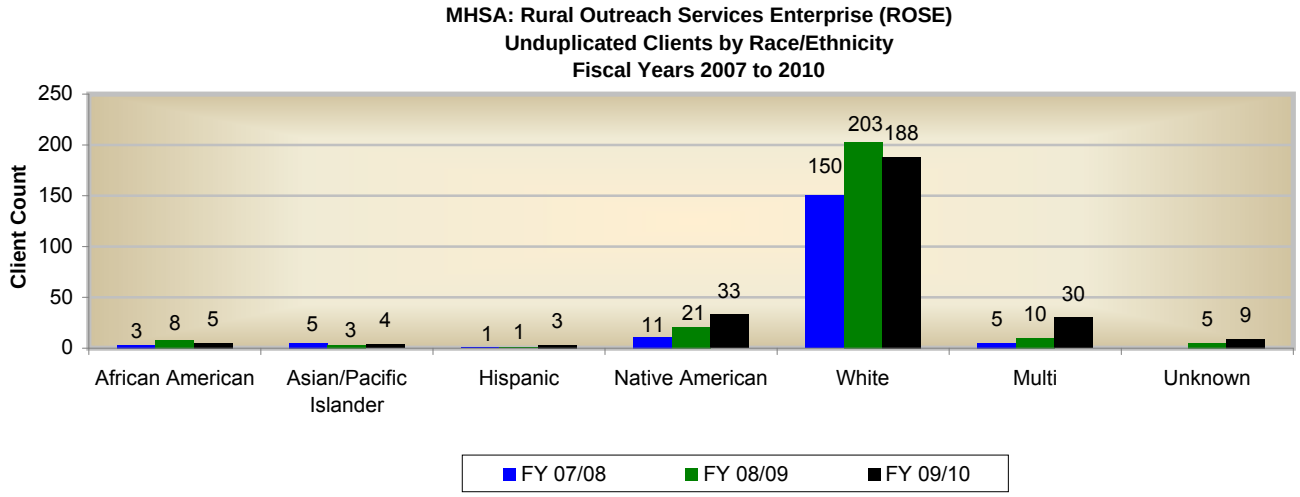


The number of unduplicated clients served in Willow Creek in the twelve month period from July through June increased from 11 in FY07/08 to 33 in FY08/09 and to 40 in 09/10.

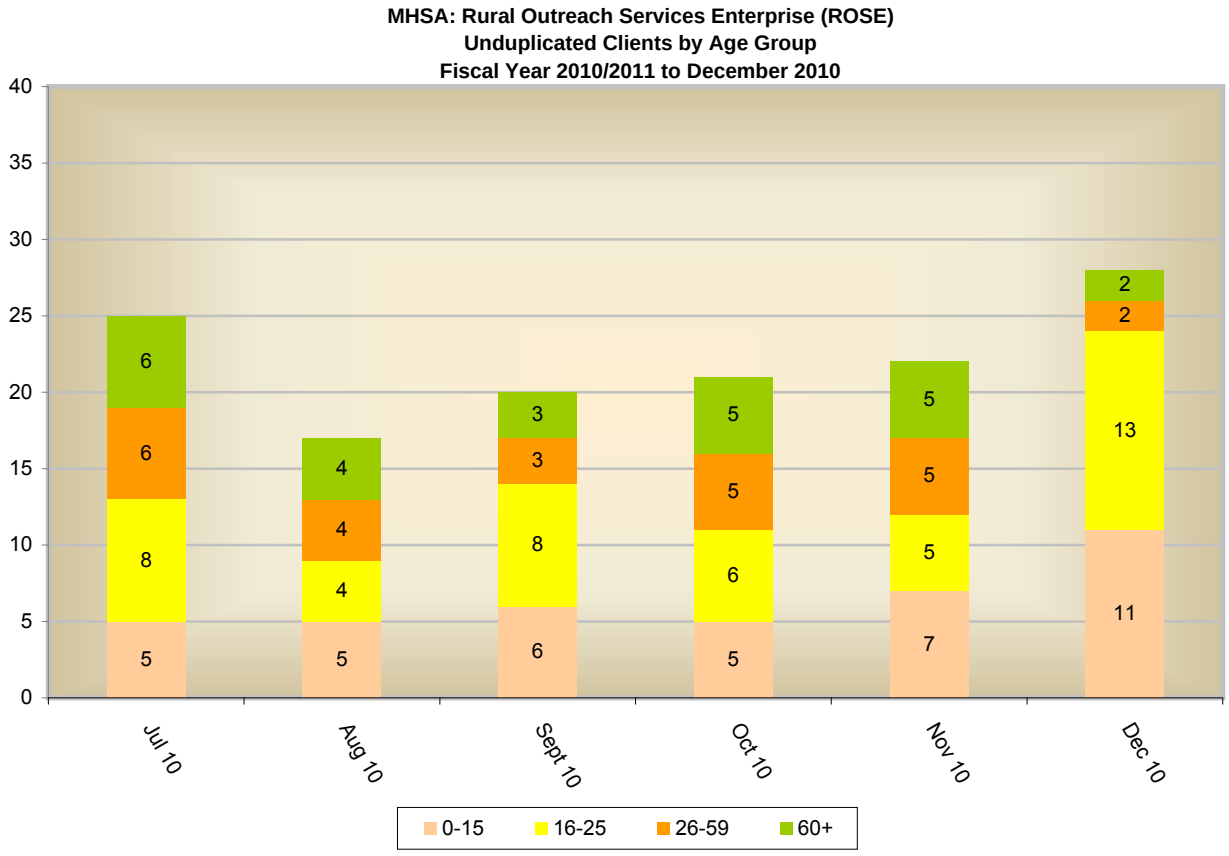
Source: CMHC

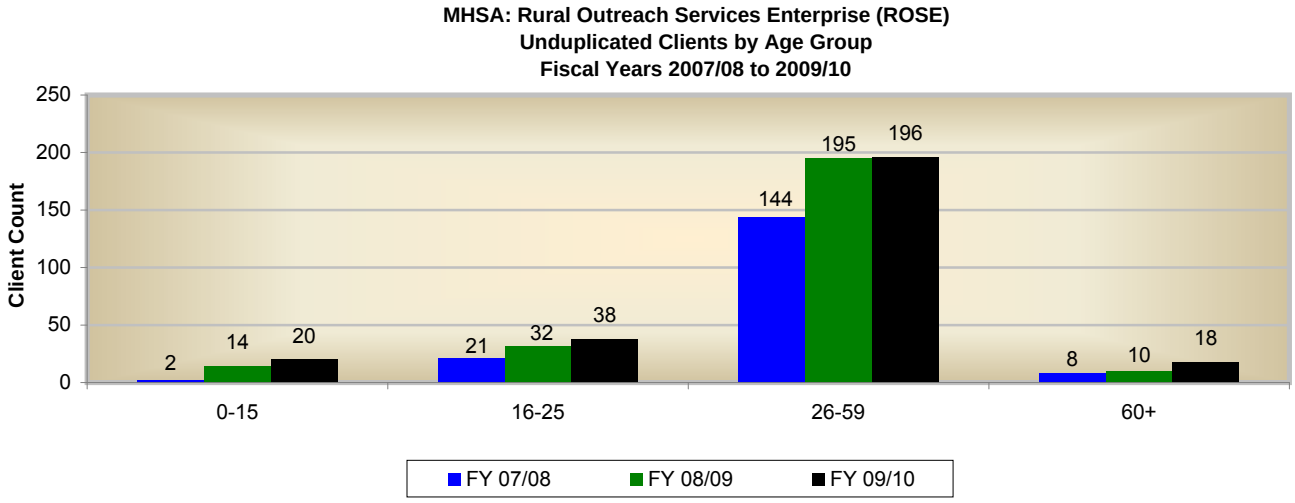
Extract: March 2011





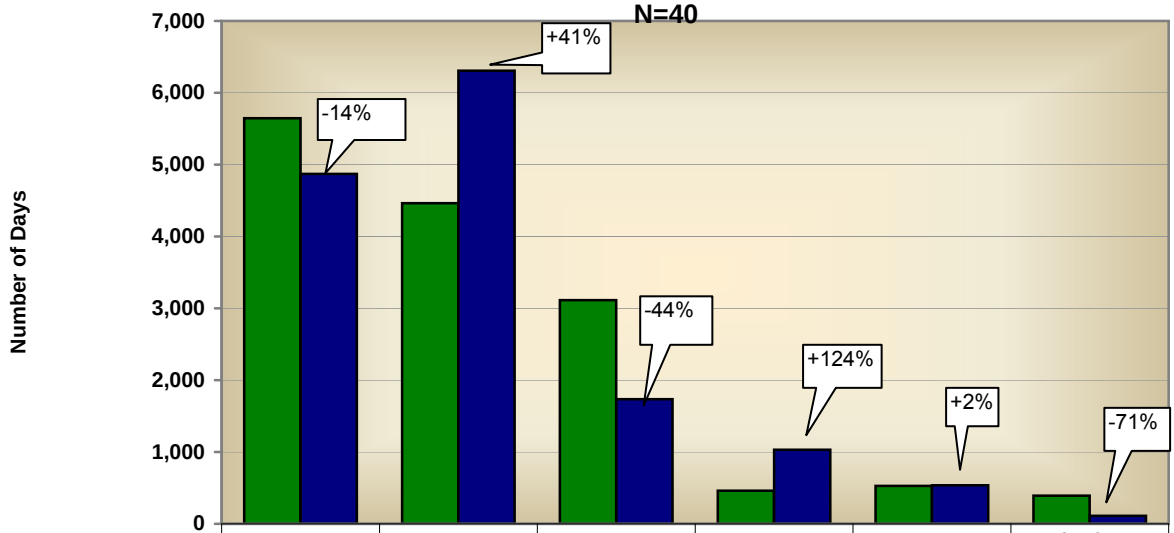
Source: CMHC Extract: March 2011





Source: CMHC Extract: March 2011

Active Comprehensive Community Treatment Partners
Enrolled for at Least Two Years
As of October 15, 2010
N=40



	Independent	Supervised	Residential	Homeless	Hospital	Justice Placement
First Year # of Days	5646	4463	3113	460	527	391
Second Year # of Days	4870	6308	1735	1032	536	112

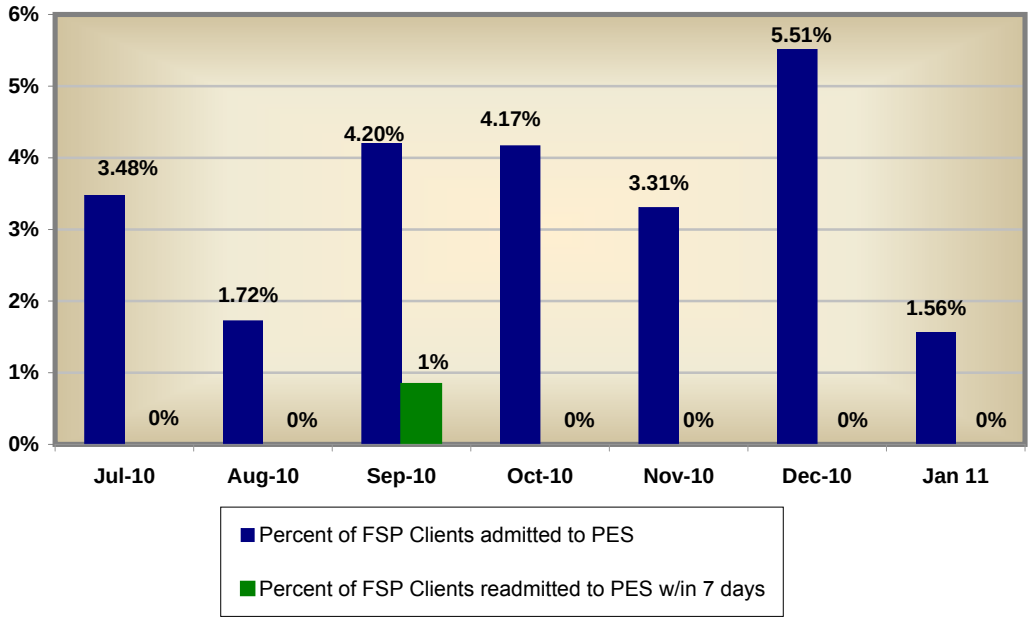
Source: Department of Mental Health, DCR, December 2010

As of October 15, 2010 there were 40 individuals active in the Comprehensive Community Treatment Program who had been enrolled for at least two years.

This chart reflects the number of days those 40 individuals resided in each situation type in the first year of their enrollment in the program and the number of days those same 40 individuals resided in each situation type in the second year of their enrollment in the program.

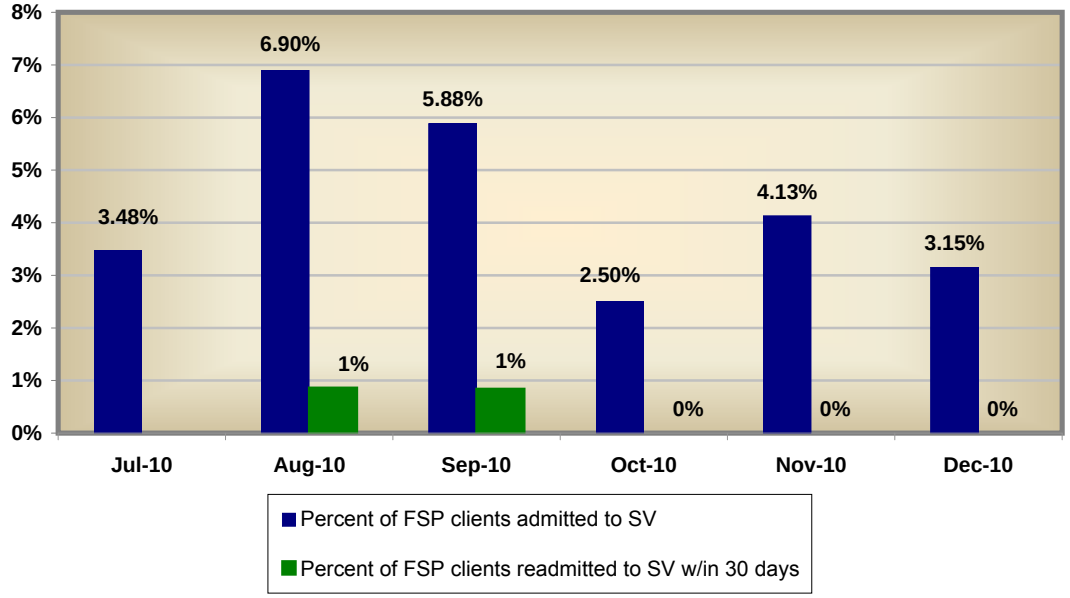
DMH DCR
extract October 2010

MHSA: Full Service Partnership (FSP)
Psychiatric Emergency Services
Admissions and Readmissions
July 2010 to January 2011



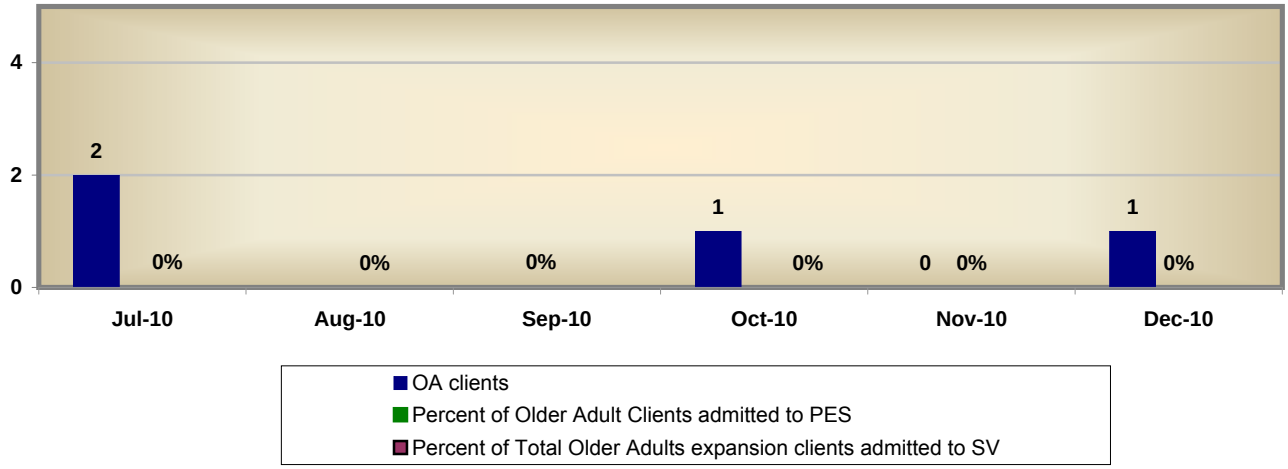
Source: DCR, PES daily logs
March 2011

MHSA: Full Service Partnership (FSP)
Sempervirens Hospital
Admissions and Readmissions
July 2010 to December 2010



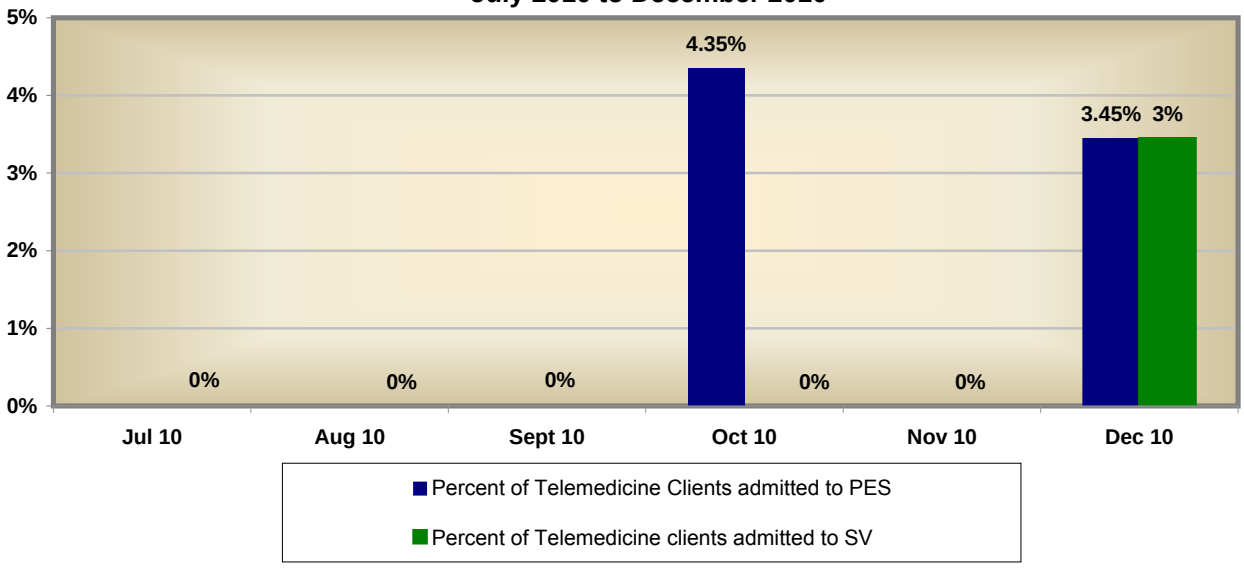
Source: DCR, PES logs, SV census
March 2011

MHSA: Older Adults Expansion
Sempervirens Hospital and Psychiatric Emergency Services
Admissions and Readmissions
July 2010 to December 2010



The Older Adults Expansion program had 4 clients served between July and December 2010; the clinician position assigned to the reporting code 1672 has been unfilled since 2009 and was recently filled. None of the 4 clients were admitted to either SV or PES.

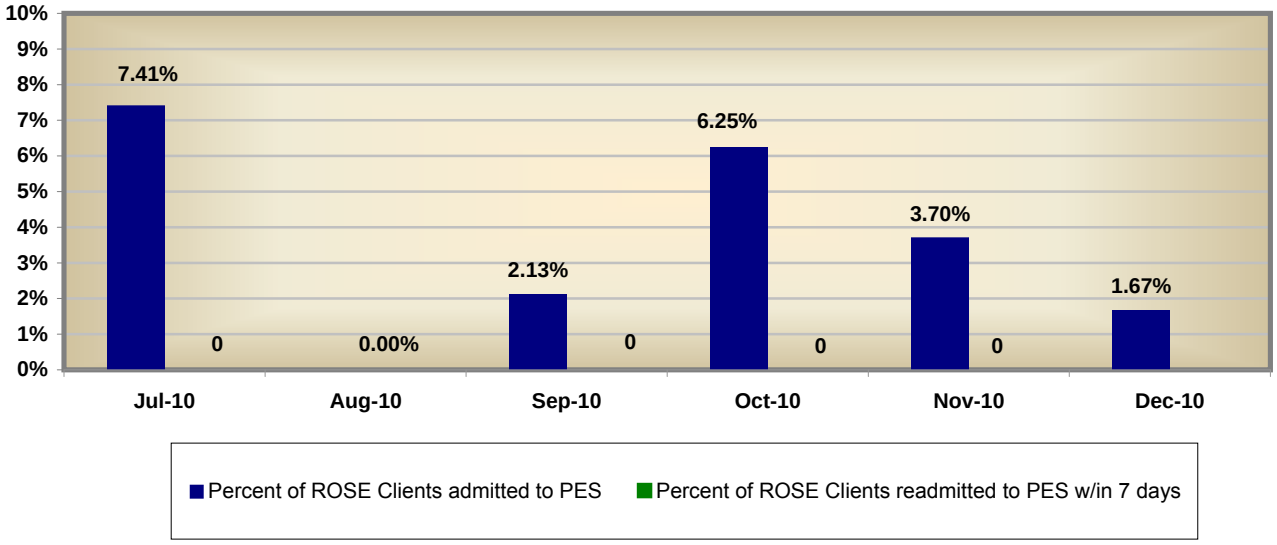
MHSA: Telemedicine
Sempervirens Hospital and Psychiatric Emergency Services
Admissions and Readmissions
July 2010 to December 2010



Of the 23 clients served by Telemedicine in October 2010, one was provided services by Psychiatric Emergency Services. In December 2010, one client was provided services at PES and SV.

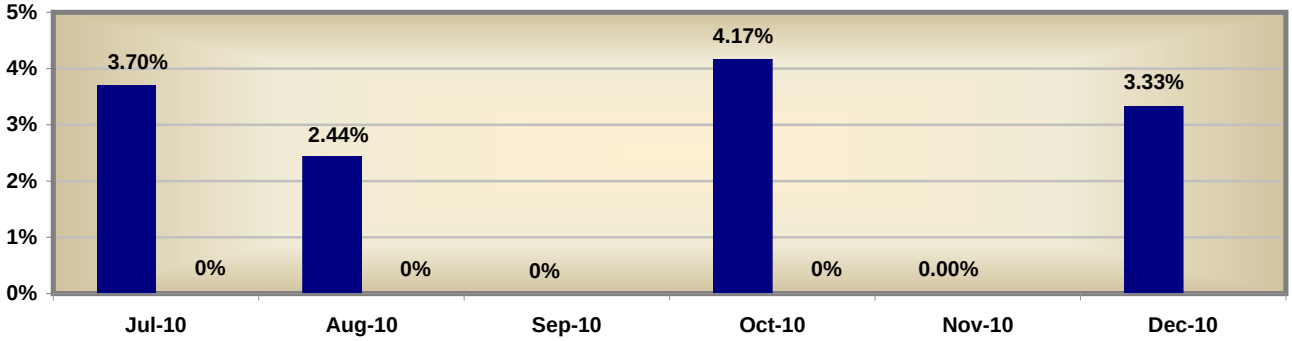
Source: CMHC, SV census and PES daily logs
March 2011

MHSA: Rural Outreach Services Enterprise (ROSE)
Psychiatric Emergency Services
Admissions and 7 Day Readmissions
July 2010 to December 2010



From July to October 2010, there were a total of eight clients served by ROSE who received Psychiatric Emergency Services; none of whom were readmitted within 7 days.

MHSA: Rural Outreach Services Enterprise (ROSE)
Sempervirens Hospital
Admissions and 30 Day Readmissions
July 2010 to December 2010



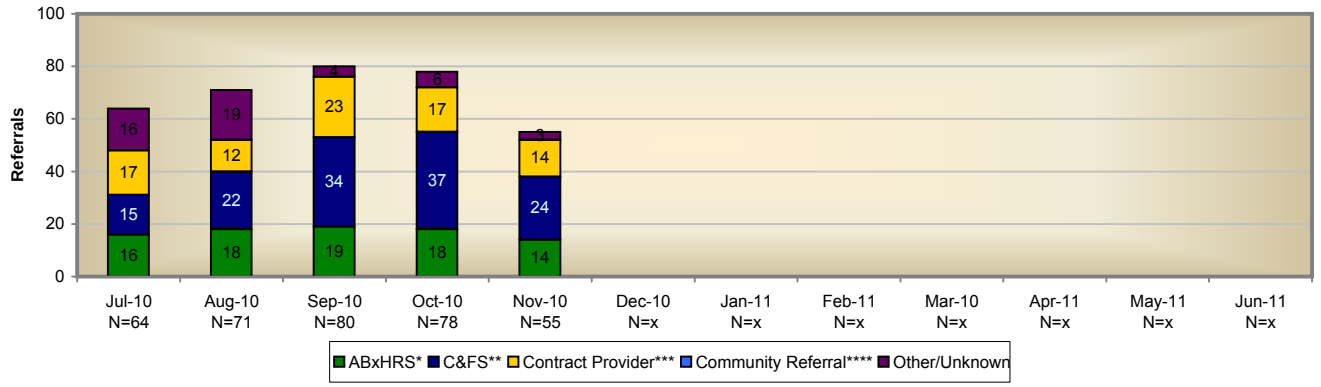
From July to October 2010, there were a total of five clients served by ROSE who were also admitted to Sempervirens; none of whom were readmitted within 30 days. In December 2010, 2 ROSE clients were seen at SV, neither one was readmitted.

Source: CMHC, SV census and PES logs
March 2011

Humboldt County Department of Health and Human Services - Mental Health Branch: Managed Care
Specialty Mental Health (SMH) Provider Referrals
8 Data Book Report

The term “Specialty Mental Health (SMH) services” refers to highly skilled services that are provided to clients whose symptoms are the most serious and require expert care for the most impaired population. The Mental Health Branch or its contract providers furnish these services which can include: Individual, Group and Family Counseling, Targeted Case Management, Therapeutic Behavioral Services, Medication Support, Day Treatment, Crisis Intervention, and Inpatient Hospitalization.

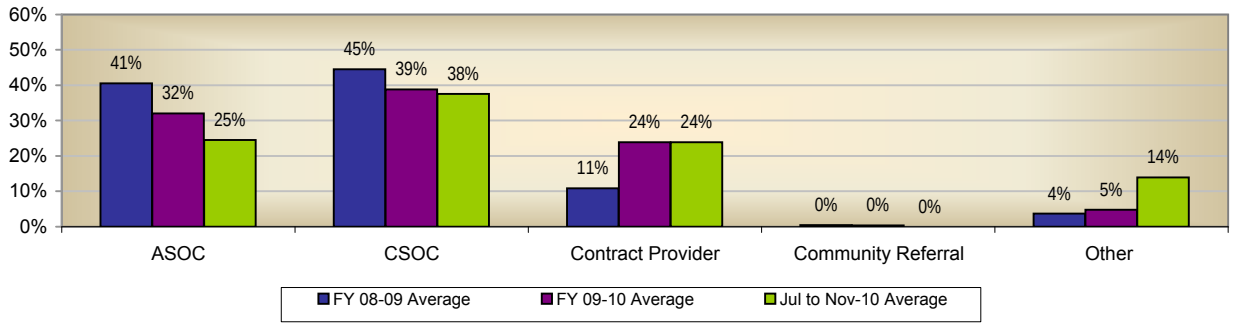
Specialty Mental Health (SMH) Number of Referrals
July to November 2010 (N=348)



Source: CMHC RAS Report

* Adult Behavioral Health and Recovery Services
** Children, Youth and Family Services
*** Contract Providers include Organizational and Individual Providers
**** Community Referral includes Primary Care Physician (PCP) and Private Mental Health

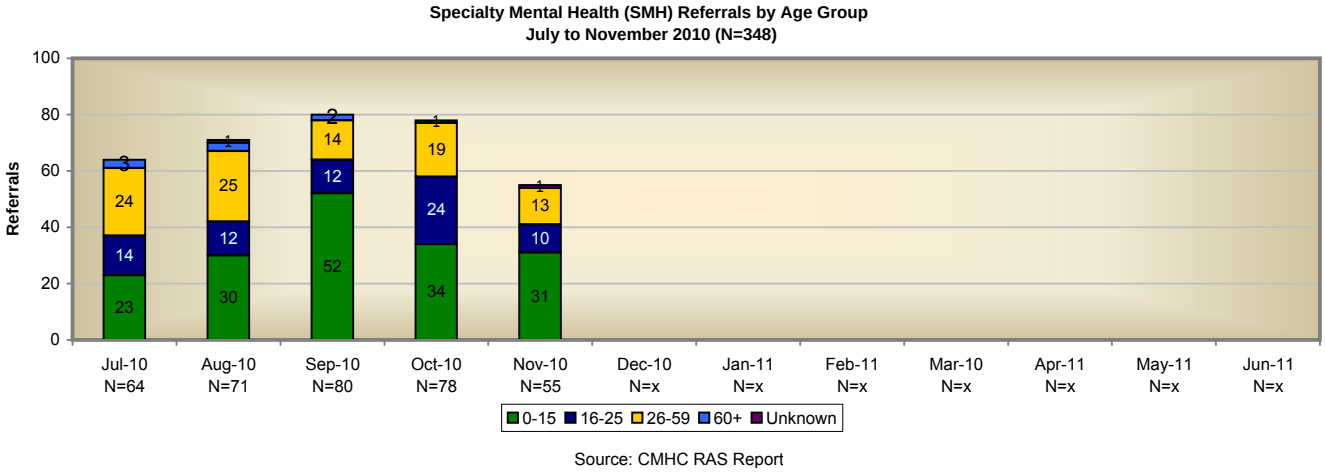
Fiscal Year Comparison
Average Percentage of SMH Referrals to Providers



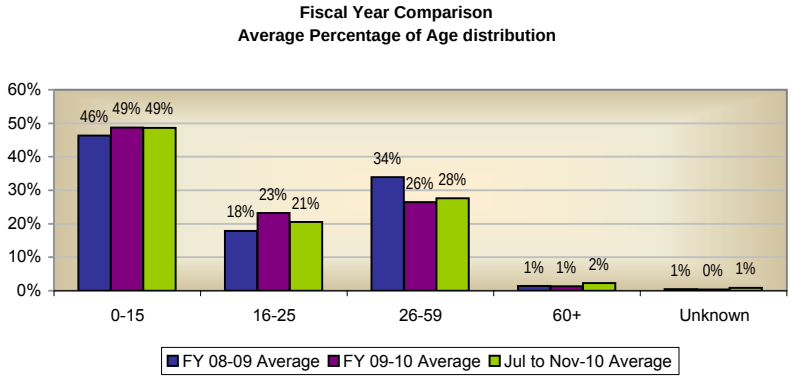
Compared to fiscal year 08-09, SMH referrals to ASOC have decreased by 9%, referrals to CSOC have decreased by 6% and referrals to contract providers have increased by 13% in fiscal year 09-10. As this graph illustates, for the period July to November 2010, referrals to ASOC and CSOC were lower than past fiscal year averages. Referrals to Other providers were higher.

Source: CMHC RAS report extract date: 2/16/11

Humboldt County Department of Health and Human Services - Mental Health Branch: Managed Care
Specialty Mental Health (SMH) Provider Referrals
8 Data Book Report



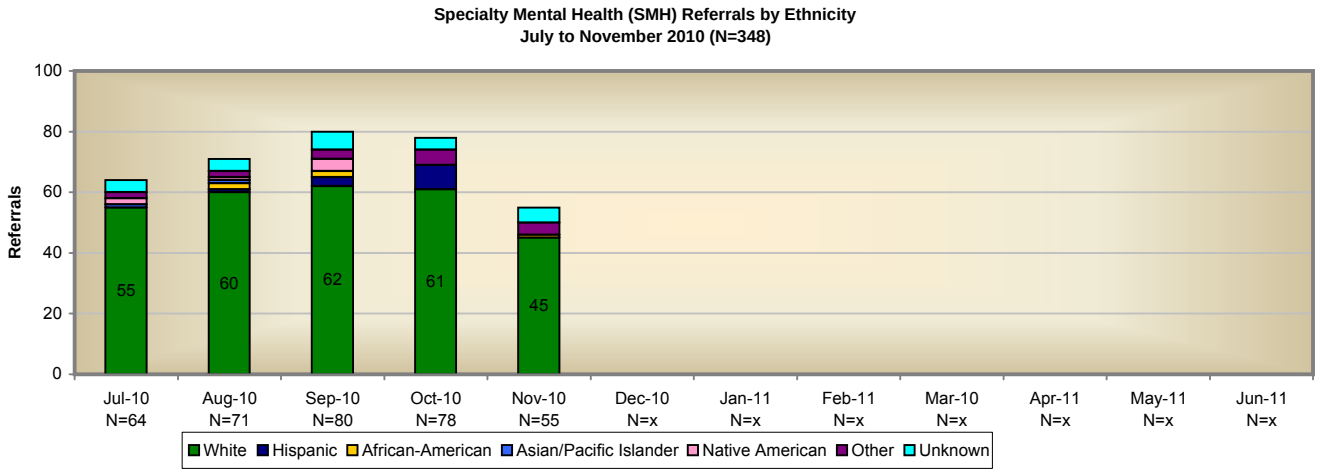
Source: CMHC RAS Report



Compared to fiscal year 08-09, the distribution of referrals by age group is undergoing changes in FY 09-10: the average percentage of referrals of Transition Age Youth has increased by 5%, whereas the average percentage of referrals of Adults aged 26 to 59, has decreased by 8%. As this graph illustrates, for the period July to November 2010, referrals for the first age bracket show a stable trend, whereas referrals for the other age brackets somewhat fluctuate.

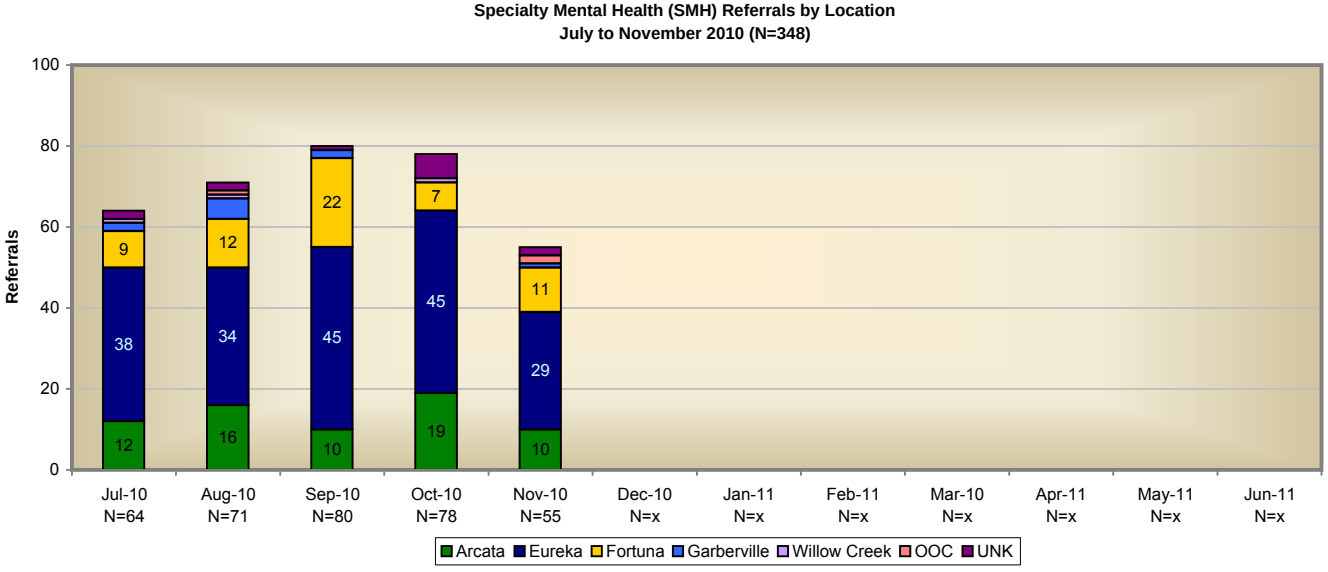
Source: CMHC RAS report extract date: 2/16/11

Humboldt County Department of Health and Human Services - Mental Health Branch: Managed Care
Specialty Mental Health (SMH) Provider Referrals
8 Data Book Report



Source: CMHC RAS Report

During the period July to November 2010, 82% of SMH clients were White and 7% had Unknown ethnicities. 2% were Native American, 1% was Asian/Pacific Islander, 1% was African American and 3% were Hispanic. 5% indicated Other ethnicities.



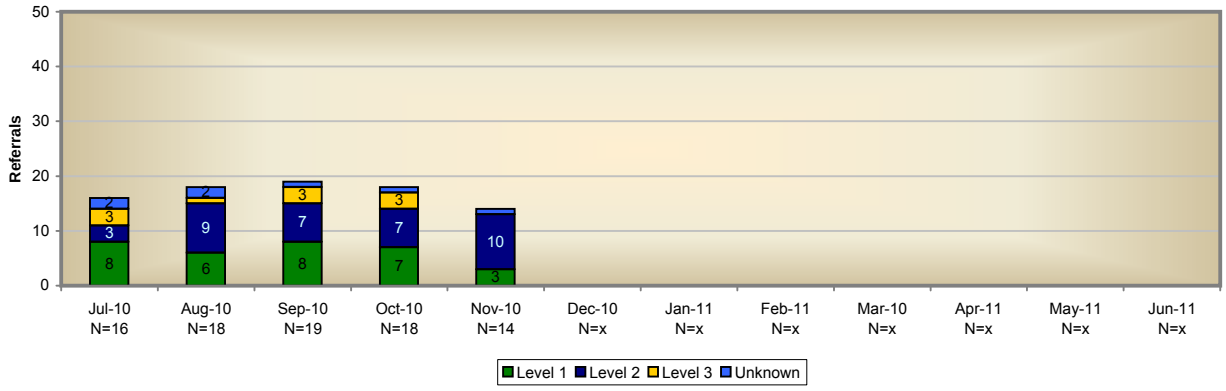
Source: CMHC RAS Report

During the period July to November 2010, 55% of SMH eligible clients were residents of the location category Eureka, 19% resided in Arcata and 17% in Fortuna.

Source: CMHC RAS report extract date: 2/16/11

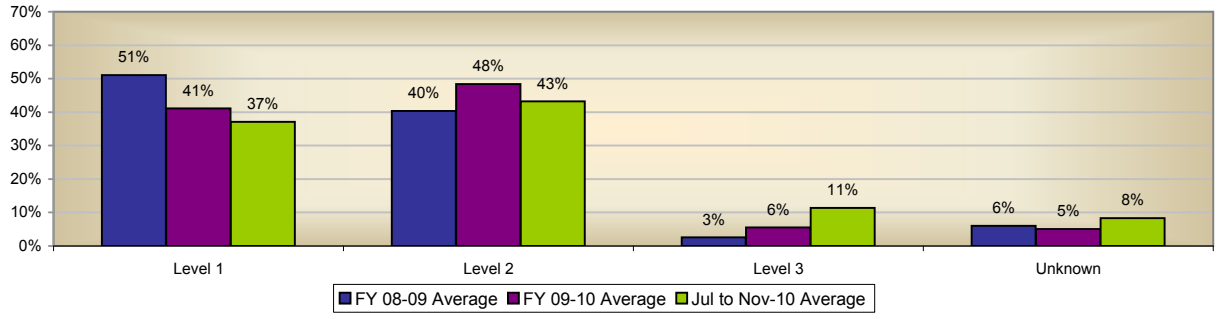
In order to try to categorize a client's acuity or level of need, the Humboldt County Mental Health Branch developed a system called "Levels" that attempts to quantify the level of impairment. The Levels system currently being used is three tiered, with Level 1 meaning the most acute need (the most serious impairment), and Level 3 the least acute need or mildest impairment within the criteria for Specialty Mental Health Services. Both Adult Behavioral Health and Recovery Services (ABxHRS) and Children and Family Services (C&FS) have slightly different criteria for assigning Levels, but each addresses the client level of need. A Medical Necessity/Levels/Authorization form for each System of Care details the appropriate criteria for determining a client's Level.

Specialty Mental Health (SMH) Referrals to Adult Behavioral Health and Recovery Services (ABxHRS) by Acuity Level
July to November 2010 (N=85)



Source: CMHC RAS Report

Fiscal Year Comparison
SMH Referrals to ABxHRS
Average Percentage Acuity Levels

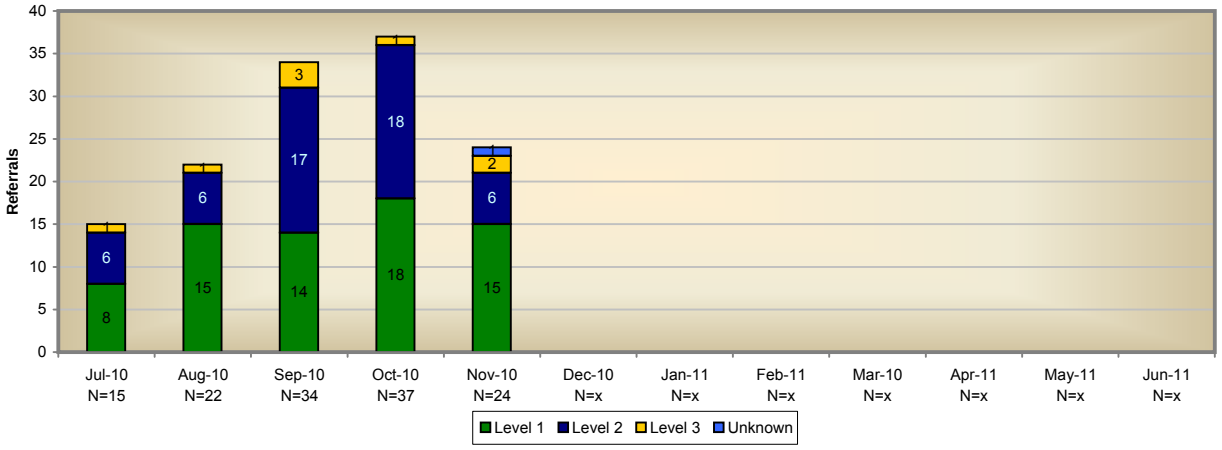


In fiscal year 08-09 and fiscal year 09-10, about 90% of SMH eligible adult clients assessed with an acuity level of 1 or 2 were referred to ASOC. During the period July to November 2010 this number was lower: 80% of clients with acuity level 1 or 2 were referred to ASOC. Level 3 referrals increased to 11%. Data is indicative that the most acute, high need adult population is being served at the Mental Health Branch.

Source: CMHC RAS report extract date: 2/16/11

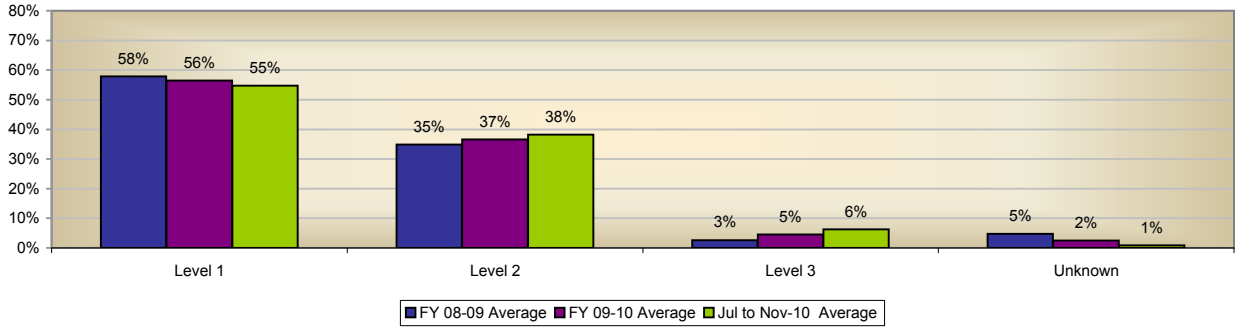
Humboldt County Department of Health and Human Services - Mental Health Branch: Managed Care
Specialty Mental Health (SMH) Provider Referrals
8 Data Book Report

Specialty Mental Health (SMH) Referrals to Children and Family Services (C&FS) by Acuity Level
July to November 2010 (N=132)



Source: CMHC RAS Report

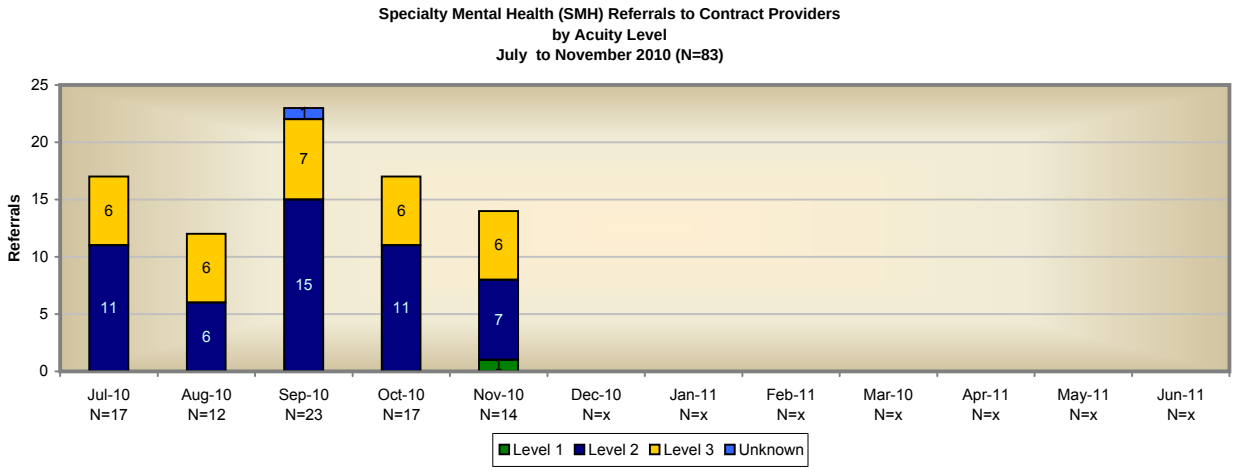
Fiscal Year Comparison
SMH Referrals to C&FS
Average Percentage Acuity Levels



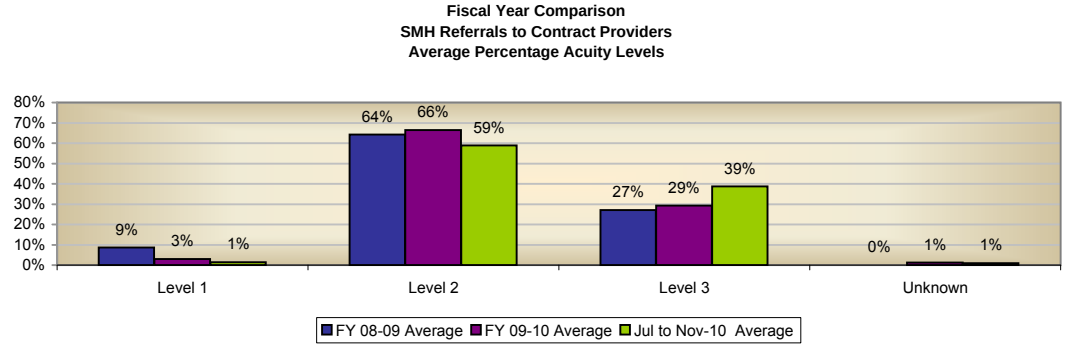
In fiscal year 08-09 and in fiscal year 09-10, more than 90% of SMH eligible Child clients assessed with an acuity level of 1 or 2 were referred to CSOC. This is also true for the period July to November 2010. Data is indicative that the most acute, high need child and transition age youth population is being served at the Mental Health Branch.

Source: CMHC RAS report extract date: 2/16/11

Humboldt County Department of Health and Human Services - Mental Health Branch: Managed Care
Specialty Mental Health (SMH) Provider Referrals
8 Data Book Report



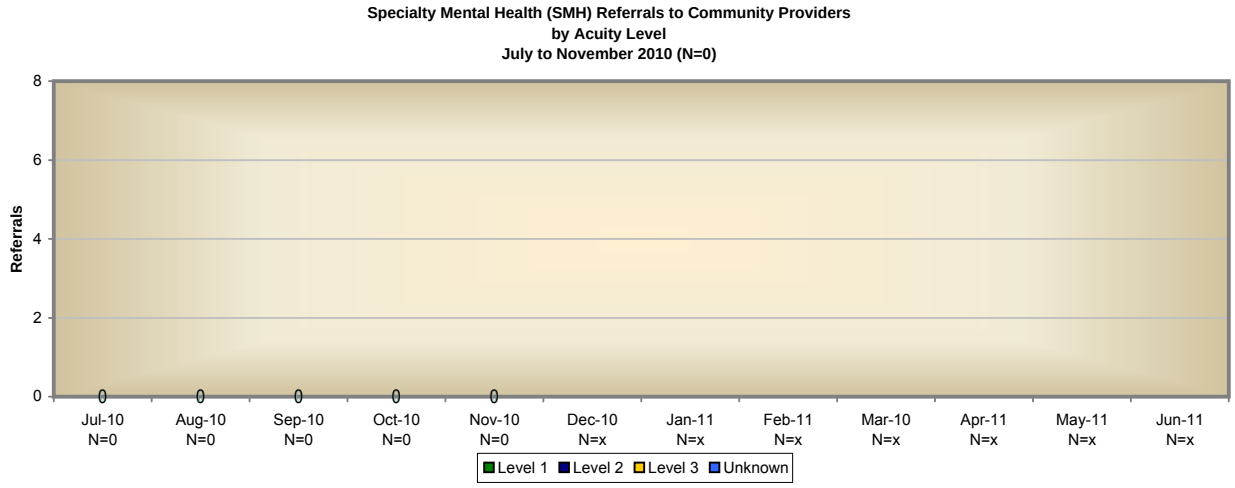
Source: CMHC RAS Report



In fiscal year 08-09 and fiscal year 09-10, over 90% of SMH eligible clients referred to contract providers were assessed with an acuity level of 2 or 3. During the period July to November 2010, 98% of clients referred to contract providers had an acuity level of 2 or 3.

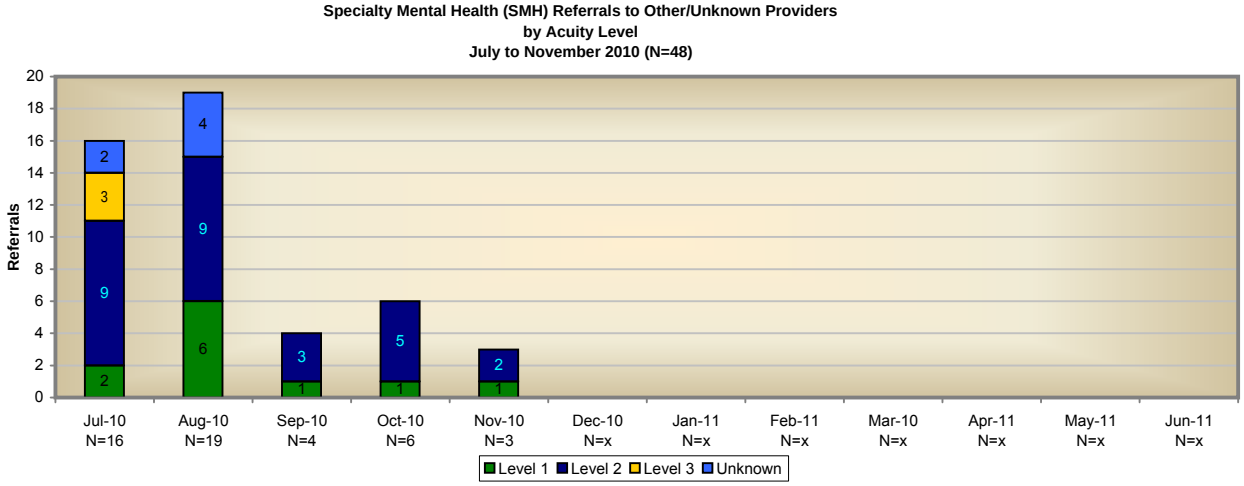
Source: CMHC RAS report extract date: 2/16/11

Humboldt County Department of Health and Human Services - Mental Health Branch: Managed Care
Specialty Mental Health (SMH) Provider Referrals
8 Data Book Report



Source: CMHC RAS Report

There were no referrals to Community Providers for the period July to November 2010.



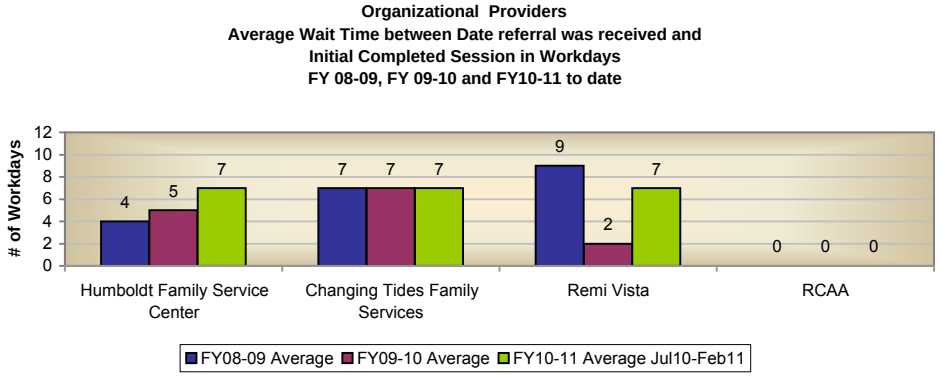
Source: CMHC RAS Report

There were eleven level 1, twenty-eight level 2, three level 3 and six referrals with an unknown acuity level to Other/Unknown Providers for the period July to November 2010.

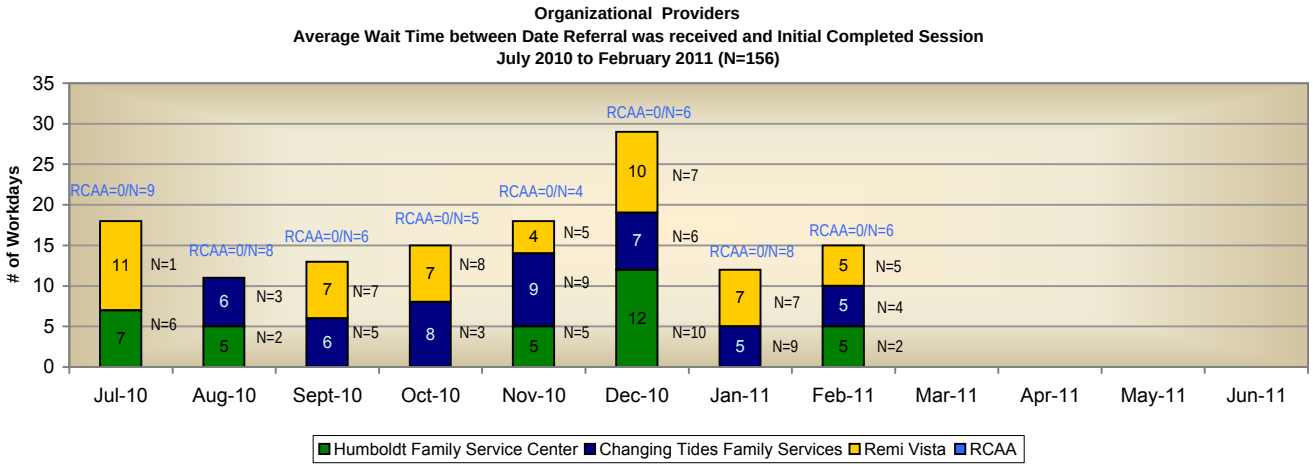
Source: CMHC RAS report extract date: 2/16/11

Humboldt County Department of Health and Human Services - Mental Health Branch: Managed Care
Organizational Provider Average Wait Time between Date Referral was received and Initial Completed Session
8 Data Book Report

Data include referrals from Mental Health Branch to Organizational Providers, and other referral sources to Organizational Providers. Provider comments include: Notice of Initial Provider Action forms indicate multiple client No Show or cancellation, or wait time is for a therapist specifically requested by the client, or extreme difficulty contacting the client. These were not included in this report.



For fiscal years 08-09 and 09-10, the average wait times are indicative of Organizational Providers' capacity to accomodate client needs and respond timely. On an average, all Organizational Providers schedule appointments within 10 working days of referrals and thusly continue to be in compliance with contract terms, which state that providers agree to schedule initial appointments within ten working days of referrals (section 3.3 of Org Provider contract). This trend continues through February 2011.



Source: Notice of Initial Provider Action (NIPA) form

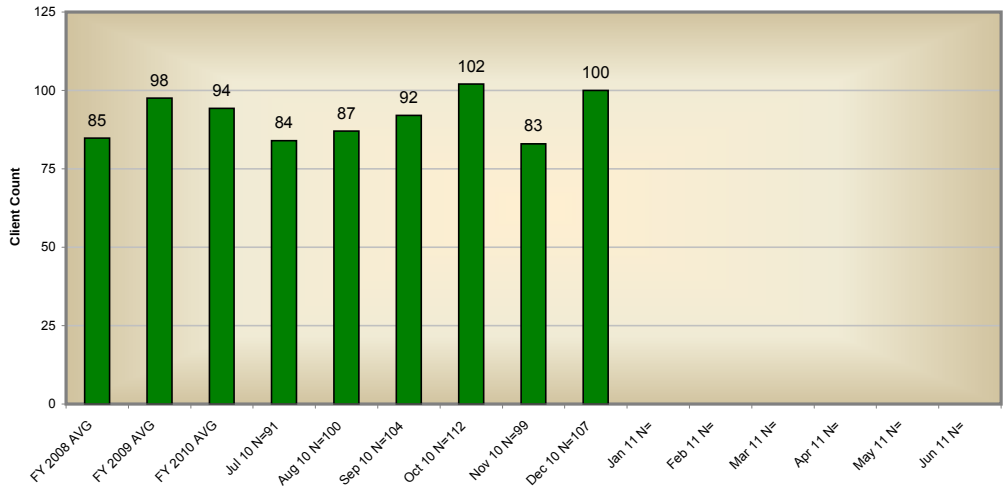
The wait time between the date an Organizational Provider received a referral, and date of first face-to-face appointment ranged from 0 to 11 workdays. Wait time fluctuates at times, this could be predicated on client preferences, staffing patterns or other unanticipated variables such as client response to scheduling or temporary waiting lists. Of note is that due to the nature of the programs, wait time for RCAA clients residing at the Multiple Assistance Center or Launch Pad is typically only 0 to 1 day.

Source: Notice of Initial Provider Action Form (NIPA) extract date: 3/4/11

Humboldt County Department of Health and Human Services-Mental Health Branch:
Psychiatric Emergency Services
#7 Data Book Report

- The Psychiatric Emergency Services (PES) unit provides Crisis Intervention and Crisis Stabilization services to individuals needing immediate service intervention.

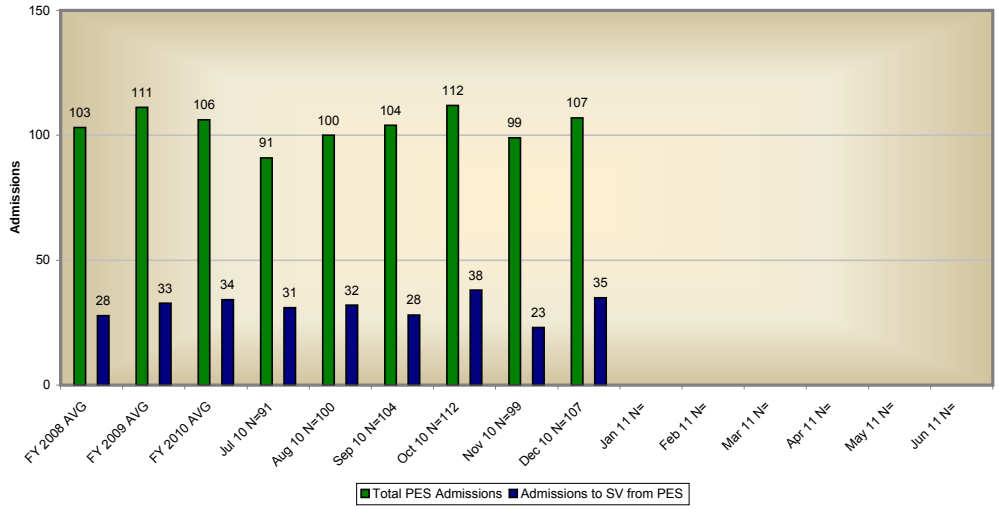
Psychiatric Emergency Services (PES) Client Count



- PES is intended to provide brief services to assist clients in crisis. If a client's needs require extended intensive treatment, they are referred to Sempervirens or occasionally to facilities outside Humboldt County, particularly for clients under 18 years of age.

- The higher numbers of PES admissions and PES clients tend to increase referrals to Sempervirens proportionately.

Psychiatric Emergency Services (PES) Admissions, and Admissions Referred to Sempervirens Hospital

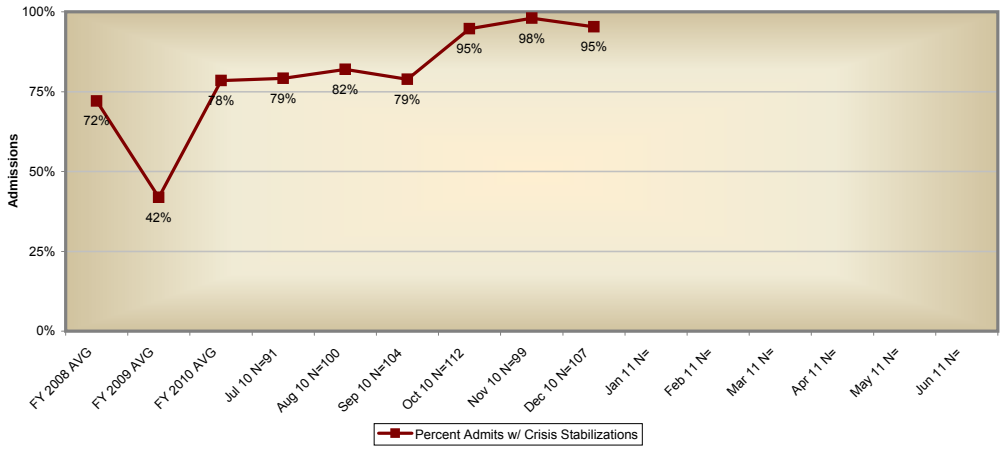


Source: CMHC and PES Daily Central Log extract date:02/03/2011

Humboldt County Department of Health and Human Services-Mental Health Branch:
Psychiatric Emergency Services
#7 Data Book Report

● Crisis stabilization services are provided in a clinical, in-patient setting for up to 20 hours. This provides a monitored short term setting which may help clients to return to the community without requiring a longer-term inpatient stay. Our New Practice Should Demostrate 100% of Admissions Received Stabilization. Will monitor over upcoming months.

Psychiatric Emergency Services (PES) Admissions Receiving Crisis Stabilization

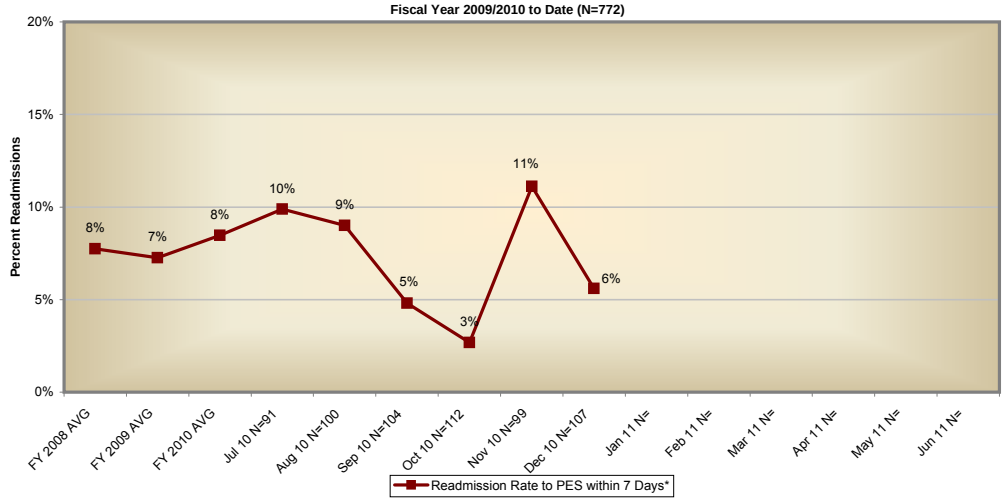


● Sempervirens is an acute care psychiatric hospital providing services to clients with acute psychiatric needs who require 24 hour care in a locked facility. Clients who present a danger to themselves or to others, or who are gravely disabled and cannot care for their health problems due to impairment are served by this facility. Sempervirens enables clients who need this service to be treated in their own community.

● The Psychiatric Emergency Services (PES) unit provides Crisis Intervention and Crisis Stabilization services to individuals needing immediate service intervention. The unit is considered a "23 Hour" program as intervention and stabilization will continue for up to 24 hours, and the individual will either be released to the community, admitted to an acute care psychiatric hospital, or to an acute care medical facility.

● The readmission rate within seven days of discharge from PES is a potential indicator of whether appropriate assessments and treatment occurred and the degree to which aftercare plans have been implemented by both clients and Mental Health staff. The seven-day readmission date moved sharply higher from September 2008 through January 2009, but has now reverted to lower levels..

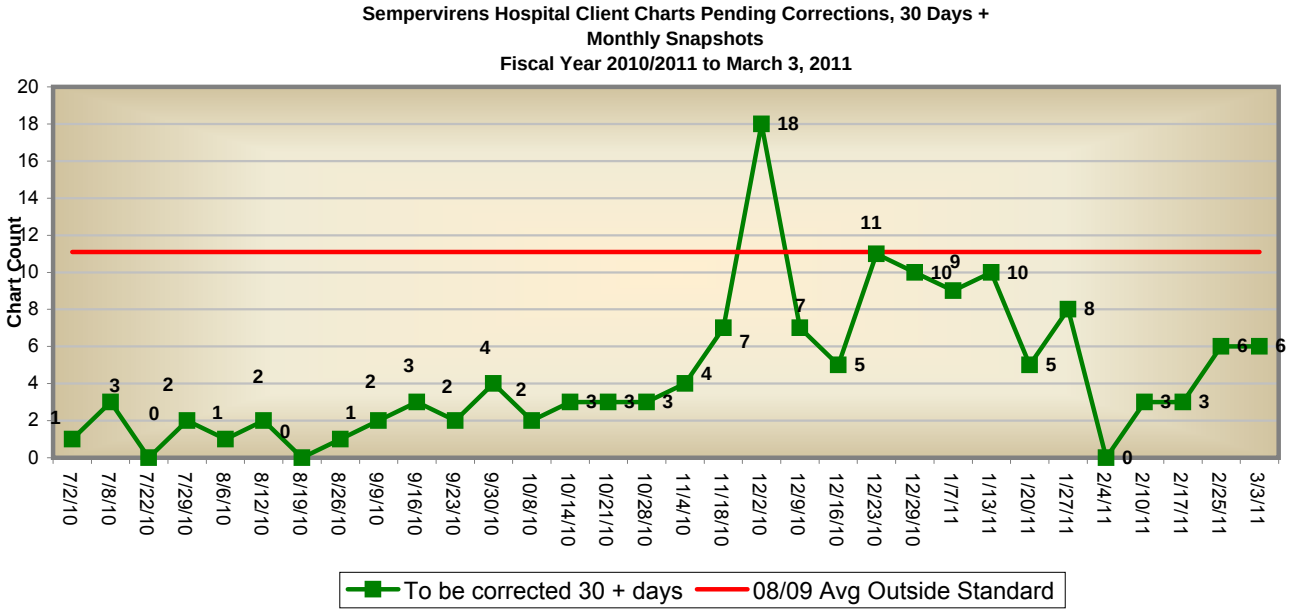
Psychiatric Emergency Services (PES) 7-Day Readmission Rate
Fiscal Year 2009/2010 to Date (N=772)

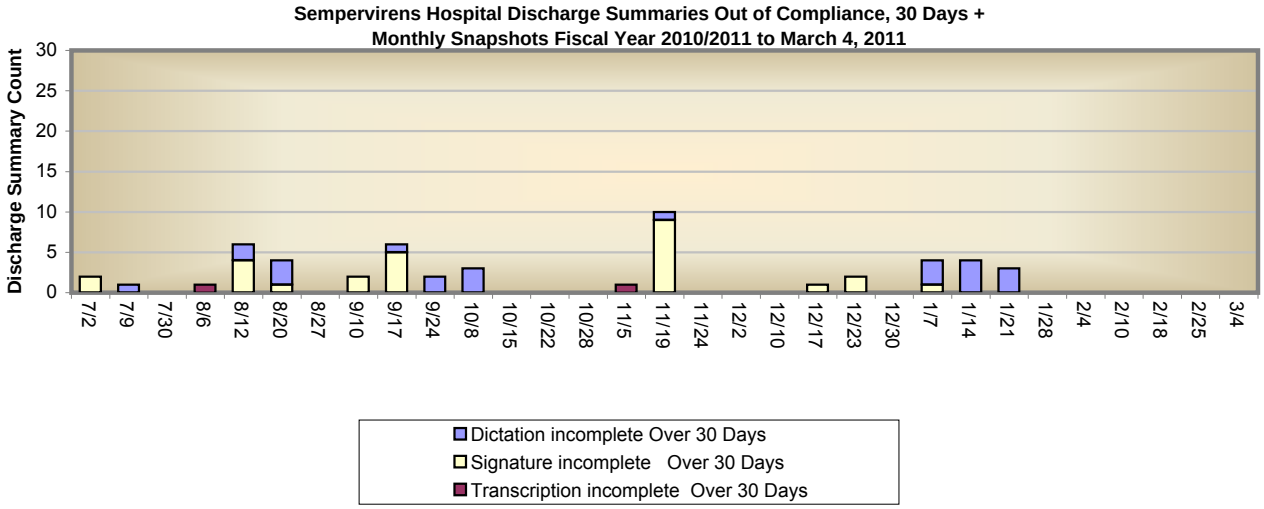


Source: CMHC and PES Daily Central Log extract date:02/03/2011

Humboldt County Department of Health and Human Services Mental Health Branch:
Quality Improvement, Hospital Chart Corrections and Discharge Summaries
#8 Data Book Report

The first graph illustrates monthly snapshots of the number of client charts pending corrections (over 30 days) at Sempervirens (SV) Hospital. The standard says that all charts must be complete within 30 days of discharge date. 6 charts out of compliance for correction this week. For the week of March 3rd: 3 are carried over from last week, 3 are newly out of compliance. 5 are for SV staff and1 is for MD's.
For a full report: V drive, CMS reports, Chart Correction



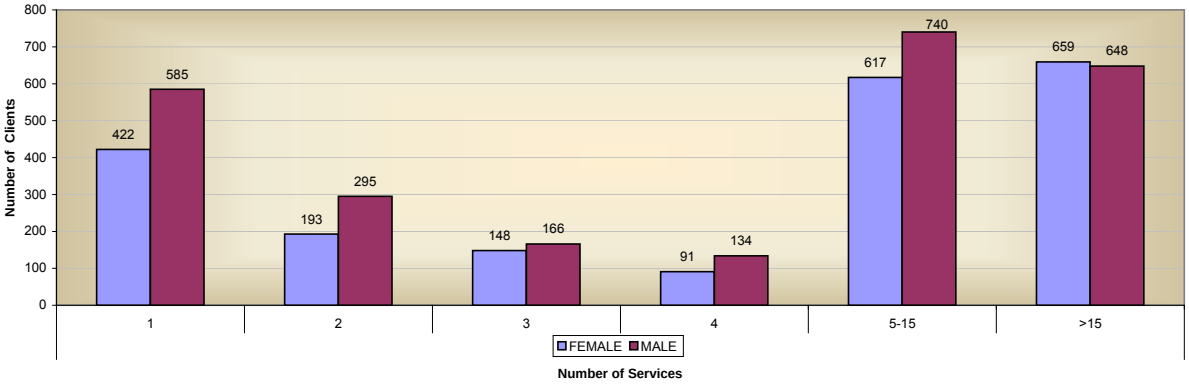


The second graph illustrates monthly snapshots of the number of SV Hospital Discharge Summaries that are out of compliance (over 30 days). Compliance means that all discharge summaries (dictation, transcription, and signature) must be complete within 30 days of discharge. The reason for Discharge Summaries being out of compliance is mostly due to incomplete signatures.
For a full report: V drive, CMS Reports, Discharge Summary update.

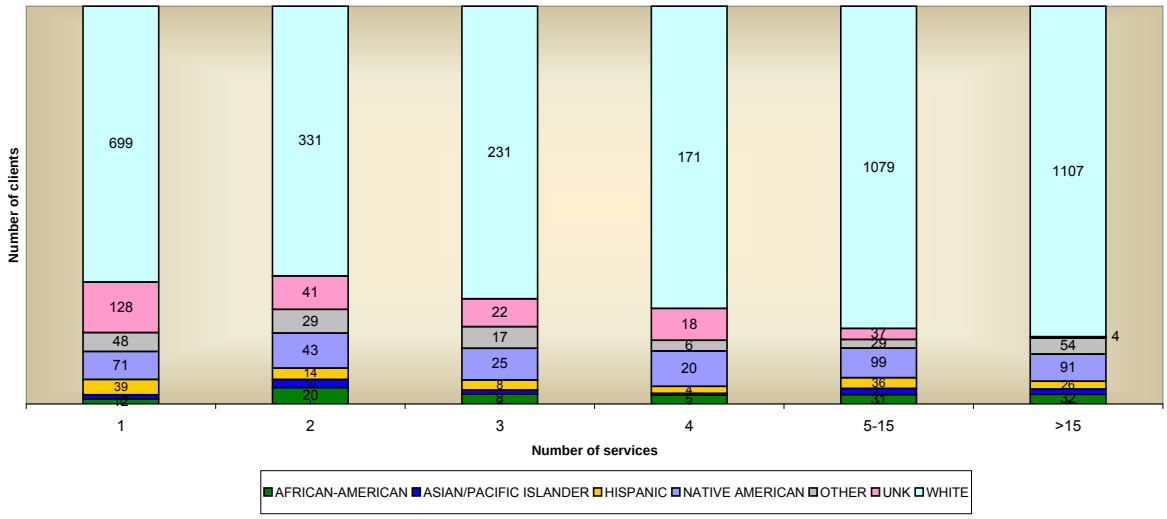
Source: SV Charts/
Discharge Summaries

extract: 03/11/11

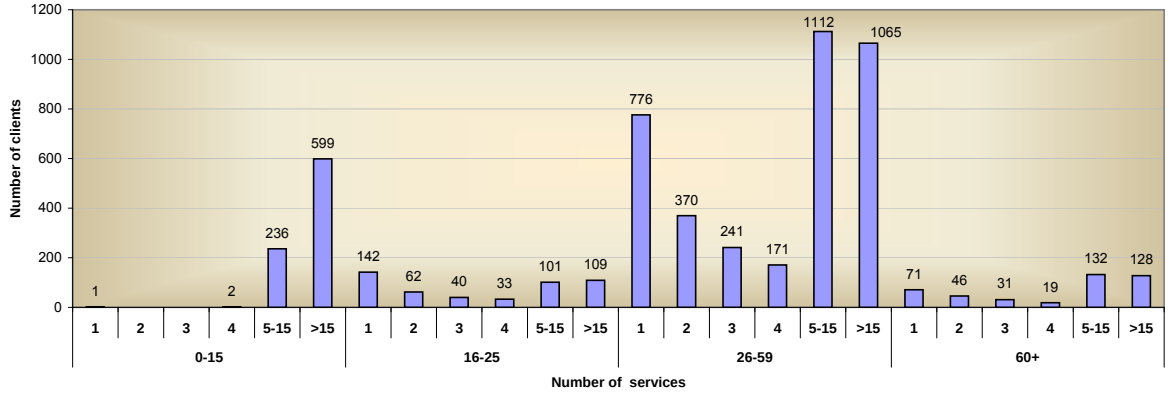
Clients by Gender per Number of Services
Fiscal Year 2009/2010



Clients by Ethnicity per Number of Services
Fiscal Year 2009/2010

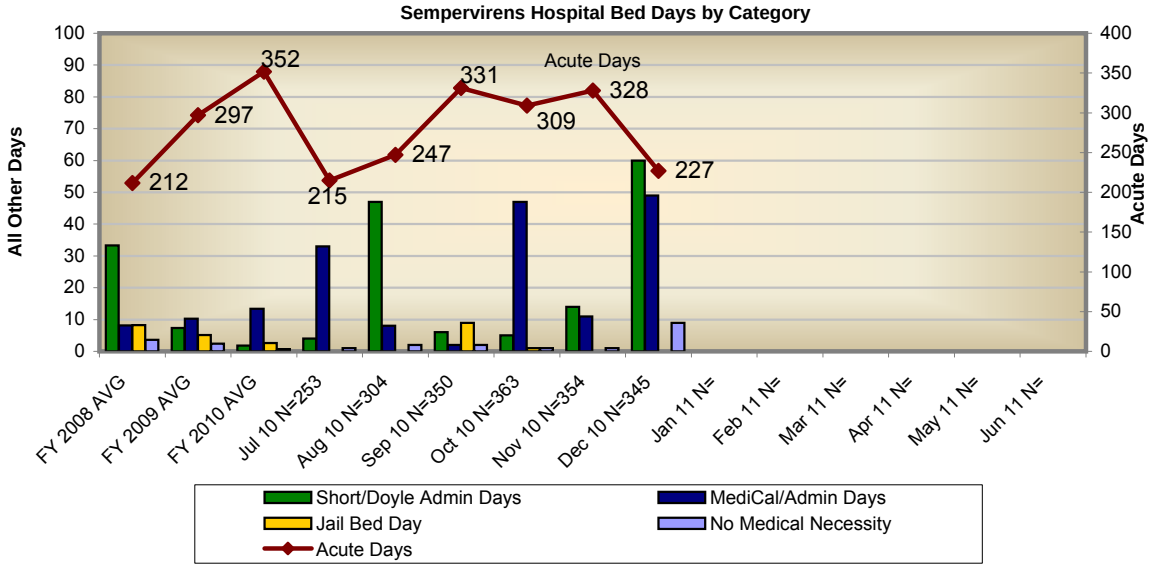


Clients by Age Range per Number of Services
Fiscal Year 2009/2010



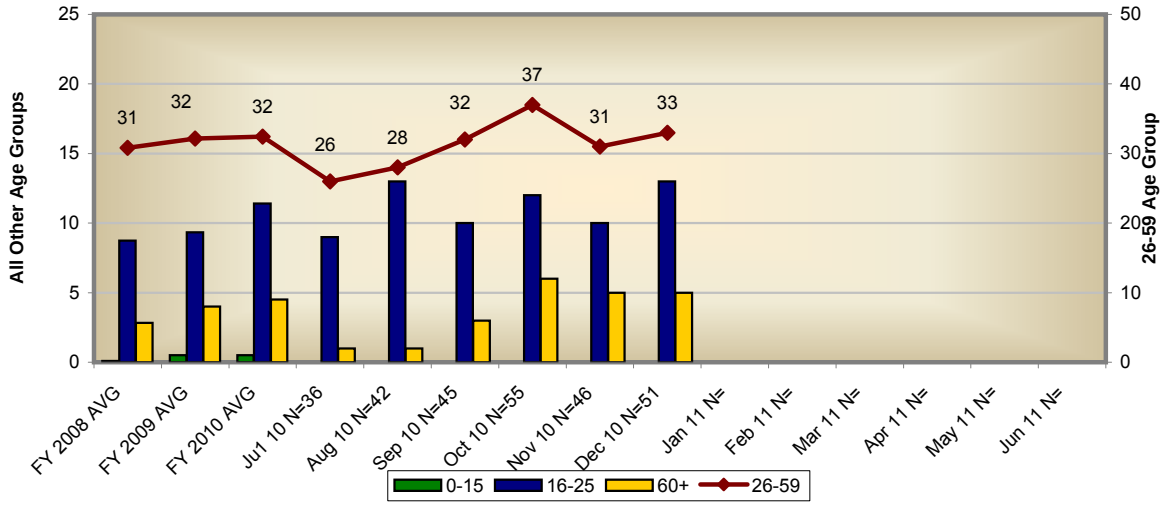
Source: CMHC extract June 1, 2010

Humboldt County Department of Health and Human Services-Mental Health Branch:
#11 Sempervirens
Data Book Report



● To allow fullest utilization for individuals who are most in need, it is important that Sempervirens maintains a low level of No Medical Necessity bed days, and that administrative days are minimized through diligent efforts to secure placements for clients who have stabilized. The "No Medical Necessity" days have averaged 1% of all bed days, As seen on the Bed Days chart, Short Doyle Administrative days are on a downward trend since January 2008, thus appearing to indicate appropriate mobilization to secure the appropriate level of services when acute services are no longer indicated.
●August showed a higher number of Short/Dolyle Admin Days (47) after being quite low over the previous two years. Further investigation of this anamoly will continue.

● The age categories have been chosen to be congruent with the categories used by APS Healthcare, the external quality review organization for the State of California.



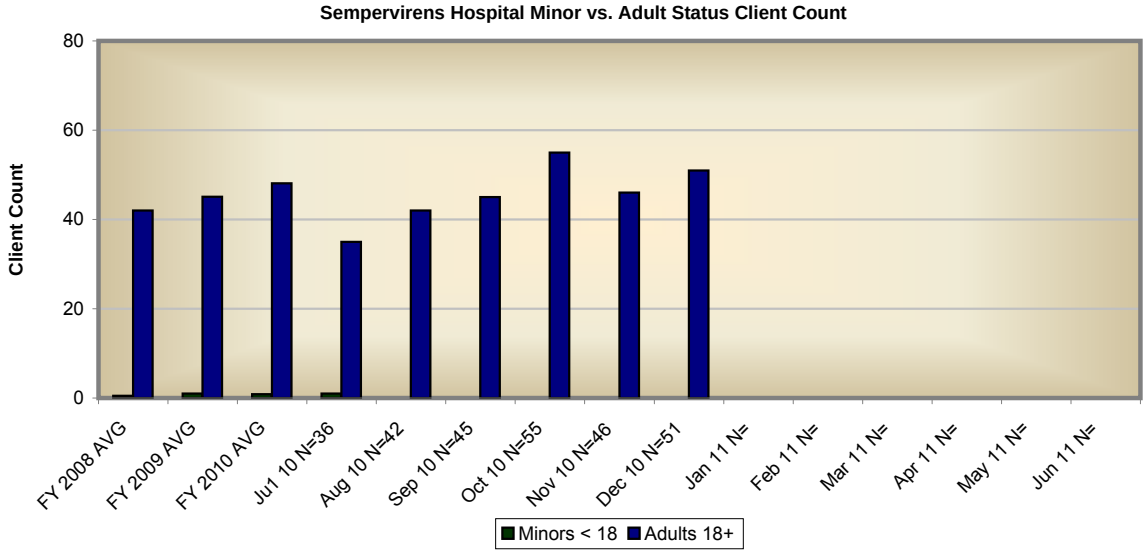
● Minors are clients under the age of 18; Adults are clients 18 years and over.

● Minors present special challenges in the Sempervirens environment, and are usually served by facilities outside Humboldt County. Monitoring the number of minors admitted is important for planning inpatient service delivery for this age group

Sempervirens Hospital Minor vs. Adult Status Client Count

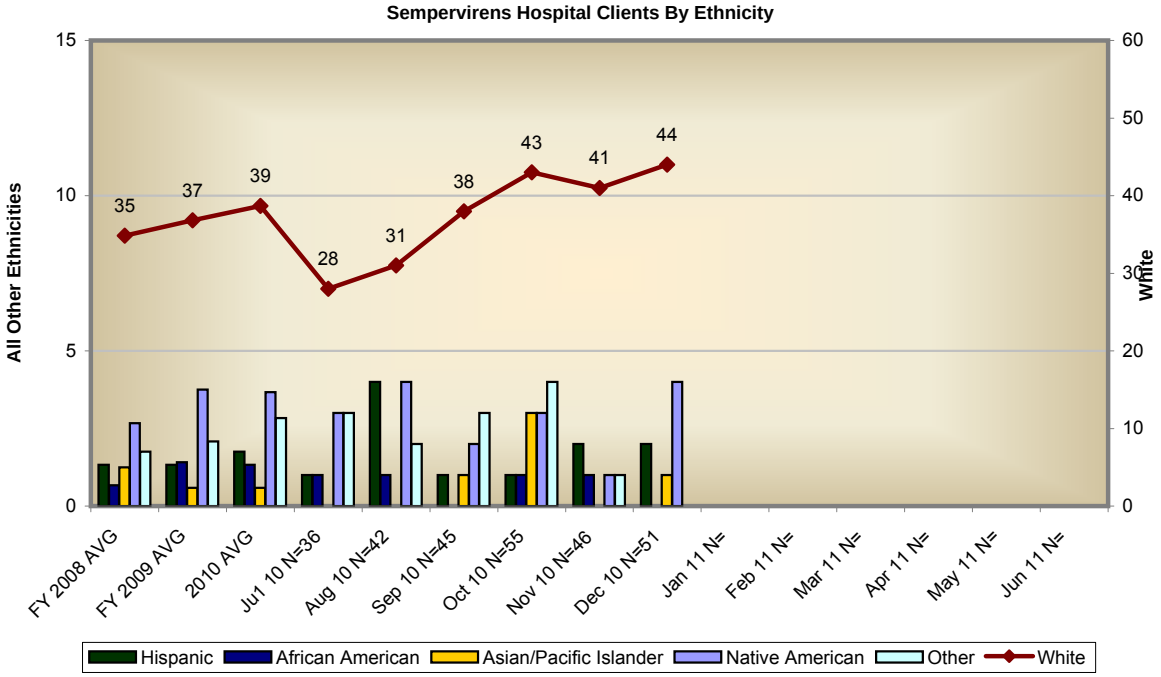
Source: CMHC and PES Daily Central Log extract date: 02/03/2011

Humboldt County Department of Health and Human Services-Mental Health Branch:
#11 Sempervirens
Data Book Report



- The ethnic categories have been chosen to be congruent with the categories used by APS Healthcare, the external quality review organization for the State of California.

- Hispanics underutilize Sempervirens relative to their incidence in the Humboldt County population, based on 2006 U.S. Bureau of the Census data; all other ethnic categories use a higher percentage of services than their incidence in the Humboldt County population.



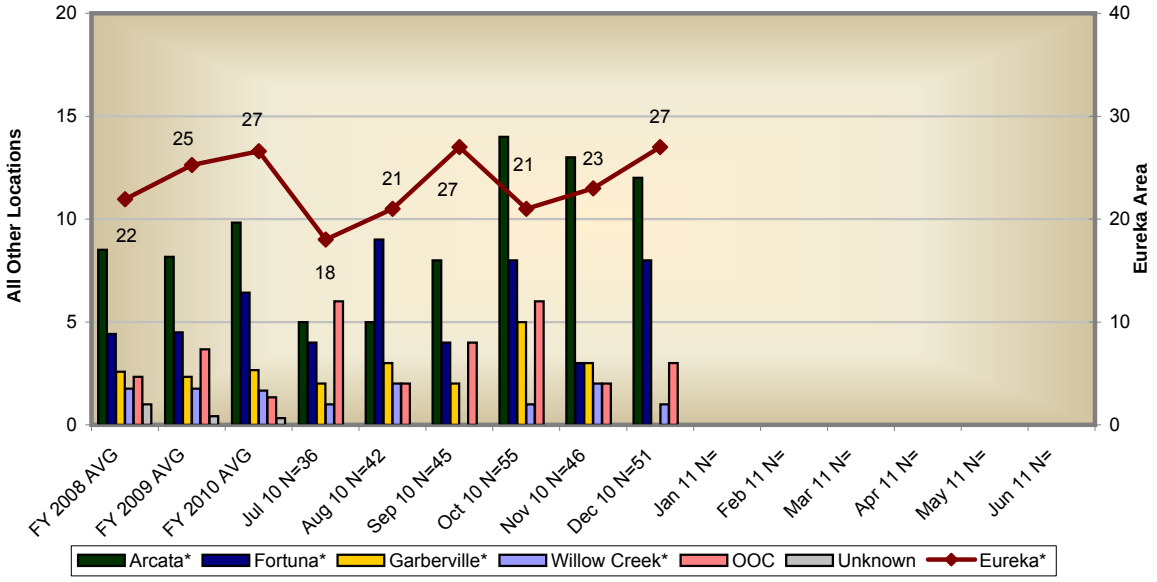
- This data is categorized based on the zip code of the mailing address provided by clients at time of discharge. Please see the Databook zip code key for specific cities included within a category.

- Clients with an Arcata zip code used inpatient services intensively in June 2008, which may reflect an influx of travelers or other events occurring at the end of the Humboldt State University school year and the beginning of summer.

Source: CMHC and PES Daily Central Log extract date: 02/03/2011

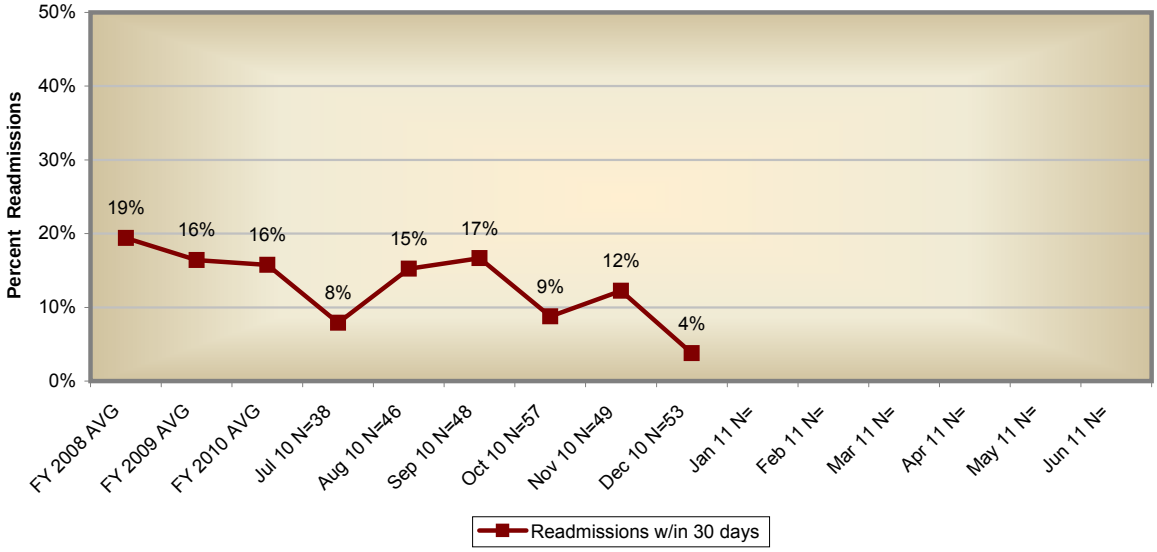
Humboldt County Department of Health and Human Services-Mental Health Branch:
#11 Sempervirens
Data Book Report

Sempervirens Hospital Clients by Location



- The readmission rate within thirty days of discharge from Sempervirens is a potential indicator of whether appropriate assessments and treatment occurred, and the degree to which aftercare plans have been implemented by both clients and Mental Health staff.
- In recent months, the thirty day readmission rate has been unusually variable.

Sempervirens Hospital Client 30-Day Readmission Rate



Source: CMHC and PES Daily Central Log extract date: 02/03/2011

Adult/Minor Out of County Psychiatric Hospital Admissions						
	Jan 08	**Feb 08**	**Mar 08**	**Apr 08**	**May 08**	**Jun 08**
Butte Co BX Health			1/0			
College Hosp Cerritos		1/0				
College Hosp Costa Mesa	1/0					
Comm BX Hlth Ctr Fresno				1/0		
Community Hospital Long Beach						1/0
Heritage Oaks						0/1
Marin GH	1/0					
Modesto BX Health					1/0	
Rogue Valley Med Ctr	1/0					
Santa Clara Co. Med Ctr		1/0				
St. Helena	0/1			0/1		
St. Marys						0/2
UCI Med Ctr		1/0				
Ventura Co. BX Hlth Ctr			1/0			1/0
Totals	**3/1**	**3/0**	**2/0**	**1/1**	**1/0**	**2/3**

	Jul 08	**Aug 08**	**Sep 08**	**Oct 08**	**Nov 08**	**Dec 08**
Aurora Charter Hospital	0/1					
Barbara Arons Pavilion San Jose	2/0					
Ft. Miley, VA SF				1/0		
Fremont Hospital					1/0	
Heritage Oaks				0/1		
Herrick Hospital				0/1	1/0	
John George Psychiatric Pavilion			1/0			
Loma Linda	0/2					
San Luis Obispo MHIU				1/0		
Sequoia Psch Ctr Yuba City		1/0		1/0		
Sierra Vista					0/1	
St. Helena	0/2	01		2/1	1/1	1/0
St. Marys	0/1			0/2		0/1
UCI Med Ctr			1/0			
Western Medical Anaheim			1/0	1/0	1/0	
Totals	**2/6**	**1/1**	**3/0**	**6/5**	**4/2**	**1/1**

	Jan 09	**Feb 09**	**Mar 09**	**Apr 09**	**May 09**	**Jun 09**
Fremont Hospital				0/1		
Grossman				1/0	0/1	
John Muir Beh. Hlth Ctr				0/1		
Pacifica Hospital	1/0		1/0		1/0	
Palamar Med Ctr			1/0			
Paradise Valley Hos., Bayview BX Hlth					1/0	
Scripps Mercy			1/0			
St. Francis					1/0	
St. Helena			1/0	0/1	0/1	0/1
St. Marys		0/1				0/1
Sutter Coast						1/0
Telecare Solano PHF				1/0		
UCSD Healthcare				1/0		
Totals	**1/0**	**0/1**	**4/0**	**3/3**	**3/2**	**1/2**

Source: CMHC and PES Daily Central Log extract date: 02/03/2011

Humboldt County Department of Health and Human Services-Mental Health Branch:
#11 Sempervirens
Data Book Report

	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09
Canyon Ridge	1/0					
Center for Behavioral Health - Vallejo		0/1				
David Grant Medical Center				2/0		
Doctor's Behavioral Health Center		1/0				
Fremont						0/2
Heritage Oaks, SAC						1/1
John George Psychiatric Pavilion						1/0
Litteral House, Momentum for MH						1/0
St. Helena	0/2	1/0	2/0		1/1	1/0
St. Marys			0/1	0/2	0/2	
Stanford						1/0
Sutter Center for Psychiatry		4/0				
Totals	**1/2**	**6/1**	**2/1**	**2/2**	**1/3**	**5/3**

	Jan 10	Feb 10	Mar 10	Apr 10	May 10	Jun 10
Adventist Health, Vallejo				0/1		
Alta Bates - Berkeley	1/0	0/1				
Canyon Ridge - Chino		0/1				
Doctor's Behavioral Health Center				1/0	3/0	
Dominican Hospital - Santa Cruz		1/0				
Ft. Miley, VA SF	1/0					1/0
Heritage Oaks, SAC					1/0	
North Valley Beh Health				1/0		
Peachford Hospital - Atlanta		1/0				
Riverside County Regional Medical Cntr						1/0
Rogue Valley Medical Center in Oregon						1/0
St. Helena	2/1			0/1		
St. Mary's	0/2	0/1	0/3			
San Francisco Memorial				1/0		
San Joaquin					1/0	
Sierra Vista			1/0			
Sutter Coast				2/0		
Woodland Memorial						1/0
Totals	**4/3**	**2/3**	**1/3**	**5/2**	**5/0**	**4/0**

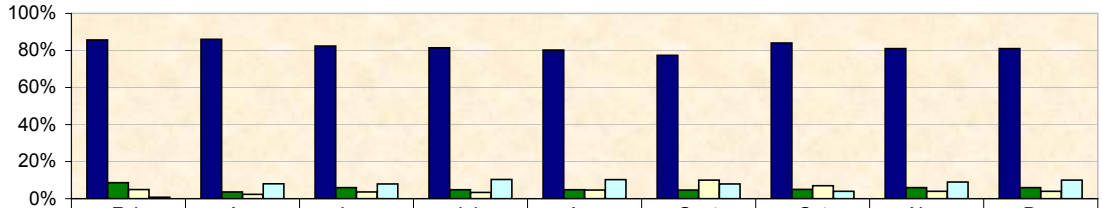
	Jul 10	Aug 10	Sept 10	Oct 10	Nov 10	Dec 10
Adventist Health, Vallejo					0/1	
Alhambra VHC					0/1	
Alta Bates - Berkeley						
Butte Co BX Health						1/0
Canyon Ridge - Chino						
Doctor's Behavioral Heal h Center	1/0		1/0			1/0
Dominican Hospital - Santa Cruz						
Ft. Miley, VA SF	1/0		1/0	1/0	1/0	
Fremont	0/1		1/1			
Heritage Oaks, SAC					1/0	
Herrick Hospital	1/0					
Peachford Hospital - Atlanta						
Promise Hospital of San Diego					1/0	
Riverside County Regional Medical Cntr						
Rogue Valley Medical Center in Oregon	1/0					
Sierra Vista/Sac		1/0				
St. Helena					1/0	2/0
St. Mary's	0/1				0/2	
Woodland Memorial					1/0	
Totals	**4/2**	**1/0**	**3/1**	**1/0**	**5/4**	**4/0**

Source: CMHC and PES Daily Central Log extract date: 02/03/2011

Humboldt County Department of Health and Human Services- Mental Health Branch:
Show Rate
#14- Data Book Report

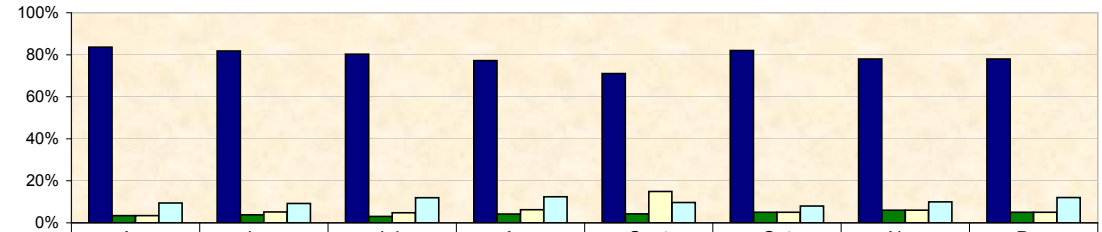
The Show Rate report is based on attendance codes entered into CMHC from Service Activity Logs for the following staff classifications: Doctors, Nurses, Psychologists and Clinicians. Beginning April 2010, CYFS and ABxHRS appointments shown separately. Starting November 2010, show rates calculated by RU code service, instead of solely by provider. For instance, Nurses who provide services for both children and adults have their show rates tracked by the RU code instead of having all of their services tracked together

Show Rate Summary for Scheduled Appointments
ABxHRS and C&FS Combined
February to December 2010



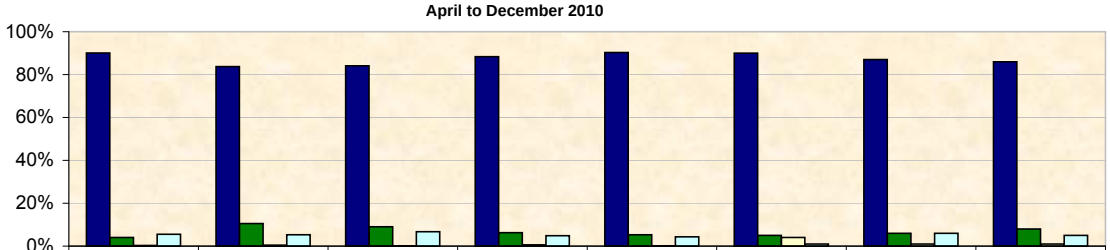
	Feb	Apr	June	July	Aug	Sept	Oct	Nov	Dec
Kept Appointments	86%	86%	82%	81%	80%	77%	84%	81%	81%
Client Cancel	9%	4%	6%	5%	5%	5%	5%	6%	6%
Staff Cancel	5%	2%	4%	3%	5%	10%	7%	4%	4%
No Show	1%	8%	8%	10%	10%	8%	4%	9%	10%

Show Rate Summary for Scheduled Appointments
ABxHRS only
April to December 2010



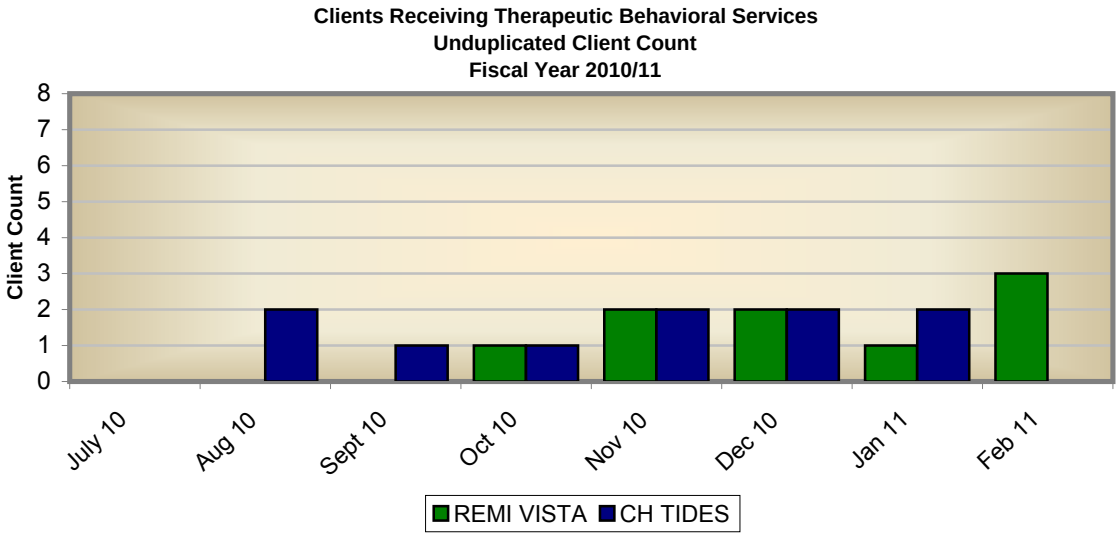
	Apr	June	July	Aug	Sept	Oct	Nov	Dec
Kept Appointments	84%	82%	80%	77%	71%	82%	78%	78%
Client Cancel	3%	4%	3%	4%	4%	5%	6%	5%
Staff Cancel	3%	5%	5%	6%	15%	5%	6%	5%
No Show	9%	9%	12%	12%	10%	8%	10%	12%

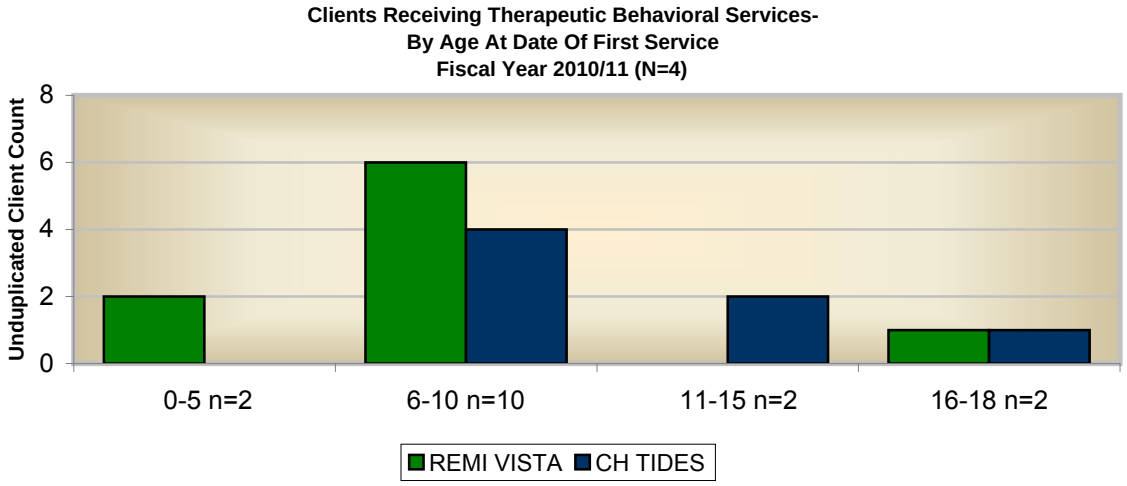
Show Rate Summary for Scheduled Appointments
C& FS only
April to December 2010



	Apr	June	July	Aug	Sept	Oct	Nov	Dec
Kept Appointments	90%	84%	84%	88%	90%	90%	87%	86%
Client Cancel	4%	11%	9%	6%	5%	5%	6%	8%
Staff Cancel	0%	0%	0%	1%	0%	4%	1%	1%
No Show	6%	5%	7%	5%	4%	1%	6%	5%

Source: CMHC, 11/15/2010
Data separated for ABxHRS and Children and Family Services beginning
March 2011

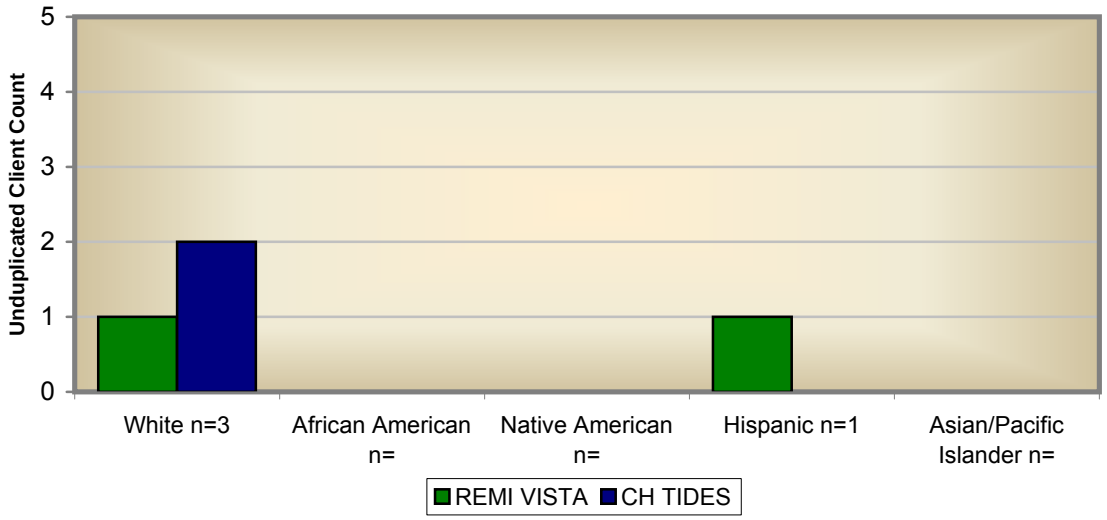




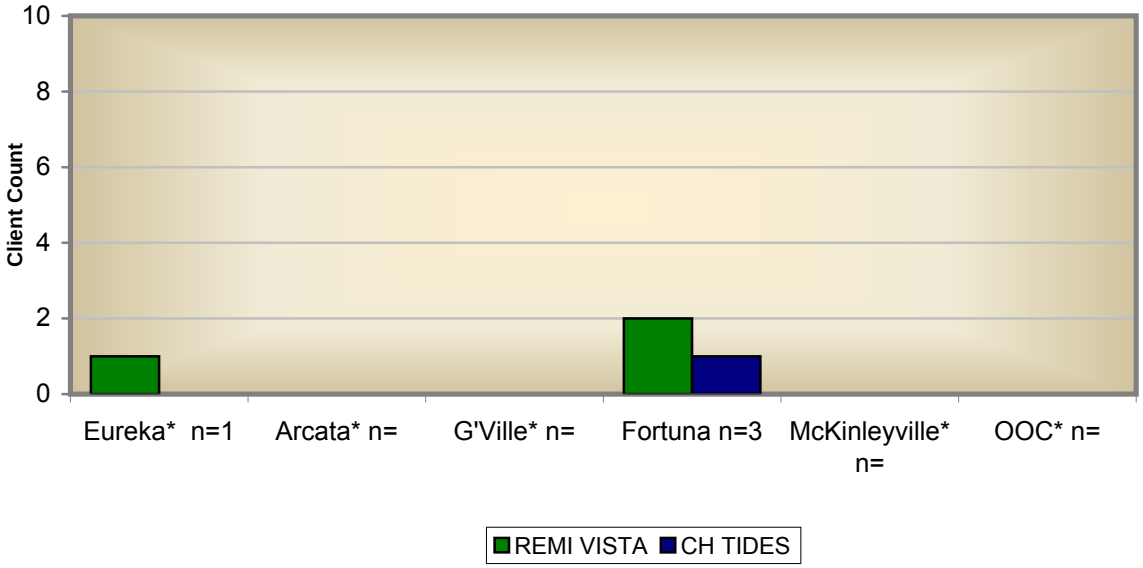
Source: CMHC extract March 2010

Humboldt County Department of Health and Human Services-Mental Health Branch: Therapeutic Behavioral Services
#14 Data Book Report

Therapeutic Behavioral Services Clients-By Ethnicity
Fiscal Year 2010/2011 N=4



Clients Receiving Therapeutic Behavioral Services Clients-
By Location Fiscal Year 2009/2010 To Date(N=12)



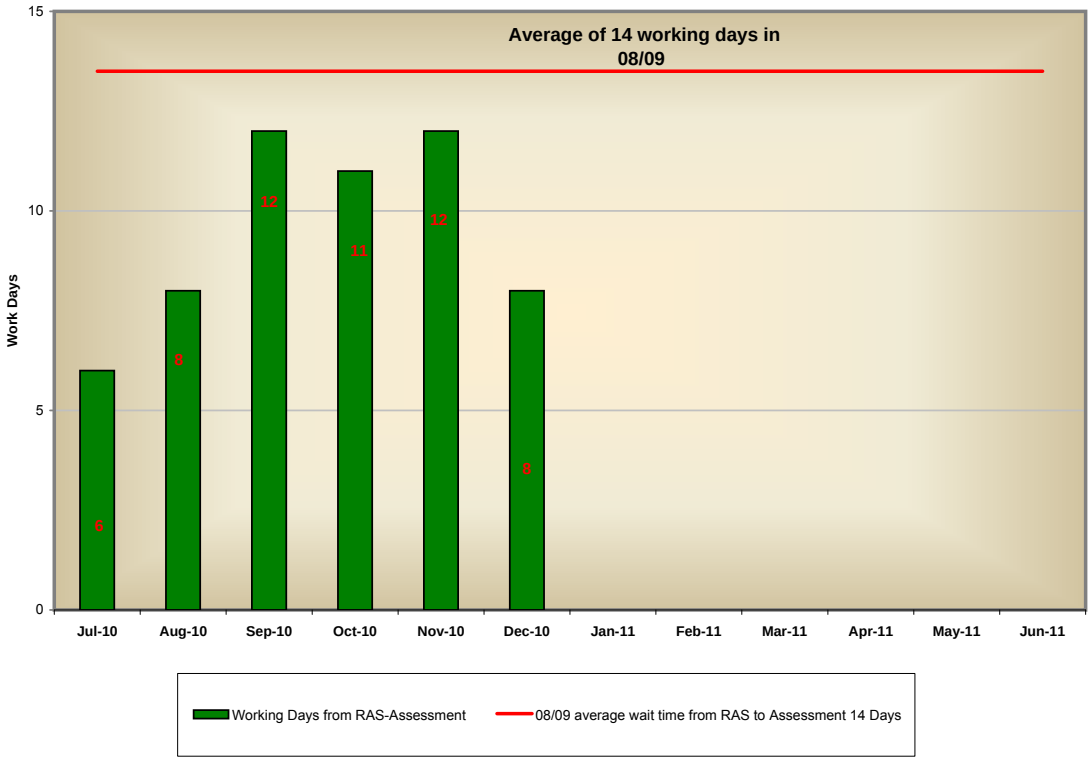
Source: CMHC extract March 2010

The wait time study is a monthly snapshot of Non Emergency client access from the time a Request for Access to Services (RAS) is made to the completion of an assessment/evaluation appointment and then the subsequent wait time in business days to the **first service** appointment, which is classified as either a Medical support appointment or a Non Medical support appointment.

Reporting Units included for Adult programs:
1610, 1611, 1620,1671, 2130 and 2160.
Reporting Units for CYFS include 4610, 4605, 4651, 4654, 4656, 4619.
Reporting units for Garberville are 4681 and 1681.

Timeliness Benchmarks for Adults and Children's services were established near the end of fiscal year 2009/10 and are based on fiscal year 2008/2009 data; indicators are documented in the Humboldt County "MHP Self Assessment of Timely Access".
When looked at individually, the data show some of the RAS and the assessments are conducted on the same day, some of the assessment appointments and the support appointments are conducted on the same day, and a very small number of clients have 50 or more days between services, usually due to client no shows, (the report links up a first **kept** appointment only), barrier(s) to services or because clients choose an outside provider, are referred to organizational providers, or are seen by the branch at a later date or in the event of an emergency or urgent RAS.

Adult, Children, Youth and Family's Programs:
Average Working Days from RAS to Assessment
Fiscal Year 2010/11



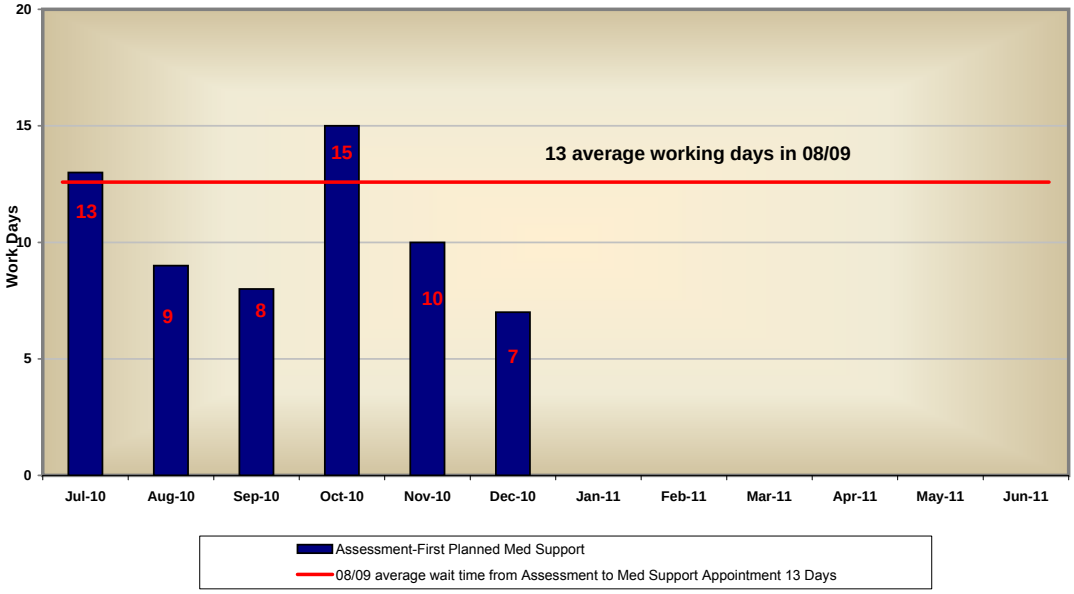
Branchwide, the number of Requests for Access to Services that result in an initial evaluation or assessment during a single month is approximately 50% of the total RAS, with the other 50% being referred or in some cases, showing up for another assessment during a later month.

Branchwide, the number of completed assessments increases as the time between the initial RAS and the assessment increases. When the data is reviewed beyond 3 months post-RAS, it captures more assessments and provides a longer snapshot period of how and where clients access services.
T**he benefit of reviewing the data later than 3 months post RAS is that it shows more RAS's resulting in an assessment and first appointments.**
However, it greatly increases the average number of days, or wait time, between services, as evidenced in the charts displayed here for October's data. Data sourced in February 2011.

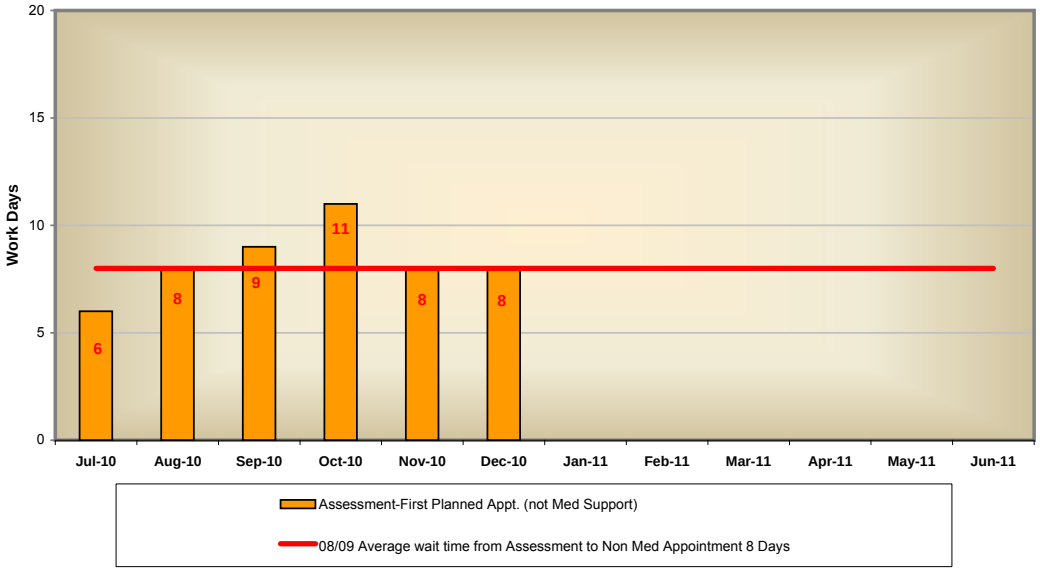
extract 02/16/11

Source: CMHC Request for Access to Services Report

Adult, Children, Youth & Family Programs:
Average Working Days from Assessment to
First Planned Medication Support Appointment
Fiscal Year 2010/11



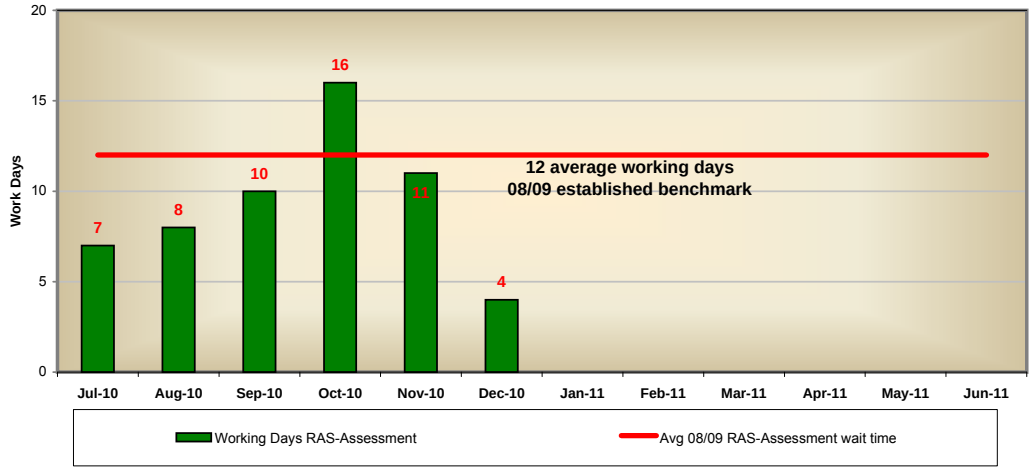
Adult, Children, Youth & Family Programs:
Average Working Days from Assessment to
First Planned NON Medication Support Appointment
Fiscal Year 2010/2011



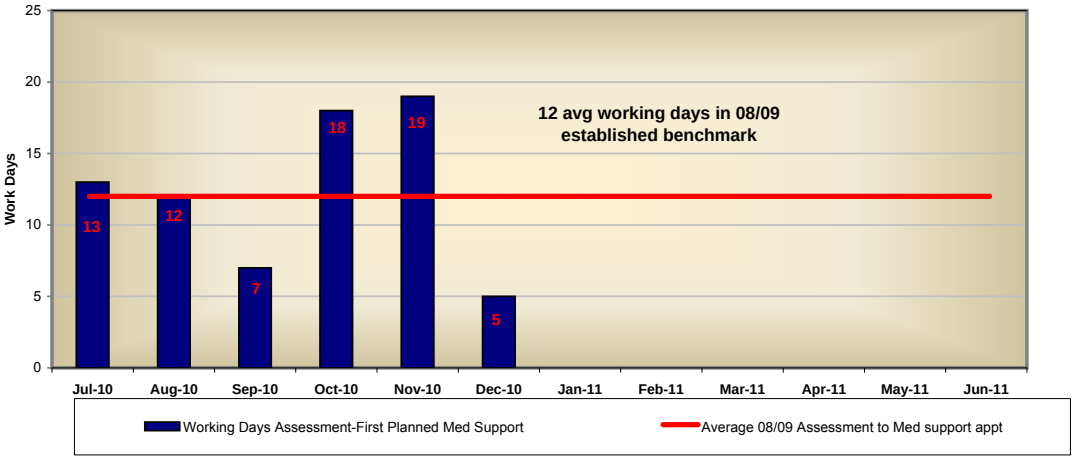
extract 02/16/11

Source: CMHC Request for Access to Services Report

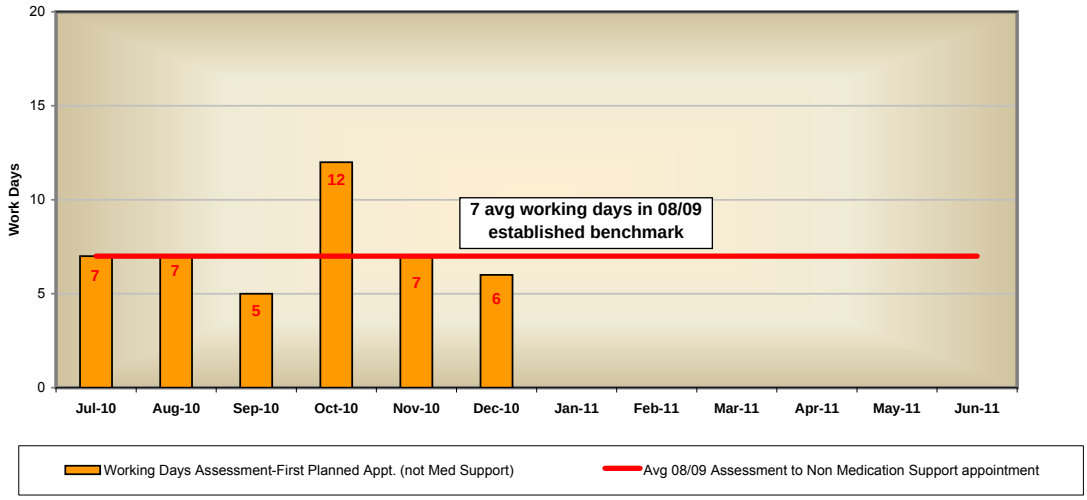
Adults: Average Wait Time from RAS to Assessment and Fiscal Year 2010/2011



Adult Programs Average Wait Time from Assessment to First Planned Medication Support Appointment Fiscal Year 2010/2011



Adult Programs: Average Time From Assessment to First Planned NON Medication Support Appointment Fiscal Year 2010/2011

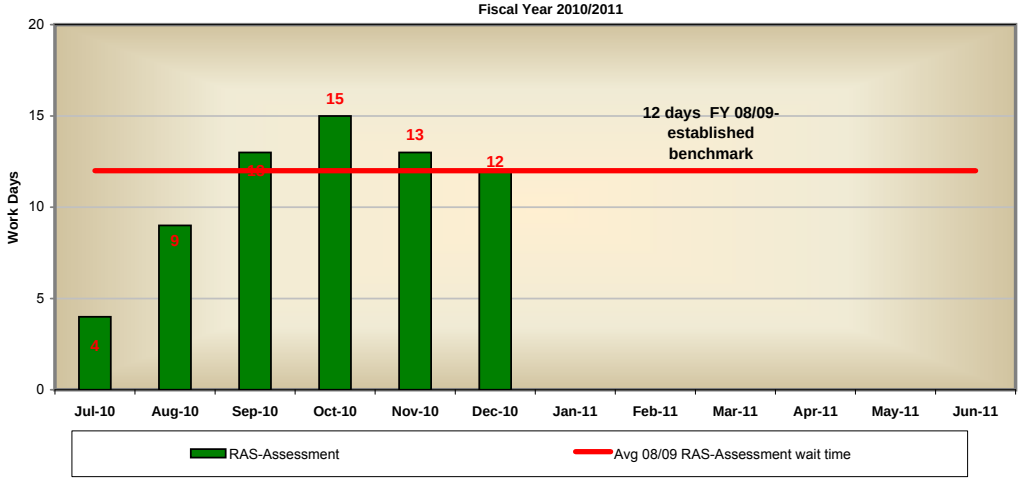


These charts show only the new non emergency requests for access to services which resulted in an assessment, which then resulted in a client's first service appointment. Often a first service will not be a medication support appointment; this is not showing he number of people supported by medication appointments in any given month: it is only showing the number of people whose initial RAS's were tied to a first appointment which also happened to be a med support appt.

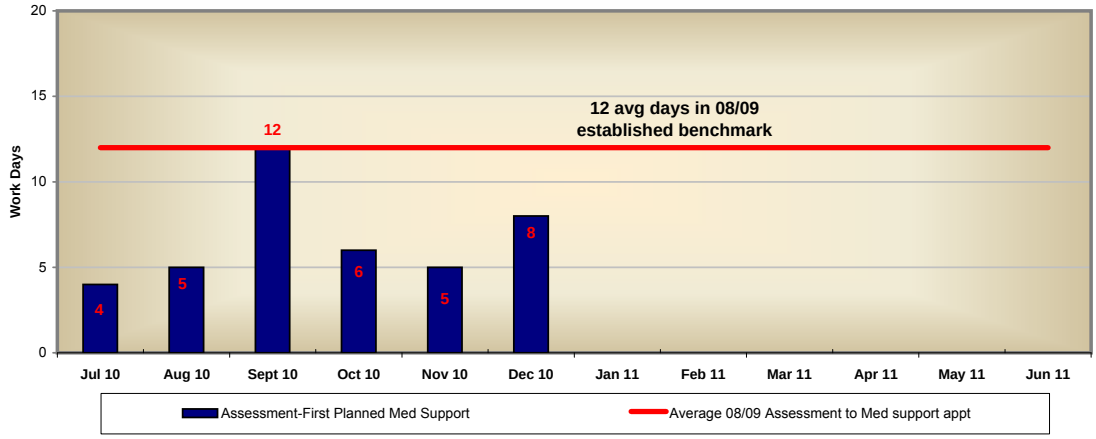
extract 02/16/11

Source: CMHC Request for Access to Services Report

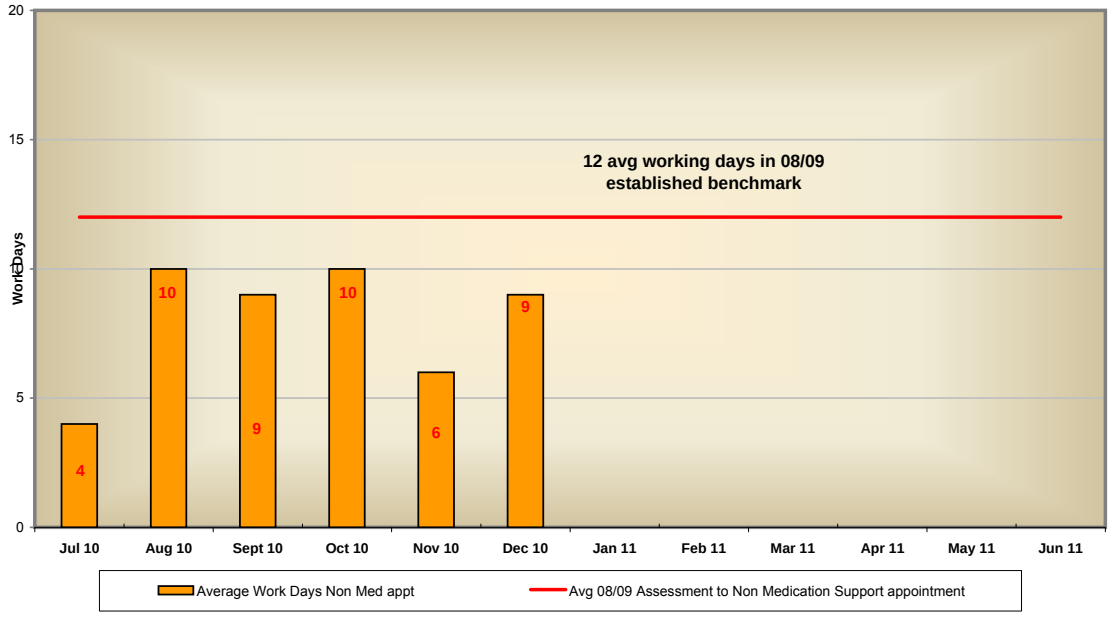
Children's Programs Average Wait Time from RAS to Assessment
Fiscal Year 2010/2011



Children's Programs
Average Wait Time from Assessment to Medication Support Appointment and Monthly Number of Appointments
Fiscal Year 2010/2011



Children's Programs Average Wait Time from Assessment to NON Medication Support Appointment
Fiscal Year 2010/2011

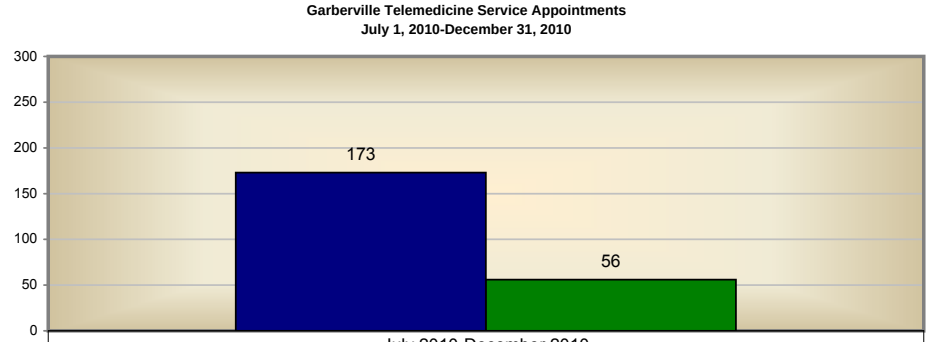


extract 02/16/11

Source: CMHC Request for Access to Services Report

The current report structure for determining program wait times does not work for Telemedicine Medication Support because Telemedicine services are not linked to the RAS as a first service appointment. A client usually recieves another routine service prior to receiving Telemedine services. This Telemedicine report shows the number of unduplicated clients served and the number of services provided via Telemedicine in Garberville. According to staff at the Garberville clinic, a client typically receives a telemedicine appointment 1 to 2 weeks after the assessment, which is usually 2 to 4 weeks post RAS.

The Data Book report titled MHSA Outpatient Medication Services also tracks the number of services for Telemedicine services; both are for RU code1612.



	July 2010-December 2010
Number of Services	173
Unduplicated Clients	56

extract 02/16/11

Source: CMHC Request for Access to Services Report

ACKNOWLEDGEMENT

The following people from Mental Health Branch and throughout the Humboldt County Department of Health and Human Services, contributed time, data, and expertise to this report. Their efforts are valued and appreciated.

Jeanne Albertson
Janell Anglin
Letitia Bailey
Helene Barney
Melissa Chilton
Jaclyn Culleton
Mary Commins
Brian Davis
Jet DeKruse
Diane Goldsmith Harger
Glen Guidry
Dirk Grutterink
Debbie Hart
Meara Hattan
Connie Hudelson
Laura Knight
Linda Knopp
Roger Kreutz
Willie Knapp
Danelle Merz
Shelley Nilsen
Cris Plocher
Jovonne Price
Naoko Rivera
Elvira Schwarz
Rita Scott-York
Paul Sheppard
Karolyn Rim Stein
Vic Taylor
Shawn Thompson
Chris Wallis
Christine Way

Attachment P

Table of Contents
Department of Health and Human Services
Integrated Trends and Progress Report
Spring 2010

Table of Contents

Attachment Q

Participant Demographic Form

Humboldt County Department of Health and Human Services
Mental Health Services Act, Prevention and Early Intervention

This questionnaire is voluntary and anonymous!

The purpose of this questionnaire is to gather demographic information of the people who participate in our program to ensure we are reaching people from different backgrounds and all regions in Humboldt County.

Date: _____

What is your Gender identity?

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Other _____

What is your age?

- ☐ 0-15
- ☐ 16-25
- ☐ 26-59
- ☐ 60+

What is your Ethnicity/Race?
(Please check one or more)

- ☐ Black/ African American
- ☐ American Indian/ Native American
  - ☐ Tribe(s) _____
- ☐ Alaskan Native
- ☐ Asian
- ☐ Pacific Islander
- ☐ Hispanic/Latina(o)
- ☐ Middle Eastern/Arab
- ☐ White/ Euro American (non-Hispanic)
- ☐ Other _____

What is your zip code? _____

What is your Primary Language?

- ☐ English
- ☐ Spanish
- ☐ Hmong
- ☐ Other _____

What is your sexual orientation?

- ☐ Straight
- ☐ Bisexual
- ☐ Lesbian
- ☐ Queer
- ☐ Gay
- ☐ Other_____

Have you ever served in the military?

- ☐ Yes
- ☐ No

Do you represent a community-based service provider?

- ☐ Education
- ☐ Provider of mental health services,
- ☐ Provider of health services
- ☐ Social services
- ☐ Law enforcement
- ☐ Community family resource center
- ☐ Employment
- ☐ Media
- ☐ Other (explain) _____

Have you been diagnosed with a mental health condition?

- ☐ Yes
- ☐ No

Are you a family member of someone who has been diagnosed with a mental health condition?

- ☐ Yes
- ☐ No

Are you a friend of someone who has been diagnosed with a mental health condition?

- ☐ Yes
- ☐ No

Have you ever experienced homelessness?

- ☐ Yes
- ☐ No

Have you or your family ever been involved in the juvenile or adult justice system?

- ☐ Yes
- ☐ No

Have you or your family ever been involved in the child welfare system?

- ☐ Yes
- ☐ No

Are you an employee of Humboldt County Department of Health and Human Services?

- ☐ Yes
- ☐ No

If you have any questions about the survey or would like to comment on any question, you can do so on the back of this page. We appreciate any feedback that you have.

Thank You!

Attachment R

Department of Health and Human Services Newsletter Article "Workshops on Cultural Competence for Mental Health Branch Staff" September 2010

Mental Health News

Workshops on Cultural Competence for MHB Staff

by Karolyn Rim Stein, Branch Director

This summer, Jaclyn Culleton and Elvira Schwarz co-facilitated nine three-hour cultural competency workshops in which a total of 228 staff participated. To encourage night shift staff members from Sempervirens, Children's Center and Psychiatric Emergency Services to attend, they offered a session from 7:30 p.m. to 10:30 p.m.

Comments about the workshop included:

"It increased my understanding of how important consumers are as employees."
"Excellent training, very informative and relaxed."
"It brought a difficult subject to the table."
"My eyes have been opened . . ."
"Very well done. Instructors provided a comfortable learning environment and were very knowledgeable."
"I learned to be aware of things I did not realize before, and to keep an open mind."

The following article was prepared by Jaclyn and Elvira:

Cultural Competency encompasses a broad scope of knowledge about the influences of an individual's identity, such as ethnicity, race, language, sexual orientation, gender identity, age, disability, or socio-economic status.

The focus of this workshop was narrowed to three interconnected topics: a look at how racism gets embedded in the body and affects both physical and mental health; an exercise that raises the awareness of privilege, and a look at the value that people with lived experience as mental health consumers (and their family members) have as providers in recovery-oriented mental health care.

Each topic was introduced with specific learning materials. We viewed the videos, "When the Bough Breaks," a segment of the "Unnatural Causes" documentary which explores the effects of chronic stress resulting from racism. We also saw "Paving the Way" produced by San Mateo County Behavioral Health and Recovery Services, which describes the county's strategy of hiring consumers and family members in the mental health workforce. Participants also took part in an awareness survey from the Peggy McIntosh article "Unpacking the Invisible Knapsack," which examines instances of privilege in everyday life situations.

The learning method for this workshop was a peer-to-peer model. This core principle of adult education recognizes that every participant can be both a teacher and a learner. Participants share their knowledge and experience with one another in a small group discussion format. One of the benefits of this approach is that it provides locally relevant information delivered by peers, and thus by those who staff naturally turn to for information. Furthermore, learning can continue in the workplace, through on-going exchanges and discussions inspired by the workshop.

220 total evaluations were completed and they indicated that the workshops were very well received, averaging an overall 3½ out of a possible 4 points for increasing awareness, knowledge and "learning things I can take back to work." We are very pleased to have been given the opportunity to heighten staff's awareness and sensitivity about how culture affects all of our lives.

Attachment S

Example Training Flyers "WRAP Works!", "The Soloist" and "Building Capacity to Work with Latin@ Communities Experiencing Family Violence"

Humboldt County DHHS Mental Health Branch presents:

WRAP works!

Course Description: Wellness Recovery Action Plan (WRAP) works! It has been developed by a group of people who experience mental health challenges. These people learned that they can identify what makes them well and then use their own wellness tools to relieve difficult feelings and maintain wellness. The result has been recovery and long-term stability. Your WRAP program is designed by you in practical, day-to-day terms and holds the key to getting and staying well. It does not necessarily replace traditional treatments and can be used as a complement to any other treatment options you have chosen (© Mary Ellen Copeland)

Supervisors: Contact TES to register your staff for the sessions below:	
Date	**Time & Location**
Thursday April 14	**1:30-3:00 Rainbow Room 720 Wood St.**
Thursday April 14	**3:30-5:00 Rainbow Room 720 Wood St.**
Friday April 15	**7:30-9:00 AM Conference Room B, 2nd floor, 720 Wood St.**
Thursday May 12	**1:30-3:00 Rainbow Room 720 Wood St.**
Thursday May 12	**3:30-5:00 Rainbow Room 720 Wood St.**
Friday May 13	**7:30-9:00 AM Community Wellness Center 908 7th St.**

Objectives: By the end of this session you will be able to identify:

- Key elements of a WRAP plan that support an individual's ability to experience increased physical and mental health wellness
- The elements of WRAP that enable effective establishment of rapport to support and identify with patients who may also benefit from WRAP
- Key benefits of developing your own WRAP plan in order to maintain your own personal wellness and professional effectiveness

Presenters: Jesse Katz and Kellie Josey

Contact: Email the TES Unit at DHHS_TES@co.humboldt.ca.us or call Rebecca Wissing at 441-5520 to register.

Provider Approved by the California Board of Registered Nursing: Provider Number CEP 15353, Department of Health and Human Services, for 1.5 contact hours.

This course meets the qualification for 1.5 hours of continuing education credit for MFT's and LCSWs as required by the California Board of Behavioral Sciences, Provider Number PCE 250, Department of Health and Human Services

No Continuing Education fee will be charged for this training

AMERICANS WITH DISABILITIES ACT: The County does not discriminate on the basis of disabilities in services, programs, activities, or employment. Persons with disabilities requiring special assistance or accommodation, call (707)441-5520.

The Mental Health Services Act
and
The DHHS Prevention and Early Intervention
Stigma and Discrimination Reduction Program

Invite DHHS Employees to:

FREE SCREENING

Educational Session lead by Jan Alcock
Health Education Specialist, Public Health Branch

Two sessions to choose from:
May 25, 2010 (8:30am – 12pm) **or** (1:30pm – 5pm)

Location: Humboldt County Office of Education: 901 Myrtle Avenue, Eureka

Seating is limited and registration is required
For registration and information contact Jan Alcock at jalcock@co.humboldt.ca.us or 441-5565

Upon completion of this session participants will be able to describe:
1. the complexities of mental health and related stigma.
2. the relationships between homelessness and mental health.
3. how creative expression is a mode of interpersonal communication.
4. at least two additional cultural competency skills as they relate to mental health.

This course meets the qualifications for 1.0 hours of continuing credit for MFTs and LCSWs as required by the California Board of Behavioral Sciences, Provider Number PCE 250, Department of Health and Human Services.

No Continuing Education fee will be charged for this training.

The County does not discriminate on the basis of disability in services, programs, activities, or employment.
Persons with disabilities requiring special assistance or accommodation call (707) 268-2132.

Department of Health and Human Services
Family Violence Prevention Program
Invites you to:

Building Capacity to Work with Latin@ Communities Experiencing Family Violence

with Presenters

Casa de Esperanza

Thursday, June 23
8:30am-4:30pm
River Lodge
1800 Riverwalk Dr, Fortuna

Casa de Esperanza is a national Latina organization with more than 27 years of experience in mobilizing Latinas and their communities to end domestic violence.

This FREE training will provide information on:

*Assessing preparedness for working with Latin@ community

*The impacts of domestic violence and sexual assault on Latin@ comunity

*Working with Latin@ children and youth

*Developing Limited English Proficiency Plans

CEU's available and registration required.
To register contact: Blanca Bautista
441-5551 or bbautista@co.humboldt.ca.us

CONTINUING EDUCATION CREDIT OFFERED
Provider approved by the California Board of Registered Nursing; Provider Number CEP 15353, Department of Health and Human Services, for 7.0 contact hours. This course meets the qualifications for 7.0 hours of continuing education credit for MFT's and LCSW's as required by the California Board of Behavioral Sciences, Provider Number PCE 250, Department of Health & Human Services.
No Continuing Education fee will be charged for this training.

AMERICANS WITH DISABILITIES ACT: The County does not discriminate on the basis of disabilities in services, programs, activities, or employment.
Persons with disabilities requiring special assistance or accomodation, call (707) 268-2132

Attachment T

Mental Health Branch
Three Year Training Plan Outline

Three Year Training Plan Outline											
Training Objective	Cultural Formulation	Multicultural Knowledge	Cultural Sensitivity	Cultural Awareness	Social Cultural Diversity	Mental Health Interpreter Training	Training staff in the use of mental health interpreters	Client Culture	Family Focused Treatment	Navigating multiple agency services	Resiliency
Examples of Workshop Titles	-Culture counts: the influence of culture and society on mental health, mental illness	-Voices: Cultural Perspectives on Mental Health -Unnatural Causes – is inequality making us sick?	-Cultural Complexities	-Introduction to Client Diversity and Inclusion -Peer-to-Peer Cultural Competence Workshop	-Transgender Communities -Exploring the Rainbow: Supporting LGBTQ Youth in Humboldt County -Military Culture 101	-CiMH	-Language Line Training	-Understanding Recovery- Peer Empowerment -The Notion of Mental Health Recovery -The Soloist	Casa de Esperanza	-The role of consumers in a recovery-based behavioral health system	-Wellness Recovery Action Plans Transition Age -Youth Digital Story Project
Staff/Stakeholders by Function	Projected Annual Number of Trainees										
Administration/Management											
FY11-12	10	10	15	6	10		15	15	15	15	15
FY12-13	10	20	15	10	10		15	15	15	15	15
FY13-14	10	20	15	12	10		15	15	15	15	15
Direct Services, Counties/Contractors											
FY11-12	15	50	50	15	50		75	75	30	15	75
FY12-13	15	50	50	20	50		75	75	30	15	75
FY13-14	20	50	50	25	50	2	75	75	30	15	75
Support Services											
FY11-12	5	25	30	15	25		30	30	5	30	30
FY12-13	5	25	30	20	25		30	30	5	30	30
FY13-14	5	25	30	25	25		30	30	5	30	30
Community Members											
FY11-12	5	10	5	5	1000			1000	5	50	200
FY12-13	5	20	10	5	1000			1000	10	50	200
FY13-14	5	25	10	5	1000			1000	10	50	200
Interpreters											
FY11-12	1	1	1	1	1			1	1	1	1
FY12-13	1	1	1	1	1			1	1	1	1
FY13-14	1	1	1	1	1			1	1	1	1
Mental Health Board and Commissions											
FY11-12	2	2	2	2	2			2	2	2	12
FY12-13	2	2	2	2	2			2	2	2	12
FY13-14	2	2	2	2	2			2	2	2	12
Community-based Organizations/Agency Board of Directors											
FY11-12	1	1	1	1	1			3	1	1	3
FY12-13	1	1	1	1	1			3	1	1	3
FY13-14	1	1	1	1	1			3	1	1	3

Attachment U

Mental Health Branch
Cultural Competency Trainings
February 2008 through April 2011

Mental Health Branch
Cultural Competency Training
February 2008 through April 2011

Training Event	Description of Training	How long and often	No. of Attendees and Total	Date of Training	Name of Presenter
WRAP (Wellness Recovery Action Plan) works!	Learn to identify key elements of a WRAP plan; identify key benefits of developing a WRAP plan	1.5 hours, 6 sessions offered	April: 36	4/14/11 (2 sessions); 4/15/11; 5/12/11 (2 sessions); 5/13/11	Jesse Katz, Kellie Josey (MHB)
Elder Abuse and Geriatric Medicine	Consultation to prevent abuse and neglect of the elderly; overview of geriatric medicine; age bias and medicine; key components of medical record; the psychology of violence; topology of elder abuse offenders	3.5 hours; once	15	4/21/11	Curtis Hinton
Making Positive Change through Stories	Teach skills to people who have experienced stigma and discrimination in some aspect of their life, e.g. mental health challenges, homelessness, substance use, family violence, foster care, racism, gender bias.	5 hours/once, In Garberville		4/21/11	Bruce Anderson, Managing Partner of Community Activators
Introduction to Client Diversity and Inclusion	Learn how the variety of services provided by DHHS can impact the community;	1 hour (offered to all DHHS	20	4/5/11	Maje Hoyos, Pam Coen (PHB)

Training Event	Description of Training	How long and often	No. of Attendees and Total	Date of Training	Name of Presenter
	ways diversity is expressed; what is meant by "inclusion"; how a climate of inclusion can be created	employees who are interested; to be implemented for new employee orientation in the future)			
Confronting Bullying Creating Community	Film screening "Straightlaced – How Gender's Got Us All Tied Up" about the pressures teens face to conform to gender-based stereotypes and the courage it takes to challenge those norms	3 hours; once		2/14/11	Kevin Kumashiro; Tim'm West; Sara Train
Exploring the Rainbow: Supporting LGBTQ Youth in Humboldt County	Understanding gender representation on a spectrum; identify LGBTQ friendly resources in Humboldt County; learn effective ways to communicate with LGBTQ youth; identify ways that homophobia negatively impacts young people	3 hours; 3 sessions offered	65	2/8/11 (2 sessions); 2/9/11	Local youth; Y.O.U.T.H. Training Project trainers
Principles of Prevention	Identify types of prevention strategies; learn about historical themes or approaches to prevention; identify risk and protective	1 hour; once	20	1/27/11	Mike Goldsby (PHB)

Training Event	Description of Training	How long and often	No. of Attendees and Total	Date of Training	Name of Presenter
	factors; describe why **cultural competence** is important in prevention and early intervention				
Advanced Facilitation for Wraparound	Participants will review and discuss three of the core skill sets pertinent to effective facilitation of wraparound teams (Case Management Priorities, Leadship, Knowledge and Stewardship of wraparound philosophy and program requirements)	6 hours, once	20	1/14/11	Manuel Lua, LFMT San Joaquin County
Preparing Foster Youth for Reunification	Understanding the purpose of reunification; dealing with ambivalence; acknowledge and overcome fears and potential problems; working with agency staff during transition process; warding off self-destruction behaviors just before reunification	3.5 hours; once	Cancelled	1/11/11	George Doub
Addressing Sexual and Reproductive Health Challenges of Youth in Foster Care	Overview of sexual and reproductive challenges/barriers faced by foster and transitioning youth; self-assessment to reflect upon experiences communicating with teens about sexual/reproductive	4 hours; once	29	12/3/10	Maria-Elena Young

Training Event	Description of Training	How long and often	No. of Attendees and Total	Date of Training	Name of Presenter
	health topics; case study approach to communication; key recommendations from recent research				
Making Positive Change through Stories	The focus is on telling personal stories to make an impact. Capture the opportunities for change that surface when a powerful story is told.	8 hours/once		10/14/10	Bruce Anderson
Understanding Recovery-Peer Empowerment	This training will provide an overview of resilience and recovery from mental health challenges. Help participants develop skills to work for positive changes in their own lives and in the lives of their peers by reducing stigma and discrimination.	8 hours			Lisa St. George
Help design Humboldt's future	The Humboldt County Transition Age Youth Collaboration (HCTAYC) is hosting an event for youth between 16 and 26 to plan for a new youth center in Humboldt	8 hours		10/2/10	
Healthy Rural Communities Regional	Learn about successes and challenges in transportation, food systems, safe routes to	7 hours, once	135	9/16/10	Tina Zenola, MPH; Genoveva Islas-

Training Event	Description of Training	How long and often	No. of Attendees and Total	Date of Training	Name of Presenter
Forum	school, healthy rural development tools. Regional Networking opportunities.				Hooker, MPH (keynote speakers)
MHB Peer-to-Peer Cultural Competence Workshop	Introduction to Cultural Competence, with the objectives of 1) increasing knowledge about the social determinants of health, 2) increasing awareness of the impact of privilege and race, and 3) gain understanding of the role of consumers in a recovery-based behavioral health system	3 hours, to be taken once by each MHB staff member	228	6/24/10, 6/28/10, 7/9/10, 7/14/10, 7/20/10, 7/30/10, 8/3/10, 8/9/10, 8/24/10	Jaclyn Culleton, Elvira Schwarz (MHB)
Military Culture 101	Basics of Military Culture; objectives are 1) to enable mental health providers to offer enhanced culturally competent services to military personnel and veterans and 2) to identify additional referral resources and further training on working with the military	3 hours/once	46	8/26/10	Lance Friis, LMFT
Transgender Communities - Consumers and Co-Workers	Objectives: 1) Understand challenges that transgender clients face navigating services, 2) Understand California Law regarding transgender issues in the workplace, 3) Understand the	1:15 hours/ once (Distinguished Lecture Series)	14	8/26/10	Michael Weiss, DHHS Program Services Coordinator

Training Event	Description of Training	How long and often	No. of Attendees and Total	Date of Training	Name of Presenter
	unique challenges faced by transitional aged transgender youth				
WRAP - Wellness Recovery Action Plan	Objectives: upon completion of this course, participants will: 1) be able to describe WRAP and its elements, 2) understand individualized perceptions about wellness and 3) be abel to describe the elements of recovery	1:15 hours/ once (Distinguished Lecture Series)	32	3/25/10	Kellie Josey, Susan Hoffman
Acting Together – Creating a Community-Wide system of Suicide Prevention	Question-Persuade-Refer (QPR) gatekeeper training. Explore attitudes and beliefs about suicide; understand warning signs, protective and risk factors; develop suicide prevention and intervention skills; identify community resources and supports	2 to 3 hours/ once	1/29/10: 25 2/26/10: 14 3/26/10: 17 5/7/10: 32 9/7/10: 11	Sessions scheduled with Public Health Branch as needed	PHB Health Educators
Mom has HIV: Now What?	Part of an interactive teleconference series	2 hours, once	2	4/20/10	Provided by National Abandoned Infants Assistance Resource Center
Welcoming Based Cultures in	Learning objectives are the primary links between welcoming, community		49	4/1/10	Bruce Anderson

Training Event	Description of Training	How long and often	No. of Attendees and Total	Date of Training	Name of Presenter
Organizations and Committees	development and social-service practices; understanding how concepts of initiation and exiles relate to creating welcoming culture; understanding the four focus areas for developing a welcoming organization and learning how to complete a Creating Welcoming Places Inventory for the participants' group or organization.				
The Soloist – free screening and Educational Session	Learn about the complexities of mental health and related stigma; the relationship between homelessness and mental health; how creative expression is a mode of interpersonal communication; cultural competence skills as they relate to mental health	3 ½ hours, two sessions offered	5/25/10: 57 3/29/10: 58	5/25/10; 3/29/10	Jan Alcock, Health Education Specialist, Public Health Branch
DLS-WRAP			32	3/25/10	
7th Annual Northcoast Youth Summit: "Connect for a cause'	1) Sources of Strength. Identify your own sources of strength and give you some skills to use with your friends who may be having a hard time. Learn Question, Persuade, and Refer to reach			2/27/10	Kristen Huschle, Karen Diers, Blanca Bautista

Training Event	Description of Training	How long and often	No. of Attendees and Total	Date of Training	Name of Presenter
	out to someone who may be thinking of suicide. Times 2) Overcoming the Odds: Youth in Transition. Meet youth who have faced homelessness, mental health issues and foster care. By viewing their digital stories, you will learn how they ar able to build lives of strength, hope and resilience.				Rochelle Trochtenberg, Jan Alcock plus youth
Building Power: How to Lead Change through Community Organizing	For TAY population. Objectives: 1) Understanding what Organizing is, 2), Timeline of Social Action and Youth Organizing, 3) Life of a Campaign, 4) Tricks and Skills, 5) 1:1 (Building Allies)	4 hours/once		4/24/10	Lane Levine
Youth Alive community dinner, film screening and panel discussion on teen suicide and depression	Film screening “More than Sad – Teen Depression; followed by a panel discussion. Film educates about the signs and symptoms of depression and the importance and acceptability of seeking help. Event in recognition of Suicide Prevention Week, September 5th -11th	2 hours		9/9/10	Beth McKey, Steven Quiggle, Louis Lester, Chris Hill, Marilyn Foote and other local resources
Digital Storytelling	Youth learn how to create a short documentary about their	6 day workshop,		3/12 to 3/17, 2010	

Training Event	Description of Training	How long and often	No. of Attendees and Total	Date of Training	Name of Presenter
Workshop	experiences while receiving county services.	including travel days			
Creating a Positive Place for Humboldt's Youth: A Community Planning Day	The Humboldt County Transition Age Youth Collaboration (HCTAYC) invites the community to contribute knowledge, concerns, passion, good ideas and commitment to a dynamic and interactive planning session towards the goal of creating a transition age youth center.	8 hours/once		1/22/10	
Teens and their Uniqueness Workshop	Workshop to promote a healthier community. Learn about programs that work; learn about a teen's viewpoint; learn about interacting with teens.	8 hours/once		4/14/10	By St. Joseph's Hospital
Healthy Aging	Includes a segment on Depression in Older Adults (definition, screening tool, distinction pseudo dementia vs. depression); physical health topics such as cardiovascular updates and osteoarthritis, as well as Inspiration in a Time of Change (burn-out prevention in service providers)	7.5 hours/ once	116	11/6/09	Dr. Jeffrey Southard, Dr. Connie Basch, Dr. Mark Lamers, Tracey Barnes Priestley

Training Event	Description of Training	How long and often	No. of Attendees and Total	Date of Training	Name of Presenter
Beyond the Bench, "Our Youth – Creating the Future"	Multidisciplinary conference that brings together juvenile dependency and delinquency professionals, as well as health & human services professionals, educators, substitute care providers and tribes. Four plenary sessions cover "establishing and maintaining life long connections"; "expanding educational services"; "tribes, tribal court and the Indian Child Welfare Act; and "foster youth speak out"	8 hours/once	110	10/2/09	Luncheon speaker Judge Leonard Edwards
Language Line Training	How to access and use the language line; recorded demonstration; training video; how to say "please hold" in foreign languages; how to make a relay call to people with hearing impairments	1 hour; once; 4 sessions offered	27	4/6/09 (2 sessions); 4/10/09 (2 sessions)	Elvira Schwarz
Language Line Training on PowerPoint at County Intranet Website	How to access and use the language line, with references to Relay calls and "Use of Interpreter" form			Available to MHB staff since April 2010	
WRAP around Facilitator	This two day training provides a detailed experience of a	12 hours, once	20	11/12/08; 11/13/08	Bradley Norman, LCSW

Training Event	Description of Training	How long and often	No. of Attendees and Total	Date of Training	Name of Presenter
Training	strength-based planning process. Participants will gain understanding of strength-based principles, key skills of a successful facilitator, understanding of the application of a Ten Step Planning process to Real life issues and will understand and be able to complete documentation of a Individualized Plan.				
Train the Trainer for the Language Line	How to access and use the language line; information on hearing impaired lines; recorded demonstration; training video; perform a practice call	1 hour; once; 2 sessions offered	16	3/5/08; 3/7/08	Jessica Vulich, Elvira Schwarz
The Notion of Mental Health Recovery	This training covers the history of recovery in Mental Health and an orientation to the recovery process for individuals suffering from mental illness.		20	2/17/09	Douglas Rose-Noble
Recovery Transformation	Understanding concepts of recovery, key elements of organizational transformation and how these can be applied to transform health & human services. How can peer	8 hours; once; (2 sessions offered); mandatory for all MHB staff	268	2/6/08 and 2/7/08	Lori Ashcroft, Eugene Johnson

Training Event	Description of Training	How long and often	No. of Attendees and Total	Date of Training	Name of Presenter
	providers be integrated in our organization? 8 steps of recovery planning.				
Recovery Transformation	Special session required for Managers and Supervisors in addition to the full day session	5 hours; once	38	2/8/08	Lori Ashcroft, Eugene Johnson

Attachment V

Excerpt from
Mental Health Services Act
Workforce Education and Training Plan
Fiscal Year 2009/2010
Workforce Needs Assessment

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 1

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes; 0=No	#FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race/ Other	# FTE filled **(5)+(6)+(7)+ (8)+(9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. *Unlicensed* Mental Health Direct Service Staff:										
County (employees, independent contractors, volunteers):										
Mental Health Rehabilitation Specialist	0.0	0	0.0							
Case Manager/Service Coordinator	44.5	0	4.5							
Employment Services Staff	6.0	0	0.5							
Housing Services Staff.....	0.0	0	1.0							
Consumer Support Staff.....	6.5	0	10.0							
Family Member Support Staff.....	1.0	0	6.0							
Benefits/Eligibility Specialist.....	0.0	0	0.5	(*Unlicensed* Mental Health Direct Service Staff; Sub-Totals Only) ⬇						
Other *Unlicensed* MH Direct Service	50.0	0	11.0							
Sub-total, A (County)	**108.0**	**0**	**33.5**	**81.0**	**3.0**	**6.0**	**2.0**	**0.0**	**2.0**	**94.0**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Mental Health Rehabilitation Specialist	12.0	0	0.0							
Case Manager/Service Coordinator	6.5	0	0.0							
Employment Services Staff	0.0	0	0.0							
Housing Services Staff.....	0.0	0	0.0							
Consumer Support Staff.....	0.0	0	0.0							
Family Member Support Staff.....	0.0	0	0.0							
Benefits/Eligibility Specialist.....	0.0	0	0.0	(*Unlicensed* Mental Health Direct Service Staff; Sub-Totals and Total Only) ⬇						
Other *Unlicensed* MH Direct Service	5.0	0	0.0							
Sub-total, A (All Other)	**23.5**	**0**	**0.0**	**16.5**	**3.0**	**2.0**	**2.0**	**0.0**	**0.0**	**23.5**
Total, A (County & All Other):	**131.5**	**0**	**33.5**	**97.5**	**6.0**	**8.0**	**4.0**	**0.0**	**2.0**	**117.5**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 2

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes; 0=No	#FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race/ Other	# FTE filled **(5)+(6)+(7)+ (8)+(9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
B. *Licensed* Mental Health Staff (direct service):										
County (employees, independent contractors, volunteers):										
Psychiatrist, general	10.0	1	1.0							
Psychiatrist, child/adolescent	0.0	0	0.0							
Psychiatrist, geriatric	0.0	0	0.0							
Psychiatric or Family Nurse Practitioner	3.0	1	0.5							
Clinical Nurse Specialist	0.0	0	0.0							
Licensed Psychiatric Technician	10.5	1	1.5							
Licensed Clinical Psychologist	3.0	1	0.5							
Psychologist, registered intern (or waivered)	1.0	0	0.0							
Licensed Clinical Social Worker (LCSW)	8.5	0	1.0							
MSW, registered intern (or waivered)	12.0	0	1.5							
Marriage and Family Therapist (MFT)	10.5	0	1.0							
MFT registered intern (or waivered)	21.0	0	2.0							
Other *Licensed* MH Staff (direct service)	6.0	0	0.0							
				(*Licensed* Mental Health Direct Service Staff; Sub-Totals Only) ⬇						
Sub-total, B (County)	**85.5**	**4**	**9.0**	**60.0**	**4.0**	**2.0**	**2.0**	**1.0**	**0.0**	**69.0**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Psychiatrist, general	0.0	0	0.0							
Psychiatrist, child/adolescent	0.0	0	0.0							
Psychiatrist, geriatric	0.0	0	0.0							
Psychiatric or Family Nurse Practitioner	0.0	0	0.0							
Clinical Nurse Specialist	0.0	0	0.0							
Licensed Psychiatric Technician	0.0	0	0.0							
Licensed Clinical Psychologist	0.5	0	0.0							
Psychologist, registered intern (or waivered)	0.0	0	0.0							
Licensed Clinical Social Worker (LCSW)	5.0	0	0.0							
MSW, registered intern (or waivered)	1.5	0	0.0							
Marriage and Family Therapist (MFT)	5.0	0	0.0							
MFT registered intern (or waivered)	1.5	0	0.0	(*Licensed* Mental Health Direct Service Staff; Sub-Totals and Total Only) ⬇						
Other *Licensed* MH Staff (direct service)	0.0	0	0.0							
Sub-total, B (All Other)	**13.5**	**0**	**0.0**	**11.5**	**1.0**	**1.0**	**0.0**	**0.0**	**0.0**	**13.5**
Total, B (County & All Other):	**99.0**	**4**	**9.0**	**71.5**	**5.0**	**3.0**	**2.0**	**1.0**	**0.0**	**82.5**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 3

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes; 0=No	#FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race/ Other	# FTE filled **(5)+(6)+(7)+ (8)+(9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
C. Other Health Care Staff (direct service):										
County (employees, independent contractors, volunteers):										
Physician	0.0	0	0.0							
Registered Nurse	35.0	1	3.0							
Licensed Vocational Nurse	0.0	0	0.0							
Physician Assistant	0.0	0	0.0							
Occupational Therapist	0.0	0	0.0							
Other Therapist (e.g., physical, recreation, art, dance)	4.0	0	0.5							
Other Health Care Staff (direct service, to include traditional cultural healers)	0.0	0	0.0							
				(Other Health Care Staff, Direct Service; Sub-Totals Only) ⬇						
Sub-total, C (County)	**39.0**	**1**	**3.5**	**27.0**	**3.0**	**1.0**	**0.0**	**1.0**	**1.0**	**33.0**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Physician	0.0	0	0.0							
Registered Nurse	0.0	0	0.0							
Licensed Vocational Nurse	0.0	0	0.0							
Physician Assistant	0.0	0	0.0							
Occupational Therapist	0.0	0	0.0							
Other Therapist (e.g., physical, recreation, art, dance)	0.0	0	0.0							
Other Health Care Staff (direct service, to include traditional cultural healers)	0.0	0	0.0	(Other Health Care Staff, Direct Service; Sub-Totals and Total Only) ⬇						
Sub-total, C (All Other)	**0.0**	**0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
Total, C (County & All Other):	**39.0**	**1**	**3.5**	**27.0**	**3.0**	**1.0**	**0.0**	**1.0**	**1.0**	**33.0**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 4

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes; 0=No	#FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race/ Other	# FTE filled **(5)+(6)+(7)+ (8)+(9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
D. Managerial and Supervisory:										
County (employees, independent contractors, volunteers):										
CEO or manager above direct supervisor...	18.0	0	1.0							
Supervising psychiatrist (or other physician).....	1.0	1	0.0							
Licensed supervising clinician.....	14.0	1	2.0							
Other managers and supervisors.....	8.0	0	0.0							
Sub-total, D (County)	**41.0**	**2**	**3.0**	**28.0**	**0.0**	**1.0**	**1.0**	**0.0**	**0.0**	**30.0**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
CEO or manager above direct supervisor..	0.0	0	0.0							
Supervising psychiatrist / other physician).	0.0	0	0.0							
Licensed supervising clinician.....	2.0	0	0.0							
Other managers and supervisors.....	1.0	0	0.0							
Sub-total, D (All Other)	**3.0**	**0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**3.0**
Total, D (County & All Other):	**44.0**	**2**	**3.0**	**31.0**	**0.0**	**1.0**	**1.0**	**0.0**	**0.0**	**33.0**
E. Support Staff (non-direct service):										
County (employees, independent contractors, volunteers):										
Analysts, tech support, quality assurance...	18.0	0	0.0							
Education, training, research	0.0	0	0.0							
Clerical, secretary, administrative assis	60.0	0	0.0							
Other support staff (non-direct services).....	9.0	0	0.0							
Sub-total, E (County)	**87.0**	**0**	**0.0**	**75.0**	**3.0**	**0.0**	**2.0**	**1.0**	**2.0**	**83.0**
All Other (CBOs, CBO sub-contractors, network providers and volunteers):										
Analysts, tech support, quality assurance...	1.0	0	0.0							
Education, training, research	0.0	0	0.0							
Clerical, secretary, administrative assis	2.5	0	0.0							
Other support staff (non-direct services).....	0.0	0	0.0							
Sub-total, E (All Other)	**3.5**	**0**	**0.0**	**2.5**	**0.0**	**0.0**	**1.0**	**0.0**	**0.0**	**3.5**
Total, E (County & All Other):	**90.5**	**0**	**0.0**	**77.5**	**3.0**	**0.0**	**3.0**	**1.0**	**2.0**	**86.5**

(Managerial and Supervisory; Sub-Totals Only)

(Managerial and Supervisory; Sub-Totals and Total Only)

(Support Staff; Sub-Totals Only)

(Support Staff; Sub-Totals and Total Only)

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

I. By Occupational Category - page 5

GRAND TOTAL WORKFORCE
(A+B+C+D+E)

Major Group and Positions	Estimated # FTE authorized	Position hard to fill? 1=Yes; 0=No	#FTE estimated to meet need in addition to # FTE authorized	**Race/ethnicity** of FTEs currently in the workforce -- Col. (11)						
				White/ Cau-casian	His-panic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race/ Other	# FTE filled **(5)+(6)+(7)+ (8)+(9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
County (employees, independent contractors, volunteers) (A+B+C+D+E)	**360.5**	**7**	**49.0**	**271.0**	**13.0**	**10.0**	**7.0**	**3.0**	**5.0**	**309.0**
All Other (CBOs, CBO sub-contractors, network providers and volunteers) (A+B+C+D+E)	**43.5**	**0**	**0.0**	**33.5**	**4.0**	**3.0**	**3.0**	**0.0**	**0.0**	**43.5**
GRAND TOTAL WORKFORCE (County & All Other) (A+B+C+D+E)	**404.0**	**7**	**49.0**	**304.5**	**17.0**	**13.0**	**10.0**	**3.0**	**5.0**	**352.5**

F. TOTAL PUBLIC MENTAL HEALTH POPULATION

				Race/ethnicity of individuals planned to be served -- Col. (11)						
				White/ Cau-casion	Hispanic/ Latino	African-Ameri-can/ Black	Asian/ Pacific Islander	Native Ameri-can	Multi Race or Other	All individuals **(5)+(6)+ (7)+(8)+ (9)+(10)**
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
F. TOTAL PUBLIC MH POPULATION	**Leave Col. 2, 3, & 4 blank**			**2449**	**90**	**60**	**30**	**180**	**180**	**2989**

EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

II. Positions Specifically Designated for Individuals with Consumer and Family Member Experience:

Major Group and Positions	Estimated # FTE authorized and to be filled by clients or family members	Position hard to fill with clients or family members? (1=Yes; 0=No)	# additional client or family member FTEs estimated to meet need
(1)	(2)	(3)	(4)
A. *Unlicensed* Mental Health Direct Service Staff:			
Consumer Support Staff.....	6.5	0	10.0
Family Member Support Staff	1.0	0	6.0
Other U*nlicensed* MH Direct Service Staff.....	0.0	0	0.0
Sub-Total, A:	**7.5**	**0**	**16.0**
B. *Licensed* Mental Health Staff (direct service)....	0.0	0	0.0
C. Other Health Care Staff (direct service)	0.0	0	0.0
D. Managerial and Supervisory.....	0.0	0	0.0
E. Support Staff (non-direct services).....	0.0	0	0.0
GRAND TOTAL (A+B+C+D+E)	**7.5**	**0**	**16.0**

III. LANGUAGE PROFICIENCY

For languages other than English, please list (1) the major ones in your county/city, (2) the estimated number of public mental health workforce members currently proficient in the language, (3) the number of additional individuals needed to be proficient, and (4) the total need (2)+(3):

Language, other than English	Number who are proficient	Additional number who need to be proficient	**TOTAL (2)+(3)**
(1)	(2)	(3)	(4)
1. Spanish	Direct Service Staff 5 Others 1	Direct Service Staff 5 Others 3	Direct Service Staff 10 Others 4
2. Cantonese	Direct Service Staff 1 Others 0	Direct Service Staff 0 Others 0	Direct Service Staff 1 Others 0
3. Hmong	Direct Service Staff 0 Others 1	Direct Service Staff 2 Others 1	Direct Service Staff 2 Others 2

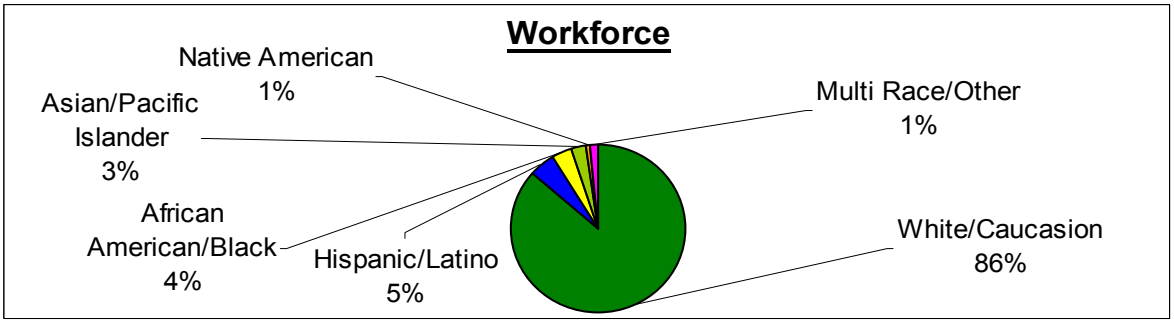
EXHIBIT 3: WORKFORCE NEEDS ASSESSMENT

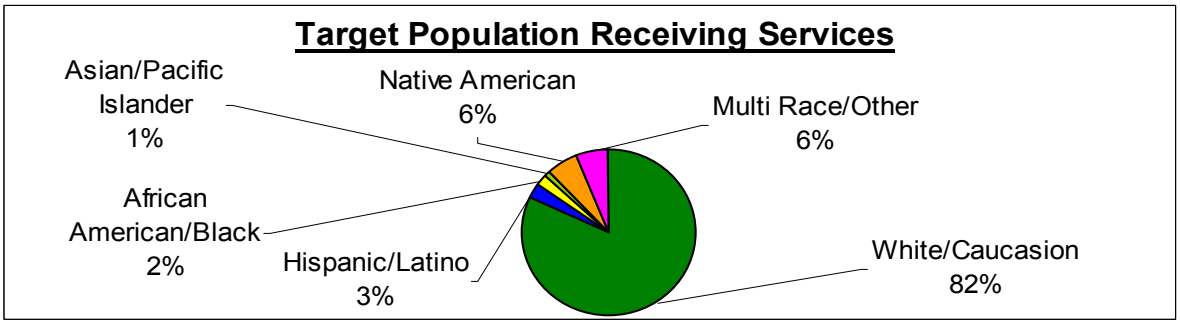
IV. REMARKS: Provide a brief listing of any of data provided in sections I, II, and/or III. Include any sub-sets of shortfalls or disparities that are not apparent in the categories listed, such as sub-sets within occupations, racial/ethnic groups, special populations, and unserved or underserved communities.

A. Shortages by occupational category:

- The three significant occupational shortages that have been identified in the analysis of the Workforce Needs Assessment are Peer Client Support Staff, Peer Family Member Support Staff and Nurse Practitioners. The Superior Region Workforce Education and Training Collaborative have identified the need for additional Nurse Practitioners and have included them in the distance learning system component of the Workforce Education and Training Regional Partnership application for funding. Therefore, this Plan does not address this identified need. Occupational shortages for Peer Client Support Staff and Peer Family Member Support Staff are addressed in Action #1: Support to peer volunteers and staff.

B. Comparability of workforce, by race/ethnicity, to target population receiving public mental health services:



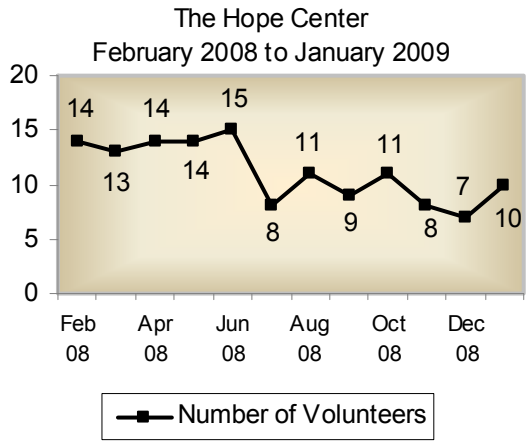


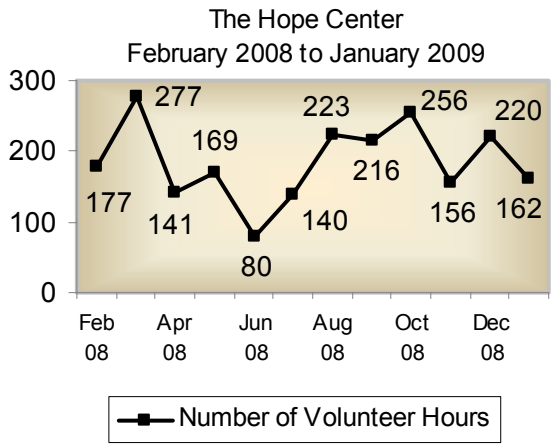
- The workforce does not represent the target population in racial and ethnic diversity specifically for Native American, South East Asian, and monolingual Spanish speaking communities. Although there is a larger percentage of people who identify as

Asian/Pacific Islander in the workforce (3%) than in the target population receiving public mental health services (1%) there is nevertheless a shortfall. This is because there is ethnic diversity within the workforce that identifies as Asian/Pacific Islander (including second and third generation Chinese and Japanese Americans) while the target population receiving public mental health services is predominantly South East Asian. Many of whom are immigrants and monolingual non-English speakers. There is a similar situation in the Hispanic/Latino population. Although there is a larger percentage of people who identify as Hispanic/Latino in the workforce (5%) than in the target population receiving public mental health services (3%) there is nevertheless a shortfall in recent immigrants who speak Spanish in the workforce compared to the target population receiving public mental health services. There is also a significant shortfall of Native American direct services staff. The Superior Region Workforce Education and Training Collaborative have identified and will address this need; therefore this Plan does not address this identified need.

C. Positions designated for individuals with consumer and/or family member experience:

- Currently Peer Client and Peer Family Member Support Staff are providing needed services and supports in several programs including system navigation, mobile outreach, client-run wellness center, and full service partnerships. In addition, there are a number of volunteer Peer Client and Peer Family Member Support Staff who are providing services. As illustrated in the charts below an average of 12 volunteers a month at the client-run Hope Center have volunteered for a total of 2,217 hours from February 2008 through January 2009.



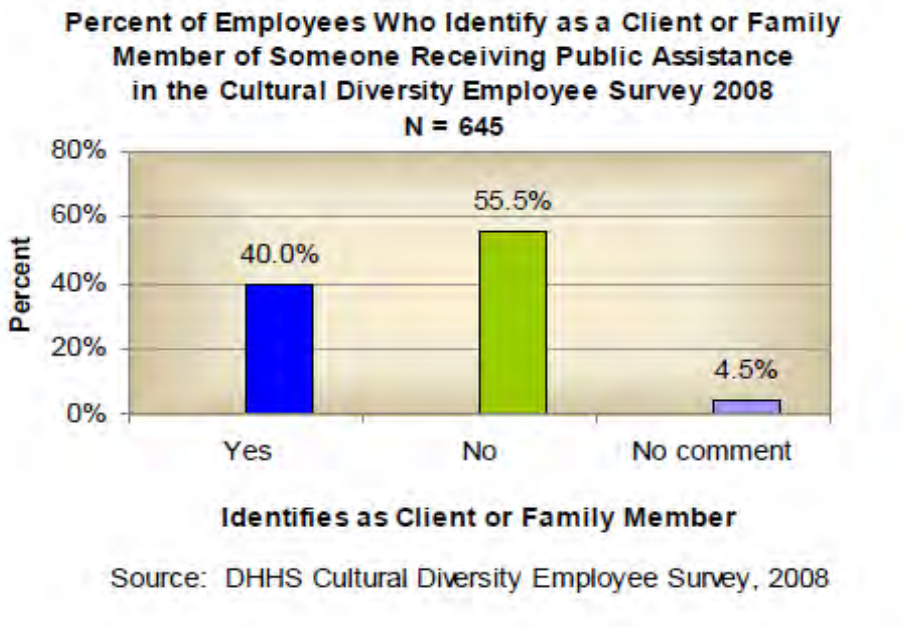


It is the goal of this agency to recruit and retain Peer Client and Peer Family Member Support Staff as team members in every major program to promote wellness, recovery, and resiliency.

As with all direct service occupational categories there is specific interest in recruiting and retaining Peer Client and Peer Family Member Support Staff from the Native American and South East Asian communities for the purpose of providing culturally

competent services that address prevalence needs in these apparently underserved communities. Occupational shortages for Peer Client Support Staff, Peer Family Member Support Staff are addressed in Action #1: Support to peer volunteers and staff.

Although the Department of Health and Human Services has formerly designated Peer Client and Peer Family Member Support Staff positions for individuals with client and/or family member experience, 40% of the Department's employees who responded to the 2008 Cultural Diversity Employee Survey self-identify as being a participant in or family member of someone who has participated in services offered through DHHS, including mental health and substance abuse services. It is clear that the Department has strong resources in terms of staff who can provide culturally sensitive support to service participants.



Source: DHHS Cultural Diversity Employee Survey, 2008

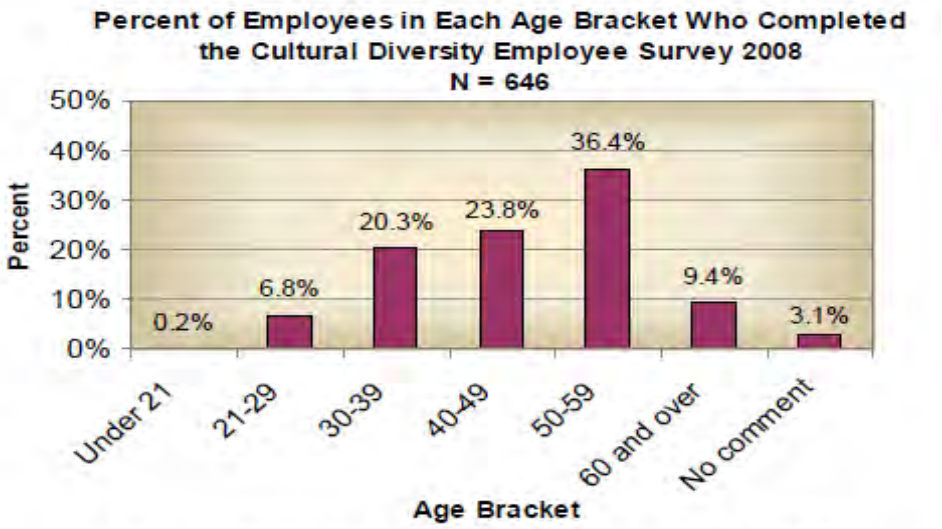
D. Language proficiency:

- There is an on-going need for Spanish and Hmong speaking staff. The Department of Health and Human Services, Office of Client and Cultural Diversity is engaged in several projects to increase the language proficiency of the Workforce including the targeted distribution of employment job announcements to locations that would promote applications from racially and ethnically diverse populations. A new classification was developed titled Interpreter/Translator. This classification is not limited to a particular language and can be used by multiple programs. Therefore this Plan does not address this identified need.

E. Other, miscellaneous:

- There is a significant shortfall in the workforce of people who are transition aged youth (specifically those with experience in the foster care system) to provide culturally competent peer support activities to the transition aged youth population receiving

public mental health services. This identified need is addressed in Action #1. Approximately 7% of the Mental Health Branch workforce is between the ages of 21 and 25 years old. In addition, as the chart below illustrates approximately 7% of the DHHS workforce who responded to the 2008 Cultural Diversity Employee Survey is age 29 or younger.



Source: DHHS Cultural Diversity Employee Survey, 2008

- The WET stakeholder process identified a significant shortfall in the lack of resources to access needed training and the inability to record and track workforce participation in trainings. Currently the TES Unit facilitates trainings that occur at DHHS and in the community but is without an adequate mechanism of capturing workforce participation in those trainings. Also, due to the lack of resources, the small number of staff usually associated with a program, as well as the distance and remoteness of Humboldt County to the major areas in the State where most trainings occur, it is difficult and often impossible for staff to travel outside of the County for training opportunities. This identified need is addressed in Action #2: Workforce development through e-learning technology.

- There is a shortage of direct staff with the training needed to implement new evidence based practices and expand full service partnerships. In the past four years Humboldt County has successfully implemented MHSA Community Services and Supports full service partnerships and four evidence based practices (EBPs) focused on children and families. The intention now is to adopt and implement new evidence based practices and expand full service partnerships to a wider range of age groups. As these programs expand new staff will require training in the new evidence based practices and the full service partnership model.

As of December 2008 there were 59 full service partners enrolled in Comprehensive Community Treatment (CCT), which provides intensive community services and supports (e.g.: housing, medical, educational, social, vocational, rehabilitative, or other

needed community services) as defined by the partner to achieve recovery. Personal Services Coordinators (PSCs), including peer clients and peer family members, provide services to partners in the community. As this program expands new staff will require training in the full service partnership model.

The four evidence based practices currently implemented are:

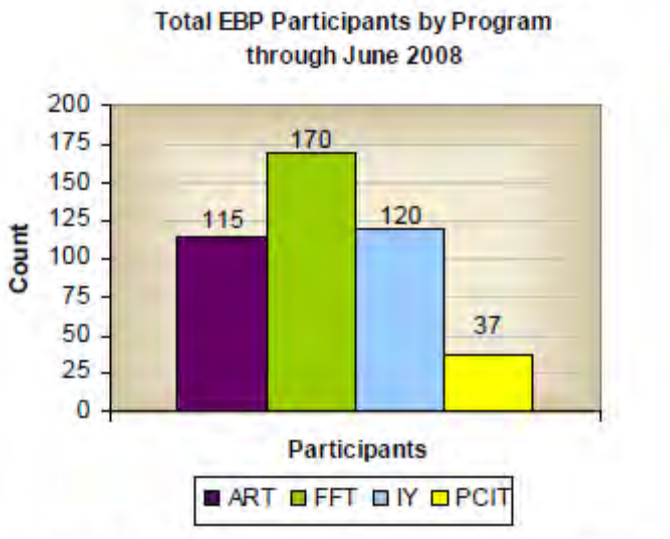
Aggression Replacement Therapy (ART) is a comprehensive intervention strategy used to address behaviors of that are common characteristics of youth incarcerated in the Northern California Regional Facility. The target population for ART is youth between the ages of 12 to 18 years.

Functional Family Therapy (FFT) provides treatment for at-risk youth ages 11 to 18 by including the entire family in the therapy program.

Incredible Years (IY) is a parenting program with the goal of giving parents the tools they need to deal with children exhibiting problem behaviors. The target population is adult caregivers of children 3 to 12 years of age.

Parent-Child Interaction Team (PCIT) is a parenting program with the goal of building appropriate and effective parenting skills to adult caregivers with children ages 2 to 7 years. Through coaching sessions, parent-child teams receive feedback on parenting techniques and skills.

As illustrated in the chart below, through June of 2008, 419 individuals directly participated in one of four of these programs. As new evidence based practices are adopted and implemented new staff will require training. This identified need is addressed in Action #3: Training for evidence-based practices and full service partnerships.



Source: DHHS-Research & Evaluation EBP Outcome Reports, June 2008

Attachment W

Excerpt from
Mental Health Services Act Annual Update
Fiscal Year 2011/2012
Workforce Education and Training
Approved Programs:
Support to Peer Volunteers and Staff, eLearning Technology, Training for Evidence Based Practices and Full Service Partnerships

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Humboldt

☒ **No funding is being requested for this program.**

Program Number/Name: Support to peer volunteers and staff

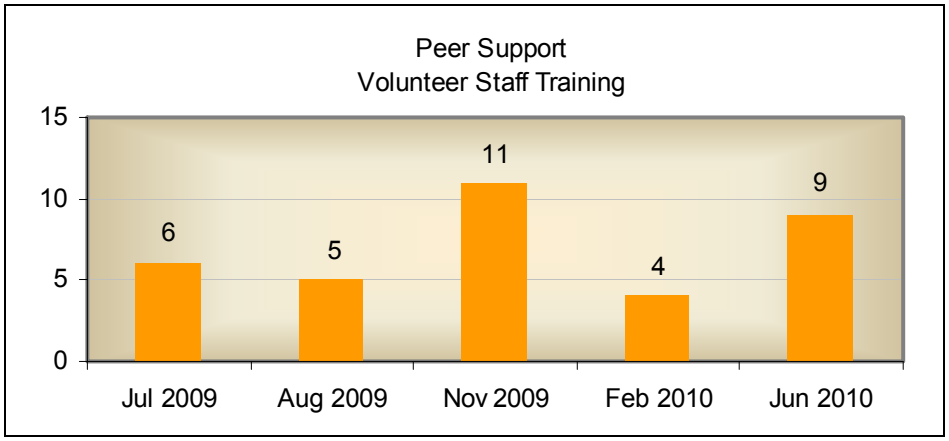
Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

This program has supported the coordination and development of activities throughout the Department that increase the participation of individuals with public mental health system lived experience into the mental health workforce and service delivery. Specifically people with experience as; clients and family members of clients, clients of CalWorks and HumWorks, and transition age youth with experience in foster care.



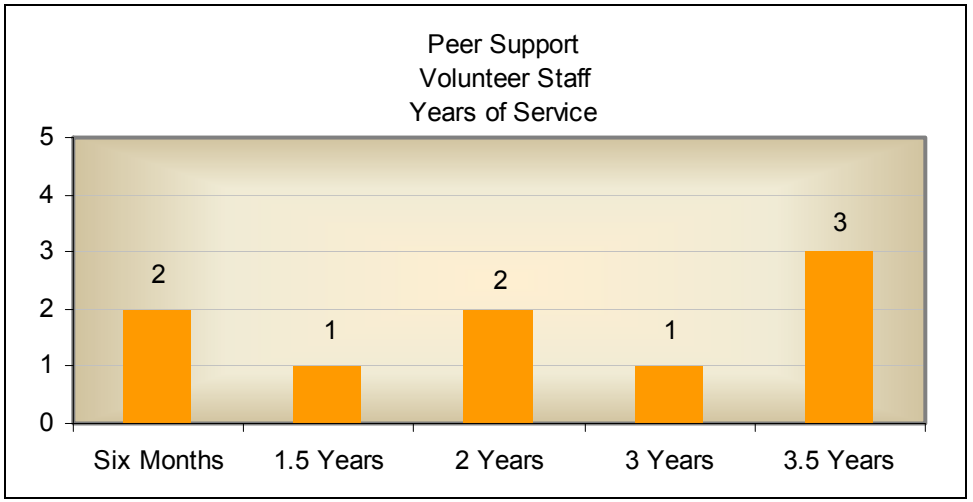
In Fiscal Year 2009/2010 the Hope Center facilitated five Peer Support Training sessions. Each Session is three hours long and typically volunteers complete three sessions for a total of nine hours of training. Sessions include topics such as basic duties of volunteers, healthy boundaries, crisis intervention (e.g. whom to contact in what situations), Wellness Recovery Action Plans (WRAP), privacy/confidentiality, and peer counseling.

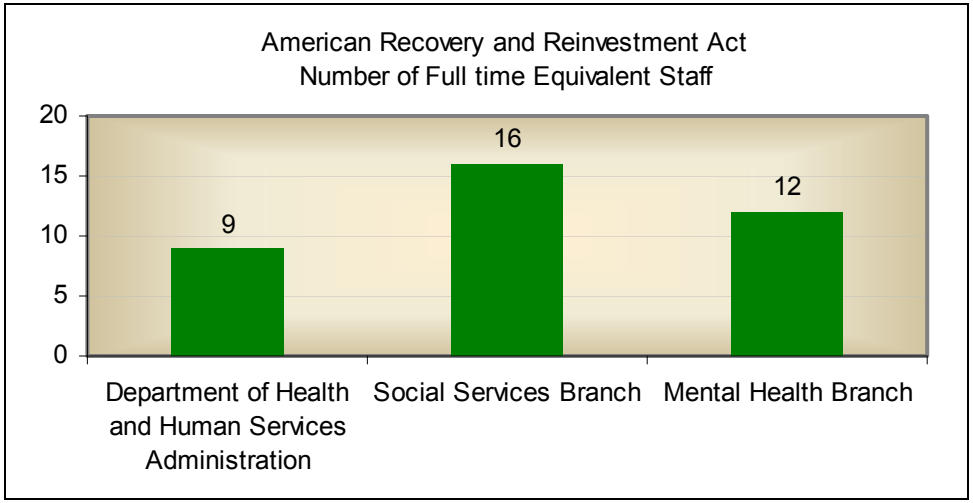
PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

Approximately 52% of the people who began the nine hour training have become "official" County Peer Support Volunteers and completed both the Health Insurance Portability and Accountability Act (HIPAA) training and the law enforcement background check (Live Scan) which are required for all County direct service providers.

Peer Support Volunteers also provide services to other programs such as the Full Service Partnership and participate on committees as members such as the MHSA Prevention and Early Intervention Implementation Team.

As this chart illustrates, there are currently nine Peer Support Volunteers who have volunteered for more than six months and three who have volunteered since the opening of the Hope Center in February 2008.





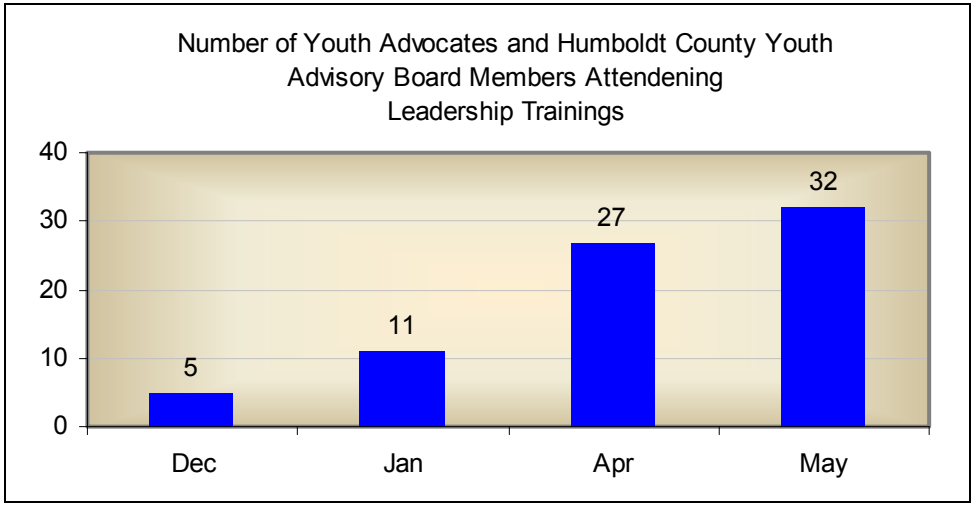
In 2009 a total of 37 positions were filled throughout the Department through the American Recovery and Reinvestment Act (ARRA).

This program increased the number of staff in the Department who have experience as CalWorks and HumWorks clients. Although this funding was temporary, these staff were supported as needed with guidance in the application process and participated in trainings such as Health Insurance Portability and Accountability Act (HIPAA), Client and Cultural Competency, Ethics, and Orientation to Evidence Based Practices.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

In Fiscal Year 2009/2010 Humboldt County Transition Age Youth Collaboration Youth Advocates and Youth Advisory Board Members participated in eight youth leadership trainings to educate and better prepare them in their on-going participation in the Departments workforce policy development. These trainings included; Open Space Technology, Rose Jenkins Conference, Y.O.U.T.H. Training for Trainers, Day at the Capitol, Youth Professional Development Training, Making Change at the Policy Level, Take a Foster Youth to the Capitol, Youth Leadership Academy.

Of the approximately 20 youth who were peer mentored and regularly participated in leadership training events, six have become peer mentors themselves.



PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Humboldt ☒ **No funding is being requested for this program.**

Program Number/Name: Workforce development through e-learning technology

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☒ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

This program provides the Department of Health and Human Services workforce opportunities for training and education that will; promote principles of recovery, wellness, resiliency, cultural competency, client and family member driven and integrated service delivery, promote proficiency of evidence based practices, provide licensed staff continuing education units (CEUs) requirements to maintain their clinical license, and support volunteer peer client and peer family member staff advancement to full time employment.

In Fiscal Year 2009/2010 the Department conducted a vendor selection process, selected a vendor and a contract was executed in June of 2010 for a web-based learning management system that will; assign training to staff, track training acquired by the staff, and upload locally acquired training materials. This system will utilize e-learning curriculum that; promotes recovery, wellness, and resiliency, addresses identified cultural competency needs, promotes client and family member workforce, encourages self-help and peer support, reduces stigma and discrimination and promotes suicide prevention.

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Humboldt ☒ **No funding is being requested for this program.**

Program Number/Name: Training for evidence-based practices and full service partnerships

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

☐ **This program did not exist during FY 09/10.**

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Workforce Education and Training stakeholder process identified the need to further utilize evidence based practices that promote wellness and recovery for underserved and unserved clients and families. This program has provided the necessary training opportunities to ensure the proficiency of staff and the efficacy of programs.

Key Accomplishments

- In Fiscal year 2009/2010 Transformational Care Planning was identified as a practice to be adopted. An implementation team was formed including representation from children's services, adults, alcohol and other drugs, clinical, administrative, and quality assurance. Staff began a year long training cohort with the California Institute for Mental Health (CiMH) which included attending a two day workshop and ongoing periodic conference calls. Approximately 15 staff including alcohol and drug counselors, case managers, clinicians, clinical psychologists, ad nursing staff has been trained in Transformational Care Planning.

"A key challenge for providers is to respect a consumer's goal even if it seems unattainable. This acceptance is empowering for both the individual and the provider. This is the core of transformational care planning. Acceptance of individual or family goals demonstrates respect, understanding, hope, and empathy by the provider. Establishing a connection with their dreams and aspirations is the first step to a successful, effective plan"

~ Staff member trained in Transformation Care Planning

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

"This training educated staff to the art of writing client centered assessments, treatment plans, progress notes and discharges. This practice describes a whole person with strengths, obstacles and goals rather then a set of symptoms. It is a collaborative approach to treatment between the client and the clinician. It promotes their naturally occurring supports such as family, their religious and ethnic preferences."

~ Staff member trained in Transformation Care Planning

Transformational Care Planning is a client centered format for assessments, treatment plans and progress notes. This evidenced based practice is designed to advance recovery, resiliency and wellness. It is a treatment planning process that is developed around the clients, child, or families' perception of needs and goals. The plan is directed by the client and completed in partnership with the care provider and natural supporters of the client. This process is referred to as person-centered practice which involves working with clients in an individualized way to assist them in their personal recovery journey. It is about helping the individual make decisions rather than the provider being the decision making authority. It is a critical component of our Integrated Dual Diagnosis Treatment Program.

- In Fiscal Year 2009/2010 Integrated Dual Diagnosis Treatment (IDDT) was identified as a practice to be adopted. Staff attended initial trainings, workbooks were purchased, and further training and implementation plan was developed. Integrated Dual Disorder Treatment is an evidence-based practice that has been found to be effective in the recovery process for clients with a dual diagnosis. The same clinicians or teams of clinicians, working in one setting, provide mental health and substance abuse interventions in a coordinated fashion. As an evidence-based psychiatric rehabilitation practice, this practice aims to help the client learn to manage both illnesses so that he/she can pursue meaningful life goals. The critical ingredients assertive outreach, motivational interventions, and a comprehensive, long-term, staged and individualized approach to recovery. There are seven core elements to Integrated Dual Disorder Treatment: Integrated services meaning mental health and substance abuse treatment are integrated to meet the needs of people with co-occurring disorders, cross-trained practitioners are trained to treat both substance use disorders and serious mental illnesses, stage-wise treatment in which integrated treatment specialists match services to the consumer's stage of recovery, motivational interventions are used to help consumers identify and pursue personal recovery goals, a cognitive-behavioral approach is used to help consumers identify and change their thoughts and behaviors related to their co-occurring disorders, multiple formats for services are available such as individual, group, self-help, and family formats, and integrated medication services.

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) was identified as a practice to be adopted. It is a psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents. Initially developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss, and the often multiple

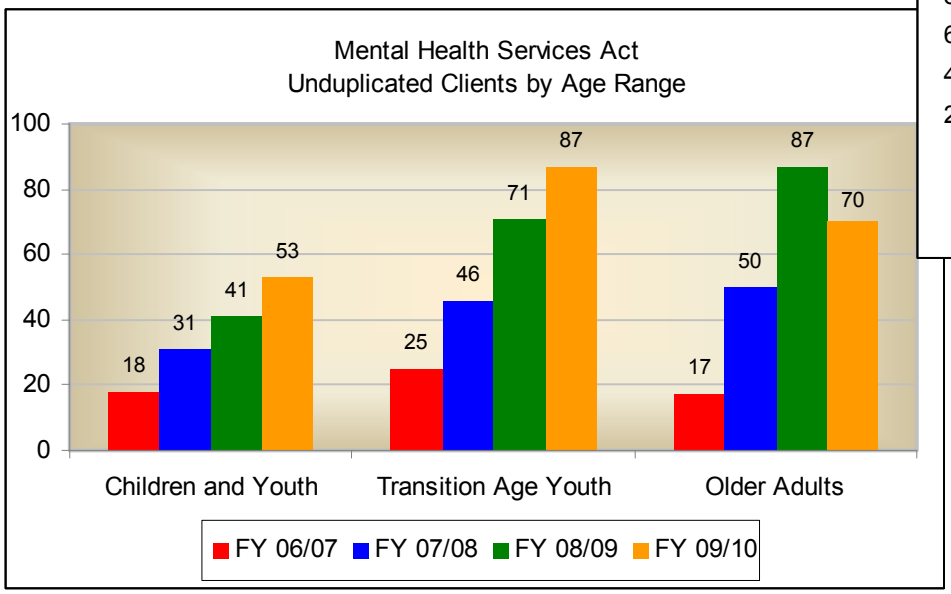
psychological traumas experienced by children prior to foster care placement. The treatment model is designed to be delivered by trained therapists who initially provide parallel individual sessions with children and their parents (or guardians), with conjoint parent-child sessions increasingly incorporated over the course of treatment. In Fiscal Year 2009/2010 a training and implementation plan was developed. Trainers were identified and 30 staff were trained in the practice.

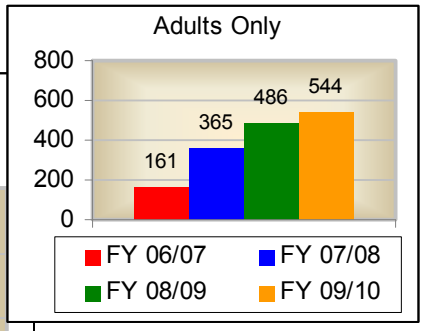
Attachment X

Excerpt from
Mental Health Services Act Annual Update
Fiscal Year 2011/2012

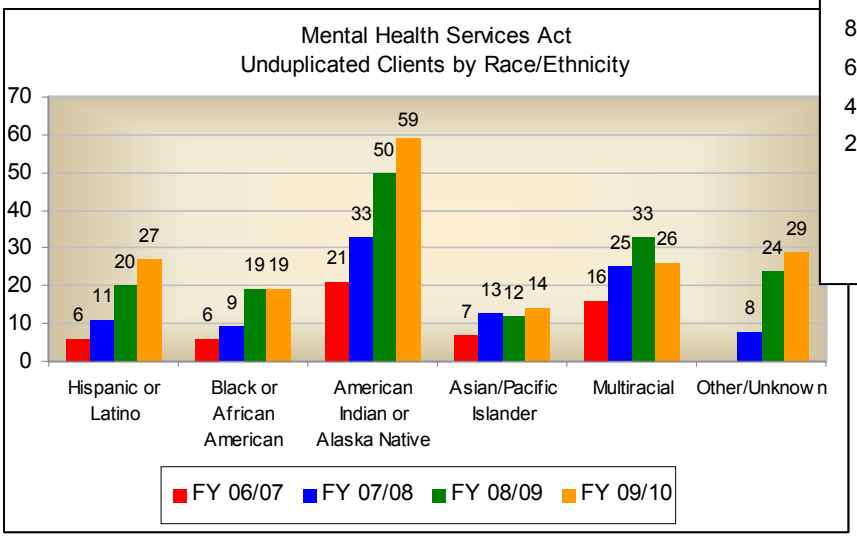
OVERALL IMPLEMENTATION PROGRESS REPORT ON FY 09/10 ACTIVITIES

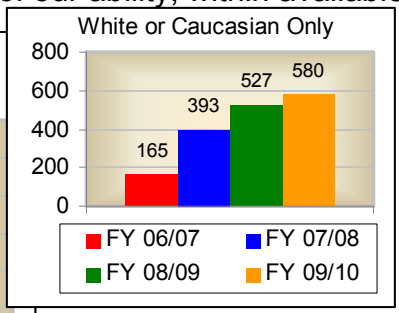
Community Services and Supports programs continue to increase services to individuals of all age groups, within available resources. Transition age youth, individuals generally between the ages of 16 to 26 years old, were identified in the community planning process as underserved and unserved. As this chart illustrates there has been a 248% increase in the number of individuals who are transition age youth served between Fiscal Years 2006/2007 and 2009/2010.





Community Services and Supports programs continue to increase services to individuals of all race/ethnicities, within available resources. People who identify as Hispanic or Latino and American Indian or Alaskan Natives were identified in the community planning process as underserved and unserved. As this chart illustrates there has been a 350% increase in the number of individuals who identify as Hispanic or Latino and a 181% increase in the number of individuals who identify as American Indian or Alaskan Natives served between Fiscal Years 2006/2007 and 2009/2010. Individuals whose primary language is Spanish are an identified underserved population. Stakeholders have identified the need to increase the capacity to serve this population through training and recruitment of bilingual staff, and will respond to the best of our ability, within available resources.





Attachment Y

Policies and Procedures: “Access to Interpreters and Culturally and Linguistically Competent Providers”, “Text Telephone (TYY) Use”, “AT&T Language Line Use” and “Obtaining Interpretation, Translation and Special Needs Telephone Services”

COUNTY OF HUMBOLDT
Department of Health and Human Services
Mental Health/Alcohol & Other Drug Branch
Medi-Cal Managed Mental Health Care

POLICIES AND PROCEDURES

Title: ACCESS TO INTERPRETERS AND CULTURALLY AND LINGUISTICALLY COMPETENT PROVIDERS	

POLICY

It is the policy of HCMMMHC to obtain and provide culturally and linguistically competent services to clients 24 hours, 7 days a week.

PROCEDURE

Linking Clients to Interpreters

HCMMMHC prohibits the expectation that families will provide interpreter services for their family members who are receiving or requesting for services; although at the client's specific request and with appropriate releases, this can be facilitated.

All Front Office and direct service staff shall be training on the following steps to provide appropriate interpreter services to clients.

Step 1: Identify language spoken.
Step 2: Offer the client free interpreter service by providing the Interpreter List composed of local community providers.
Step3: If interpreter service is required for a future appointment, request client to select an interpreter from the list. If the client refuses to use a local interpreter, contact Language Line Services.
Step4: If Steps 2 and 3 fail to meet client's needs, or client refuses those services, ask client if he or she prefers to have family or other support provide the interpreter services.
Step5: Document Steps 1 through4 in client's chart.

Appropriate translated materials shall be distributed or posted at all points where clients access the mental health system.

Linking Clients to Culturally Competent Mental Health Service Providers

The MHP shall maintain a current list of Contracts Providers. The list shall contain the names, clinic addresses, telephone numbers, cultural and linguistic skills and specialty populations served by each Provider. This list shall be updated periodically and furnished to all HCMMMHC Front Office Staff and to Contract Providers. The Front Office staff shall make this list available to clients upon request and inform them in a language that they understand that they have the right to free language assistance services.

When a client requests for a specific Provider from the Contract Provider list, this information shall be noted in the Request for Access to Services form and forwarded to the Access Staff. The Access Staff shall make every effort to link the client with the Provider of his/her choice.

COUNTY OF HUMBOLDT
Department of Health and Human Services
Mental Health/Alcohol & Other Drug Branch
Medi-Cal Managed Mental Health Care

POLICIES AND PROCEDURES

Title: AT&T LANGUAGE LINE USE	

POLICY:

Please refer to above policies entitled "Access to interpreters and culturally and linguistically competent providers" and "Obtaining interpretation, translation and special needs telephone services".

PROCEDURE:

AT&T Language Line Services: 1-800-874-9426.

When receiving a call:

1. **Use the CONF button** to place the non-English speaker on hold.
2. **Dial 1 800 874-9426**
3. **Enter on your telephone keypad your 6-digit Client ID: 5 0 1 1 8 1**
4. **Press 1 for Spanish**
   Press 2 for all other languages (Speak the name of the language at the prompt). You may press 0 or stay on the line for assistance with language identification.
5. **Give Information**
   - Organization name: **Humboldt County Mental Health**
   - Personal Code: First letter of your last name + last four (4) digits of your Social Security Number
   - Your first and last name
6. **An Interpreter will be connected to the call.**
7. **Brief the Interpreter.** Summarize what you wish to accomplish and give any special instructions
8. **Add non-English speaker to the line** by pushing the CONF button twice

When placing a call to a non-English speaker, begin at Step 2

If you need assistance when placing a call to a non-English speaker, you

may press 0 to transfer to a representative.

To hear a free recorded demonstration of typical call scenarios, call 1-800-821-0301 or visit http://www.languageline.com/training

****
******

COUNTY OF HUMBOLDT
Department of Health and Human Services
Mental Health/Alcohol & Other Drug Branch
Medi-Cal Managed Mental Health Care

POLICIES AND PROCEDURES

Title: TEXT TELEPHONE (TTY) USE	

POLICY:

It is the policy of HCMMMHC to provide a TTY line for use with deaf, hearing-impaired or speech impaired callers.

PROCEDURE:

A TTY is a small telecommunications device with a keyboard for typing and a screen for reading conversation. A TTY is often used by people who are deaf, hard of hearing, or speech-disabled.

California Relay Service (CRS) provides specially-trained operators to relay telephone conversations back and forth between people who are deaf, hard of hearing, or speech-disabled and all those they wish to communicate with by telephone.

If a MHB staff member wishes to call a client who is hearing impaired at his/her residence, from a standard telephone to TTY:

1. Dial a voice relay operator:
   ⇒ **1 - (800) 735-2922 (English)** or 1-(800) 855-3000 (Spanish)
2. Give the relay operator the area code and TTY number you wish to call.
3. The operator will voice what the TTY user says to you and type to the other party what you say.
4. The conversation can go back and forth as long as you wish.
5. You will need to talk slower than usual because everything you say is being typed.
6. There are no charges for using the relay service. Usual charges for long distance calls will apply.

If a client who is hearing impaired whishes to call MHB, from TTY to standard telephone:

1. Dial a TTY relay operator:
   ⇒ **(800) 735-2929 (English)** or 1-(800) 855-3000 (Spanish)
2. Give the relay operator the area code and voice phone number you wish to call.
3. The operator will type what the other party voices to you, and voice to the other party what you type on your TTY.
4. The conversation can go back and forth as long as you wish.
5. There are no charges for using CRS. The usual charges for long distance calls will apply.

When meeting with a client who is hearing impaired at the MHB, using TTY:

Please note: the TTY Phone is stored at PMU/Medical Records in the Sr Program Mgrs book shelf, shelf 2, in a marked box.

A. Setting up the Phone:

1. This will require 2 separate phones; one can be a cell phone if no personal health information is disclosed.

2. Set up the TTY machine by plugging the cord into the TTY machine and then into the wall outlet.

B. Connecting to the TTY voice relay operator.

1. Calling within the state of California, dial: **1-(800) 735 2922 (English) or** 1-(800) 855-3000 (Spanish)

(Note Calling Outside of California 1-(800) 855 2881

2. This connects to the California Relay Service operator

3. Then give the relay operator the desk phone number so that the relay operator can call back and you will answer the phone

4. the desk phone will ring and then the staff can pick up the receiver

5. Place the phone receiver into the TTY phone receiver cradle

6. This begins the process for the communication

7. The staff person will speak into their phone (which is the 2nd phone in the room)

8. NOTE: at the end of each statement, please say "**Go Ahead".**
This must be done for both the client and the staff person.

9. There is a key on the TTY phone to use if preferred for the client, "GA".

10. There will be a print out on the TTY phone of the conversation.

11. The conversation will also be imprinted on the front of the keyboard.

COUNTY OF HUMBOLDT
Department of Health and Human Services
Mental Health/Alcohol & Other Drug Branch
Medi-Cal Managed Mental Health Care

POLICIES AND PROCEDURES

Title: OBTAINING INTERPRETATION, TRANSLATION AND SPECIAL NEEDS TELEPHONE SERVICES	

POLICY:

It is the policy of HCMMMHC to obtain translation, interpretative, and special needs telephone services whenever clients are in need of language line, hearing, visual, or speech impaired services.

PROCEDURE:

For assistance with speech impairments, see Speech to Speech procedure.

For assistance with hearing impaired services, see Text Telephone (TTY) policy and procedure.

For assistance with foreign language interpretation, see AT&T Language Line Services procedure.

For assistance with visual impaired service, HCMMMHC will provide staff who will read service brochures, pamphlets, forms and other materials to clients at points of contact.

Attachment Z

Answering Service Script

MHB Answering Service Script

Tips	Script
➢ Try to Answer by 2nd Ring. ➢ Purpose/Agenda • Ascertain language • Determine if there is an emergency, crisis, or urgent condition. • This is a State mandated phone line for the purpose of providing information for service. • Adult Services Day time Phone line = 268-2945 OR Children's Services= 268-2800	"Humboldt County Mental Health, Answering Service, May I help you?" **Another Language or Emergency** → **Transfer Call to PES** Otherwise ↓ "Please give me your name, and phone number where we can reach you?" ↓ **If appointment needed, must have name and number to reach.** ↓ **If no regular phone, please tell them that there is a Same Day Walk-in Clinic at 720 Wood Street in Eureka and a 24 hour Emergency Crisis Unit.** ↓ " If you leave your name and Phone# someone from Mental Health will call you back in the morning or if on weekend, someone will call them back the next business day. " ↓ **Other Information** 720 Wood Street 8-5 pm M-F Emergency Services 24 Hours a Day 7 Days a Week

Attachment AA

Language Line Training flyer, Outline and print screen location

Language Line Training Announcement

Dates:

Session 1: Monday, April 6, 2009, from 7:30AM to 8:30AM
Session 2: Monday, April 6, 2009, from 3:30PM to 4:30PM
Session 3: Friday, April 10, 2009, 7:30AM to 8:30AM
Session 4: Friday, April 10, 2009, 3:30PM to 4:30PM

Location: **2950 E Street QA Conference Room, 2nd Floor, Suite B (Corner of E & Harris)**

Training for all interested MHB staff members OR those who are assigned by their Supervisor to attend. You will learn how to access and use the **Language Line** services through hand-outs, recorded demonstration, training video, and performing a test call.

Please sign up through Elvira at 441-3780 or via email at eschwarz@co.humboldt.ca.us

Language Line Training

******Please make sure you sign in on the sign in sheet.******

Monday, April 6 and Friday, April 10, 7:30am to 8:30am and 3:30pm to 4:30pm,
QA Conference Room, 2950 E Street, 2nd Floor, Suite B

I. Introductions

II. Overview over Hand Outs
1. How to communicate with a limited English Speaker (LES)
2. Language Line Questions & Answers
3. Language Line Quick Reference Guide
4. Language Identification Card and Poster "Interpretation Service Available"
5. How to say "Please Hold" in Spanish, Hmong and other languages
6. How to make a Relay Call

III. Watch 14 minute training video
-- This video can be checked out and shown at program sites.

IV. Call the demonstration line at 1-800-821-0301 for a recorded demonstration—#2 of 10 applications. About 5 minutes in length.

V. Inform of the link for the on line training--For a quick tutorial go to http://www.languageline.com/training
You will need Macro Media Flash installed on your computer and most computers should have it. If you have problems, please call IS!

VI. Documentation of Language Line calls or Interpretation Services:
Clinical Staff (clinicians, CMs, nurses etc.): must document each time in Progress Note (in addition to language line services, also document when an Interpreter was utilized on site, or when bi-lingual staff use foreign language skills to provide services)
Access Points/RAS calls: All RAS calls must be logged according to facility policy

VII. The language line does not offer interpreting for people who are hearing impaired, but they offer Video Interpreter Services (special equipment needed).

Hearing Impaired lines – see hand out for specifics and website http://www.ddtp.org/ for other services such as Voice Carry Over, Speech to Speech Carry Over, Internet Relay Service etc.; this is available for English and Spanish speaking people only.

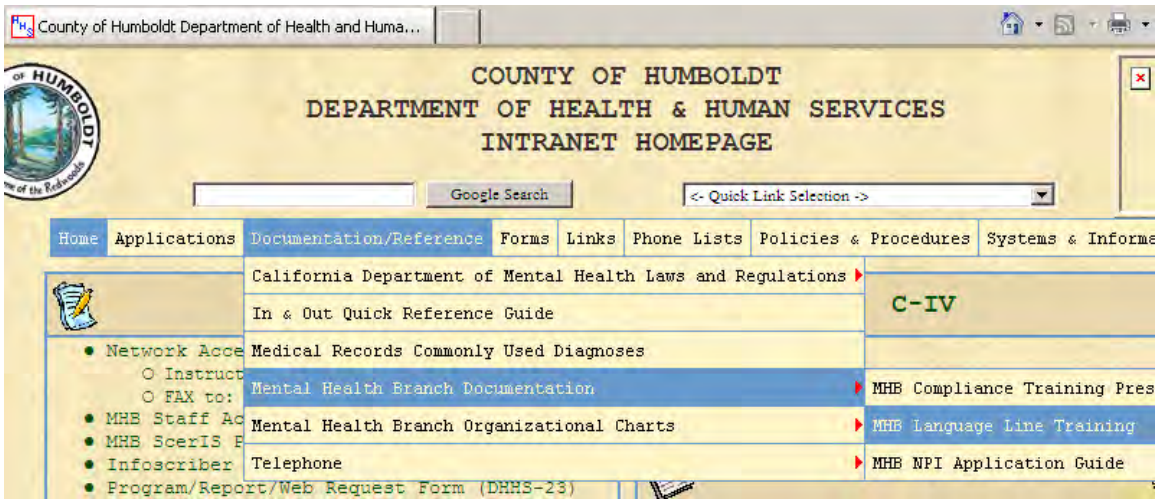
Hearing Impaired Numbers: 1-800 735-2922 (from standard telephone to TTY) or 1-800-735-2929 (from TTY to standard telephone)

VIII. Perform a test call on the language line.

1. Use "CONF" button to place the non-English speaker on hold.
2. Dial 1-800-874-9426.
3. Give the Answer Point the following information as requested:
   - Language needed.
   - Client ID #--501181
   - Organization: Humboldt County Mental Health
   - Personal Code: First letter of your last name and the last four (4) digits of your Social Security Number.
4. Push the CONF button twice to add the non-English speaker to the line.
5. Wait for the Answer Point to conference in the interpreter.
6. Brief the interpreter on the nature of the call. Summarize what you wish to accomplish and give any special instructions.
7. Say "end of call" to the interpreter when the call is completed.

**If the client is face-to-face, you may use speaker phone or pass the handset back and forth.

Some sites may have phone systems that require a slightly different process to have a conference call meeting with 3 or more parties. Please review your Phone System Quick Reference Guide or consult with IS.



The language line training can be accessed at the county intranet webpage at the following link:

http://dhhsweb/Reference/Language%20Line%20Training%20April%202010.ppt

Attachment AB

Excerpt from Informing Materials “Guide to Medi-Cal Mental Health Services and Humboldt County Mental Health Branch’s access brochure entitled “Information about Humboldt County Mental Health”.

Humboldt County

GUIDE TO

Medi-Cal Mental Health Services

Updated 10/30/08

If you are having an emergency, please call 9-1-1 or visit the nearest hospital emergency room.

If you would like additional information to help you decide if this is an emergency, please see the information on State of California page 6 in this booklet.

Important Telephone Numbers

Emergency 911

Humboldt County Mental Health Plan
INFO: .....(888) 849-5728 *24-hours*
INFO: .....(707) 268-2945 *24-hours*
CRISIS: .....(707) 445-7715

How to Get a Provider List:

You may ask for, and your Mental Health Plan (MHP) should give to you, a directory of people, clinics and hospitals where you can get mental health services in your area. This is called a 'provider list' and contains names, phone numbers and addresses of doctors, therapists, hospitals and other places where you may be able to get help. You may need to contact your MHP first, before you go to seek help. Call your MHP's 24-hour toll-free number above to request a provider directory and to ask if you need to contact the MHP before going to a service provider's office, clinic or hospital for help.

In What Other Languages And Formats Are These Materials Available?

There are AT&T Language lines available through our clinics. Language line interprets from English into Spanish, Hmong, Portuguese or other languages upon request. American Sign Language Interpreters and Interpreters for Spanish, Hmong and other languages are available by appointment.

California Relay Services (CRS) are available for people who are deaf, hard of hearing, or speech-disabled.
CRS callers can communicate English to English, Spanish to Spanish or American Sign Language to English.
CRS can be reached by dialing 711 or the CRS 800 number of your modality.

TYY including Voice Carryover (VCO) and Hearing Carryover (HCO):
English: (800) 735-2929
Spanish: (800) 855-3000
Voice:
English: (800) 735-2922
Spanish: (800) 855-3000
Speech to Speech: (800) 854-7784

Why Are Cultural Considerations And Language Access Important?

A culturally competent mental health system includes skills, attitudes and policies that make sure the needs of everyone are addressed in a society of diverse values, beliefs and orientations, and different races, religions and languages. It is a system that improves the quality of care for all of California's many different peoples and provides them with understanding and respect for those differences.

Your county's MHP is responsible to provide the people it serves with culturally and linguistically competent specialty mental health services. For example: non-English or limited English speaking persons have the right to receive services in their preferred language and the right to request an interpreter. If an interpreter is requested, one must be provided at no cost. People seeking services do not have to bring their own interpreters. Written and verbal interpretation of your rights, benefits and treatments are available in your preferred language. Information is also available in alternative formats if someone cannot read or has visual challenges. The front part of this booklet tells you how to obtain this information. Your county's MHP is required to:

- Provide specialty mental health services. in your preferred language.
- Provide culturally appropriate assessments and treatments.
- Provide a combination of culturally specific approaches to address various cultural needs that exist in the MHP's county to create a safe and culturally responsive system.
- Make efforts to reduce language barriers.
- Make efforts to address the cultural-specific needs of individuals receiving services.
- Provide services with sensitivity to culturally specific views of illness and\ wellness.
- Consider your world view in providing you specialty mental health services.
- Have a process for teaching MHP employees and contractors about what it means to live with mental illness from the point of view of people who are mentally ill.
- Provide a listing of cultural/linguistic services available through your MHP.
- Provide a listing of specialty mental health services and other MHP services available in your primary language (sorted by location and services provided.)
- Provide oral interpretation services free of charge. This applies to all non-English languages.
- Provide written information in threshold languages, alternative formats, and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.

Non-English or limited English speaking persons have the right to receive services in their preferred language and the right to request an interpreter.

- Provide a statewide, toll-free telephone number available 24-hours a day and seven days a week, with language capability in your language to provide information to you about how to access specialty mental health services. This includes services needed to treat your urgent condition, and how to use the MHP problem resolution and State Fair Hearing processes.
- Find out at least once a year if people from culturally, ethnically and linguistically diverse communities see themselves as getting the same benefit from services as people in general.

Mental Health Branch Services:

Psychiatric Emergency Services
(707) 445-7715
Crisis staff are available on a 24 hour basis to provide assessment, counseling and/or stabilization services to persons who are in acute emotional or psychological distress. Sempervirens, an acute psychiatric hospital, is available for individuals who meet criteria for emergency psychiatric hospitalization.

Adult Outpatient Services (707) 268-2900
Services available include assessment, medication support, case management and brief intervention counseling. "Same Day Services" are available 5 days per week for urgent problems. Outreach is provided through Adult Case Management Services, Street Outreach Services (for the homeless population), and Older Adult Services. Employment readiness services are provided through Redwood Employment Services and HumWORKS.

Children, Youth and Family Services
(707) 268-2800
Services available include assessment, therapy, case management, psychological services, and medication services in the Outpatient Clinic and a variety of community settings. Urgent care appointments are provided within 1 working day.

Dual Recovery Services (707) 476-4054
Alcohol and other drug treatment for adults and adolescents. Co-occurring services are available at Adult AOD and Healthy Moms, a women's perinatal intensive day treatment program. Treatment for CalWORKS recipients with mental health, substance abuse and/or domestic violence issues is provided by HumWORKS.

Managed Care Organization
In addition to providing services within the Mental Health Branch, Humboldt County Mental Health contracts with community mental health providers to provide services to Medi-Cal beneficiaries. Please ask the receptionist for a current list of our contract providers.

Mental Health Services include:

Medication Support: medication evaluations and follow-up appointments, medication education, long-acting injection clinic, assistance with refills and Medi-Cal TARs.

Case Management: assistance and advocacy for clients aimed at an improvement in quality of life: assistance with accessing desired services in the community such as adequate housing, employment training, placement, SSI, GR, medical, dental, and educational resources.

Rehabilitation: assistance in acquiring necessary life skills, focusing on achieving agreed-upon goals in order to help clients take charge of their lives.

Brief Intervention Counseling: short term problem centered counseling, aimed at managing symptoms and restoring optimum functioning. May be individual or group sessions.

Day Treatment: provides structured day program for stabilization in community living for persistently mentally ill adults and emotionally disturbed children.

Therapeutic Behavioral Services: time limited one-to-one therapeutic services for children or youth in order to maintain the child's residential placement at the lowest level of care by focusing on target behaviors. (Medi-Cal only)

Referrals to other county and community agencies.

Information about Humboldt County Mental Health

Humboldt County Department of Health and Human Services
Mental Health Branch
720 Wood Street
Eureka, CA 95501

1-888-849-5728

Humboldt County Mental Health Values, Respects, and Advocates Client Rights.
CLIENTS OF HUMBOLDT COUNTY MENTAL HEALTH ARE ENTITLED TO:

Respectful treatment by the agency, clinic, and hospital staff members.

Information about available treatments and alternative, access and availability of services, and coverage and authorization of services.

Participate in decisions about treatment, including the right to refuse treatment.

Informed consent to treatment and to prescribed medications, including receiving information about side effects.

Be free of any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.

Confidential care and record keeping.

Register a grievance or appeal.

Request a second opinion or a change of provider.

Authorize another person to act on their behalf during the grievance, appeal and/or Fair Hearing process.

Receive services which are culturally competent and sensitive to language and cultural differences.

With the client's permission, **involve significant others** in treatment planning.

Request and receive a copy of their medical records, and request that they be amended or corrected.

Services provided in a safe environment.

GRIEVANCE AND APPEAL PROCESSES

If you are dissatisfied with or have a problem with our services, you may make your problem known to any Mental Health staff person and they will try to help. You may also file a Grievance or Appeal through the following processes.
Your problem will be kept confidential and you will not be subject to any penalty or discrimination for filing a Grievance, Appeal, or State Fair Hearing.

Grievances

You can file a Grievance verbally or in writing. Client Problem Resolution Request Forms are available at all sites, or you can call one of the numbers below to ask for a form or to register a Grievance.

Appeals

If you feel that you have been denied a service or services, or that services have not been provided in a timely manner, you may file an Appeal by completing the Client Problem Resolution Request Form or calling one of the numbers below.

Numbers to call:
1-888-849-5728 (toll-free)
(707) 268-2955 (Quality Improvement)

Please review the "Client Problem Resolution Guide" brochure for more information regarding these processes.

STATE FAIR HEARINGS

Once you have completed the problem resolution process as mentioned above, and if you are a Medi-Cal beneficiary, you have the right to request a State Fair Hearing. Fair Hearings are for people with Medi-Cal who have experienced a denial, reduction, or termination of mental health services, or who have not received a response to their Grievance within the allotted time period.

This is the phone number to call to request a State Fair Hearing: 1-800-952-5253.

If you would like further information about State Fair Hearings, you may call the Quality Improvement Coordinator at (707) 268-2955, or the State Ombudsman at 1-800-896-4042.

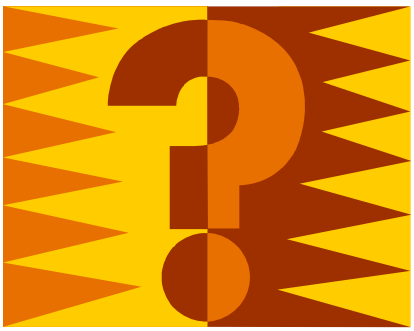
CONFIDENTIALITY

Mental Health staff and contracted providers follow legal procedures to honor the confidentiality of members, services, and records.

Updated 10/07

Attachment AC

Posters: “Did you know?” and “Interpretation Services Available”

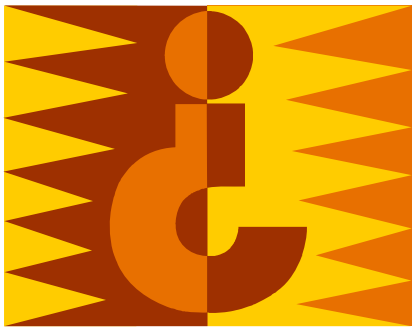


Did you know?

If you need to communicate in a language other then English, an interpreter is available to you at no cost. You are not required to use a family member or friend to interpret for you. Please inform the intake worker if you need this service.

¿Sabía usted que…?

Si necesita communicarse en otro idioma, que no sea inglés hay intérpretes disponibles que pueden ayudarle sin costo alguno. Usted no necesita pedir ayuda a familiares o amigos para interpretarle. Por favor informe a la persona que está hacienda la admisión si usted necesita el servicio.



Interpretation Service Available

English Translation: Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.

Arabic عربي
أشر إلى لغتك. وسوف يتم جلب مترجم فوري لك.
سيتم تأمين المترجم الفوري مجانا.

Armenian Հայերէն
Ցոյց տուէք ո՞ր մէկ լեզուն կը խօսիք՝ Թարգմանիչ մը կանչել կը տանք. Թարգմանիչը կը տրամադրուի անվճար.

Cantonese 廣東話
請指認您的語言，
以便為您提供免費的傳譯服務。

French Français
Pointez vers votre langue et on appellera un interprète qui vous sera fourni gratuitement.

German Deutsch
Zeigen Sie auf Ihre Sprache. Ein Dolmetscher wird gerufen. Der Dolmetscher ist für Sie kostenlos.

Hindi हिंदी
अपनी भाषा पर इंगित करें और एक दुभाषिया बुलाया जाएगा। दुभाषिये का प्रबन्ध आप पर बिना किसी खर्च के किया जाता है।

Hmong Hmoob
Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus. Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.

Italian Italiano
Puntare sulla propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.

Japanese 日本語
あなたの話す言語を指して下さい。
無料で通訳を提供します。

Khmer (Cambodian) ខ្មែរ (កម្ពុជា)
សូមចង្អុលភាសាអ្នក។ យើងនឹងហៅអ្នកបកប្រែភាសាមកជូន។
អ្នកបកប្រែភាសានឹងជួយអ្នកដោយមិនគិតថ្លៃ។

Korean 한국어
귀하께서 사용하는 언어를 지적하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.

Laotian ພາສາລາວ
ຊີ້ບອກພາສາທີ່ເຈົ້າເວົ້າໄດ້. ພວກເຮົາຈະຕິດຕໍ່ນາຍພາສາໃຫ້.
ທ່ານບໍ່ຕ້ອງເສຍເງິນຄ່າແປໃຫ້ແກ່ນາຍແປພາສາ.

Mandarin 國語
請指認您的語言，
以便為您提供免費的口譯服務。

Polish Polski
Proszę wskazać swój język i wezwiemy tłumacza. Tłumacza zapewnimy bezpłatnie.

Portuguese Português
Indique o seu idioma. Um intérprete será chamado.
A interpretação é fornecida sem qualquer custo para você.

Russian Русский
Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.

Spanish Español
Señale su idioma y llamaremos a un intérprete.
El servicio es gratuito.

Tagalog Tagalog
Ituro po ang inyong wika.
Isang tagasalin ang ipagkakaloob nang libre sa inyo.

Thai ไทย
ช่วยชี้ที่ภาษาที่ท่านพูด แล้วเราจะจัดหาล่ามให้ท่าน
การใช้ล่ามไม่ต้องเสียค่าใช้จ่าย

Vietnamese Tiếng Việt
Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.

Attachment AD

Interpreter List and Interpretation Services forms

County of Humboldt Interpreters list updated July 10

Language	Name	Phone	Notes
American Sign	Mark Edgmon	445-3478	
	Sandy Factor	616-7428 cell (no less than $35 per hour)	Social Services only
	Julie Warren	822-5057 (use as last resort)	
French	Kathryn Johnson	839-4426	
German	None to report		
Hmong	Yer Thor	951-2643 cell	
	Long Vang	443-1526	
	Pakuda Ly	442-8977 work	
	Cindy Thao	209-756-6651	
Lao	Csansouk Mitchell	445-2558	
Portuguese	Mia Gressler	445-3290 M & Thur AM	
	Peggy Shemet	442-3246	
Russian	None to report		
Thai	Lancey Khousinavon	444-8045	
	Csansouk Mitchell	445-2558	
Vietnamese	None to report		

Spanish	Maria Cardenas	443-6682	
	Madison Abad	834-5303	
	Martha Rangel IHSS Social Worker Also signs Exact English	498-0733	
	Teresa Herrera	601-0508 cell – leave message	
	Maria J. Nedich	822-3350	
	Kristen Vander-Molen	445-0445 T-Thurs-Fri	
	Claudia Baldwin	496-9798 cell	
	Jeanne Mercedes Reynolds	498-5236	Prefers to be called Mercedes
	Liz Smallwood	443-7144 home 616-6871 cell	
	Errol Comma	268-0814	
	Joan Bennett	826-1927	Certified
	Marisol Torres Garcia		
	David Wilkins	832-3163 cell	Not certified. Worked as Sub @ EHS speaks and reads Spanish
	Gabriella La Bante	923-1248	Highly recommended
	Maria T. Walls	498-3993	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MENTAL HEALTH BRANCH

INVOICE FOR INTERPRETER SERVICES

TRANSLATOR: Name: _____

Address: _____

City: _____

SS#: _____

Date(s) of Service	Hours	Miles	Client Name	Program	MHB Clinical Staff **	This Box for office use only		
						Hours Amt	Miles Amount	Total
						TOTAL OWED		

Interpreter, to help us pay you quickly, the following must be done:

1. **Fill in form completely,** being sure to get **clinical staff signature,** and have them provide **program information.**
2. Turn in completed forms at least monthly.

Completed forms to be turned in or mailed to: Humboldt County Mental Health
Financial Services
507 F. Street
Eureka, CA 95501

**** Signature of MHB Clinical Staff is required for payment.**

Revised 1/24/08

AGREEMENT TO PROVIDE TRANSLATION SERVICES TO HUMBOLDT COUNTY MENTAL HEALTH DEPARTMENT

_____ agrees to provide translation services to Humboldt County Mental Health Department for the language of _____ at the rate of _____ per hour. Minimum fee is one hour. Minimum fee will be paid if the client does not show for a scheduled visit and the translator is not notified before arriving at Mental Health. Mileage will be reimbursed at the rate of _____. Translator agrees to sign a Confidentiality Declaration and to abide by the laws and regulations governing confidentiality in the Welfare & Institutions Code and the United States Code of Federal Regulations.

_____
Translator

_____
Humboldt County Mental Health

_____
Date

Translator Information:

Name: _____

Address: _____

_____

Phone: _____

SS#: _____

pc:transagree

HUMBOLDT COUNTY MENTAL HEALTH

CONFIDENTIALITY DECLARATION

State and federal law requirements for the licensure of clinical staff, and common sense, require that all information obtained from whatever source in the course of the diagnosis and treatment of Humboldt County Mental Health (HCMH) patient/clients be maintained in a confidential manner. No release of such information may be made by anyone employed by or associated with HCMH except as allowed by law to authorized persons. In addition, the privilege of confidentiality is to be asserted by all signers of this declaration on behalf of patients/clients of HCMH.

Breach of confidentiality may subject an individual to penalties at law (Welfare and Institutions Code 5330; 42 United States Code of Federal Regulations; etc.); may make an employee of HCMH subject to disciplinary action including immediate termination; and, will undermine the trust relationship between HCMH and its patients/clients.

DECLARATION

BY MY SIGNATURE BELOW I HEREBY DECLARE THAT I SHALL NEVER REVEAL INFORMATION OBTAINED FROM WHATEVER SOURCE IN THE COURSE OF DIAGNOSIS OR TREATMENT OR HCMH PATIENT/CLIENTS EXCEPT THROUGH AUTHORIZED CHANNELS TO AUTHORIZED INDIVIDUALS.

Name _____

Signature _____

Position _____

Date _____

Original to files
Duplicate to signatory

pc (1/16/08)

Attachment AE

Use of Interpreter Form

1157–Use Of Interpretation Services Documentation Form

Please complete this form to document <u>each time</u> you:

1. **access Language Line Services @ 1-800-874-9426,**
2. **use an interpreter on site OR**
3. **your bi-lingual language skills**

If you use interpretation services ongoing for the same client, please complete this form initially, and indicate the estimated time frame under 8. "Comments"
After completion please route to Medical Records.

First Name: _____ Last Name: _____ Client #: _____ DOB: _____

Event RU: _____ Service Activity: _____ Staff ID: _____

Date of Service: _____ Time Started: _____ Duration: _____

Location: ☐ Office ☐ Field ☐ Phone ☐ Other: _____

Contact (if not client): _____

1. Type of Contact: ☐ Call received from client
   ☐ Call made to client
   ☐ Face-to-face contact

2. Nature of Contact (e.g. therapy session, scheduling/confirming appointments, request to access services:

_____

3. What was the language used during contact, please specify: _____

4. Was an over-the-phone Interpreter through Language Line Services used? ☐ Yes ☐ No

5. Was there a face-to-face Interpreter used in session? ☐ Yes ☐ No

   If yes, Interpreter was:

a. ☐ client's choice

b. ☐ selected from interpreter list

c. ☐ a bi-lingual employee, certified as bi-lingual (oral and/or written) by county

d. ☐ a bi-lingual employee, <u>not</u> certified as bi-lingual by county

6. If you are bi-lingual, and you used your foreign language skills:

   Are you certified as bi-lingual by the county? ☐ Yes ☐ No

7. Was TTY (Text Telephone) or California Relay Service utilized? ☐ Yes ☐ No

8. Comments: _____

_____

_____ _____

Signature/Title Date

Staff Name (please print): _____

CONFIDENTIAL PATIENT INFORMATION (SEE CA W & I CODE 5328, 42 CFR PART 2) DHHS–MHB FORM#1157 (Rev 5/19/2010)

Attachment AF

Mental Health Branch Services and Programs

Humboldt Department of Health and Human Services

Mental Health Services and Programs

24 Hour Programs

- Crisis hotline available on 24-hour basis (707)-445-7715 or 24-hour toll free 1-888-849-5728
- Psychiatric Emergency Services (PES) staff available on a 24-hour basis to provide assessment, counseling, and/ or stabilization services to persons who are in acute emotional distress
- Adult Protective Services (APS) available through the after-hours reporting line for elder abuse and neglect.
- Hospital-based services provide for evaluation and treatment of severely acute episodes of mental illness
- Mental health services provided to persons with a severe mental illness housed in the Humboldt County Correctional Facility
- The Children's Center is a short-term (under 30 day) 6 bed residential group home that provides a full array of mental health services to children and youth, 6-18 years old, who are experiencing placement instability in the Child Welfare Services (CWS) system, or who are placed voluntarily due to severe emotional disturbance.

Outpatient Services for Adults

Adult Outpatient Services offer assessment, therapy service including individual therapy and group therapy, medication support, and case management.

- Same Day Services available for mental health crisis walk-ins
- Outpatient psychiatric services including medication support services
- Case management services available for persons with severe mental illness
- Alcohol and Other Drugs (AOD) Services provide screening, treatment, and referral services for adults.
- Healthy Moms provides substance abuse services for pregnant women or women with at least one child less than six years old. Childcare is provided.
- Street Outreach Services (SOS) provides services to homeless persons with severe mental illness.
- Garberville Satellite Mental Health services for adults and children who live in Southern Humboldt.
- Organizational and Fee for Service Providers, located throughout the community, offer individual counseling for Medi-Cal beneficiaries and residential for persons with a severe mental illness.

Outpatient Services for Children

Children's Services provides assessment, therapy, individual and family counseling, case management, psychological services, and medication services. Services are provided in collaboration with Child Welfare Services, Public Health, Probation, and Community Organizational Providers.

- Children, Youth, and Family Services (CYFS) provide an array of services to Medi-Cal beneficiaries that include assessment, individual and family counseling, medication support, and case management for children and youth. Services are provided in a variety of locations throughout the community by CYFS staff and by organizational and individual contract providers.
- The New Horizons treatment program is available to residents of the Northern California Regional Facility, a locked residential facility for adjudicated youth in the Juvenile Probation system.
- Adolescent Treatment Program provides assessment and drug and alcohol treatment services for youth to age 21.
- Therapeutic Behavioral Services are available to full-scope Medi-Cal beneficiaries under the age of 21 who are at risk of placement failure and/or hospitalization due to a mental health condition, and who meet other eligibility criteria.

Mental Health Services Act (MHSA)

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

- **Rural Outreach Services Enterprise (ROSE)** provides mobile access to services with efforts focused on reducing cultural and ethnic barriers that tend to exist in more traditional mental health settings.
- **The Hope Center** provides a safe, welcoming environment based on recovery self-help principles and the resources necessary for people with mental illness issues to be self sufficient. It is client run and includes peer-to-peer education and support, system navigation, and linkage to services.
- **Comprehensive Community Treatment (CCT)** provides intensive community services and supports (e.g.: housing, medical, educational, social, vocational, rehabilitative, or other needed community services) as defined by the client to decrease hospitalization and achieve recovery.

* **Alternative Response Team (ART) Expansion** was initiated in 1996 and is a partnership between Child Welfare Services (CWS) and Public Health to engage families who were referred to CWS but did not meet the criteria for CWS intervention. Through MHSA funding, a full time Mental Health Clinician position was added to the interdisciplinary team resulting in a more integrated and holistic service experience to families.
* **Older Adults and Dependent Adults Program Expansion** provides in-home services to disabled adults, at-risk adults and older adults. The enhanced adult services team expands an existing partnership between Social Services, Adult Protective Services, In Home Support Services, Public Health Nursing, and a Mental Health Clinician to provide assessment and treatment planning to older and dependent adults with a serious mental illness who are at risk of abuse or neglect or who are in need of support services to remain in their home.
* **Crisis Intervention Services (CIS)** staff responds to intervene and prevent hospitalizations and incarcerations. CIS provides crisis support during critical incidents or potential critical incidents involving persons who may have a mental illness or co-occurring disorder. Crisis Intervention Training (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.
* **Outpatient Medication Services Expansion** provides medication support to people with a serious mental illness residing in remote rural areas utilizing video conferencing equipment.
* **Integrated Program & Planning Support Structures** includes support to the Office of Client & Cultural Diversity which provides department-wide leadership 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; the Research and Evaluation Unit which includes a full spectrum of evaluation services from data management, data verification, statistical analysis and interpretation, to written progress reports; the Training, Education and Supervision Unit which provides supervision for those pursuing licensure and training opportunities to staff, clients, parents, families, community partners, and providers.
* **Stigma and Discrimination Reduction** for those with mental illness includes training and social marketing projects that are designed to result in a decrease of hopelessness and of the shame and embarrassment that keeps people from seeking care and increase peoples ability to socialize, work with, rent to, and employ people with mental illness.
* **Suicide Prevention Project** includes training and social marketing projects that are targeted to result in an increased awareness of risk and protective factors and provide prevention resources.
* **Transition Age Youth (TAY 16-25 years old) Partnership** includes training that is focused to result in increased TAY leadership and advocacy and culturally appropriate early intervention services for TAY with mental illness.
* **Workforce Education and Training** which includes acquisition and implementation of a web based e-learning program for all DHHS staff, specialized training in evidence based practices for service delivery staff, and support for new staff who have lived experience as mental health clients and family members.
* **Integrated Clinical and Administrative Information System** to provide secure, reliable, real-time access to client health record information where and when it is needed to support care.

Co-located Integrated Programs with the Social Services Branch (SSB) and Public Health Branch (PHB)

* Mental Health staff are co-located at Child Welfare Services within the Emergency Response Unit and the Foster Care Units to provide services to children and youth referred by CWS.
* Mental Health staff are co-located at CalWorks Division and the HumWorks Program to provide services to clients who are Temporary Assistance to Needy Families (TANF) recipients and who are eligible for Welfare to Work. Services are for clients who have mental health, substance use or domestic violence issues to address barriers to employment. Services include comprehensive mental health assessments, case management services, group, and individual counseling.
* Mental Health staff is co-located at General Relief to provide mental health assessments, referrals, and treatment for General Relief recipients.
* Mental Health staff are co-located in the Alternative Response Team (ART) at Public Health, serving the mental health needs of families referred by CWS.

Evidence Based Practices are viewed as a foundation for successful community and family interventions. Evidence Based Practices currently being utilized include Functional Family Therapy, Parent Child Interaction Therapy, Comprehensive Community Treatment, Incredible Years, Family to Family, Trauma-Focused Cognitive Behavioral Therapy and Aggression Replacement Training.

This list of Mental Health Programs provides a summary of the array of services available but is not exhaustive.

Attachment AG

Mental Health Branch
Posting Requirements Checklist

Humboldt County Mental Health Sites

Brochure and Posting Requirements

All of the following need to be in plain site in lobby:

- ☐ Poster titled "Client Problem Resolution Guide", re: grievances
- ☐ Poster titled "Guía Para Resolver Problemas Del Cliente"
- ☐ Poster "Mental Health Patients' Rights"
- ☐ Poster "Derechos De Los Pacientes De Salud Mental"
- ☐ Bi-lingual Sign "Did you know?"
- ☐ Bi-lingual Notice about Client Plan availability
- ☐ Notice to consumers that M.D.'s are licensed by Medical Board of California *(only at sites where clients are seen by physicians)*
- ☐ "It's the Law" – Notice about Emergency Medical services *(only at sites that can provide emergency medical services)*
- ☐ Poster with Notice of Rates
- ☐ Client Problem Resolution Request Form (Pink) & Client Problem Resolution Guide brochure (Pink) with an addressed envelope
- ☐ Forma Para Resolver Problemas Del Cliente (Pink) & Guía Para Resolver Problemas Del Cliente (Pink) with an addressed envelope
- ☐ Request for Second Opinion (Green)
- ☐ Petición Para Segunda Opinión (Green)
- ☐ Request for Change of Provider (Blue)
- ☐ Petición Para Cambio De Proveedor De Servicios (Blue)
- ☐ Information about HC Mental Health (Brown)
- ☐ Información acerca del Condado de Humboldt Salud Mental (Brown)
- ☐ Informing Materials: Notice to Medi-Cal Beneficiaries About Medi-Cal MH Services
- ☐ Informing Materials: Noticia para Beneficiarios de Medi-Cal Acerca de Servicios de Salud Mental de Medi-Cal

  (Informing Materials <u>must</u> be offered to <u>all</u> new clients).
- ☐ Provider List
- ☐ Directorio de Proveedores
- ☐ Veterans Benefits Verification and Referral form (CW 5 (7/01) *to be made available only at 720 Wood Street lobby, CYFS lobby, Healthy Moms, AOD/SACPA, Older Adults, CCT, ROSE/MEVs and Jail*)
- ☐ Verificacion Y Referencia De Beneficios Para Veteranos (CW 5 (SP) (7/01) – (Veteran Referral Form)
- ☐ Brochure "Your Right To Make Decisions About Medical Treatment" (about Advance Health Care Directives) PUB 325 (1/04)
- ☐ Folleto "Su derecho a tomar decisiones sobre el tratamiento medico" PUB 325 (SP) (1/04) (Advance Health Care Directives brochure)

Please check that these are in place in the lobby once per month on the first of the month.

If you need supplies please call:

Provider Relations Coordinator: 441-3780
Leave a message: 1. what site calling from
2. return phone number
3. what brochures you need

These are required by Title 9 and CFR.
Thank you for your continued diligence regarding this requirement.
Danelle Merz RN, BSN, Quality Improvement Coordinator
Updated February 16, 2011

Attachment AH

Policy and Procedure
“Community Education Plan”

COUNTY OF HUMBOLDT
Department of Health and Human Services
Mental Health/Alcohol & Other Drug Branch
Medi-Cal Managed Mental Health Care

POLICIES AND PROCEDURES

Title: COMMUNITY INFORMATION AND EDUCATION PLANS	

POLICY:

It is the policy of HCMMMHC, the Mental Health Plan for Humboldt County, to provide information to under-served populations in the community in order to enable access to specialty mental health services. Information shall be disseminated through distribution of flyers and brochures, participation in community presentations, forums, and meetings, coordination with physical health care, and informally via outreach by Case Managers and other clinical staff.

PROCEDURE:

A. Informing materials, brochures, health news articles and the like shall be:

   1. Displayed at all HCMMMHC Points of Access. Staff are encouraged to provide relevant health information periodically, keep information updated, and maintain a current supply at each location.
   2. Provided to contract providers for display in their waiting areas.
   3. Distributed during community forums, meetings, and trainings.
   4. Provided to community agencies that may have links to under-served populations.

B. HCMMMHC shall conduct and/or participate in community meetings, presentations, and forums that address issues concerning service access by under-served populations.

C. Management staff shall meet periodically with community rural health clinics in order to facilitate coordination between Mental Health and the physical health care community. Under-served populations frequently access physical health care rather than mental health services, and improved coordination with physical health care promotes access for those populations.

D. Line staff who do outreach wo rk, like Case M anagers, shall be encouraged to engage under-served populations and to assist with access to specialty mental health services as appropriate.

E. The Client and Cultural Divers ity Advisory Committee of DHHS shal l promote understanding of cu ltural differences and possible barriers to access. Periodically the CDAC sha ll collect and disseminate information about community events that can be attended by HCMMMHC staff.

REFERENCE: CCR, title 9, sections 1810.310(2)(A), (B) and 1810.410; DMH Information Notice No. 02-03, Enclosure, Page 20 and DMH Information Notice No. 10-02, Enclosure, Page 25

Attachment AI

Policy and Procedure
“Distribution of Informing Materials”

COUNTY OF HUMBOLDT
Department of Health and Human Services
Mental Health/Alcohol & Other Drug Branch
Medi-Cal Managed Mental Health Care

POLICIES AND PROCEDURES

Title: DISTRIBUTION OF INFORMING MATERIALS	

POLICY:

It is the policy of HCMMMHC to assure that the Informing Materials (including Problem Resolution Processes, Advance Directives and List of Current Providers) be provided to beneficiaries when they first access services and upon request. Beneficiary Brochures printed in English, and the threshold languages (if applicable) will be provided upon request and made available at the lobbies of all its Access Points and also at its contracted Providers' waiting areas.

PROCEDURE:

Informing Materials shall be located visibly within easy reach of disabled persons, and accessible without staff assistance at all service delivery locations. When requested, staff shall be available to explain to client the contents of Informing Materials including information relative to Advance Directives.

Upon beneficiaries' first point of access, i.e. appearance at Front Office to schedule an appointment, or face-to-face assessment, the beneficiary will be provided with a copy of the Informing Materials. Documentation that this information was provided shall be entered into the client=s record either in the progress note or on the Assessment form.

Staff, whether employed by HCMMMHC or a Contract Provider, are responsible for keeping a current supply at each location. The Provider Relations Coordinator will provide all Access Points and Contract Providers with printed Beneficiary Brochures and Informing Materials to display and make available in their lobbies and/or waiting rooms within three days of receipt of request.

Attachment AJ

Mobile Engagement Vehicle Schedule

Department of Health and Human Services
Mobile Engagement Services

May

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June

			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

July

					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/ 31	25	26	27	28	29	30

August

	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September

				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October

						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23 / 30	24	25	26	27	28	29

Location	Visit Dates
Weitchpec – Yurok Tribal Office Highway 96, Weitchpec	5/4, 6/1, 7/6, 8/3, 9/7 and 10/5
Eureka – Pine Hill Elementary 5230 Vance Avenue, Eureka Eureka - South Bay Healthy Start 6077 Loma Ave., Eureka	5/5, 7/7 and 9/1 5/5, 7/7 and 9/1
Redway – First Baptist Church 553 Redway Drive, Redway	5/10, 6/7, 7/12, 8/9, 9/13 and 10/11
Fortuna Community Services 2331 Rohnerville Road, Fortuna	5/11, 6/8, 7/13, 8/10, 9/14 and 10/12
Orleans Orleans Post Office, Hwy. 96	5/12, 6/9, 7/14, 8/11, 9/8 and 10/13
McKinleyville FRC 1450 Hiller Road, McKinleyville	5/17, 6/21, 7/19, 8/16, 9/20 and 10/18
W.C. Community Resource Center Hwy. 299, Willow Creek Hoopa, Kim Yerton Mem. Library	5/18, 6/15, 7/20, 8/17, 9/21 and 10/19 5/18, 6/15, 7/20, 8/17, 9/21 and 10/19

Location	Visit Dates
Orick Community Center Hwy. 101 @ Orick Elementary School	5/19, 6/16, 7/21, 8/18, 9/15 and 10/20
Blue Lake Comm. Resource Center 111 Greenwood Ave., Blue Lake Manila Teenship Wellness Village 1611 Peninsula Dr., Manila	5/23, 6/27, 7/25, 8/22, 9/26 and 10/24 5/23, 6/27, 7/25, 8/22, 9/26 and 10/24
Bridgeville Community Center Bridgeville School 38717 Kneeland Road	5/24, 6/28, 7/26, 8/23, 9/27 and 10/25
Fortuna Community Services 2331 Rohnerville Rd. Fortuna	5/25, 6/22, 7/27, 8/24, 9/28 and 10/26
Rio Dell Church of Christ 325 Second Ave., Rio Dell	5/26, 6/23, 7/28, 8/25, 9/22 and 10/27
Loleta Community Church 228 Church St., Loleta	5/26, 6/23, 7/28, 8/25, 9/22 and 10/27
County Holidays	5/30, 7/4, 9/5 and 10/10

Department of Health and Human Services
Mobile Engagement Services

Mobile Engagement Vehicle (MEV) Visit Schedule

Site Location	Visit Schedule
Weitchpec	1st Wednesday of every month; 10:30 AM to 2:30 PM
Eureka (Pine Hill) South Bay	1st Thursday of odd-numbered months; 10:00 AM to 12:00 PM 1st Thursday of odd-numbered months; 1:00 PM to 3:00 PM
Redway	2nd Tuesday of every month; 10:00 AM to 2:00 PM
Fortuna	2nd Wednesday of every month; 9:30 AM to 12:00 PM
Orleans	2nd Thursday of every month; 10:30 AM to 1:30 PM
McKinleyville	3rd Tuesday of every month; 10:30 AM to 2:30 PM
Hoopa Willow Creek	3rd Wednesday of every month; 10:00 AM to 12:00 PM 3rd Wednesday of every month; 1:00 PM to 3:00 PM
Orick	3rd Thursday of every month; 11:00 AM to 3:00 PM
Blue Lake Manila	4th Monday of every month; 10:00 AM to 1:30 PM 4th Monday of every month; 2:30 to 4:00 PM
Bridgeville	4th Tuesday of every month; 10:00 AM to 1:30 PM
Fortuna	4th Wednesday of every month; 9:30 AM to 3:00 PM
Rio Dell Loleta	4th Thursday of every month; 10:00 AM to 1:30 PM 4th Thursday of every month; 2:30 PM to 4:00 PM
County Holidays	5/30, 7/4, 9/5, 10/11

MONTHLY RV SCHEDULE

April

May 2011

June

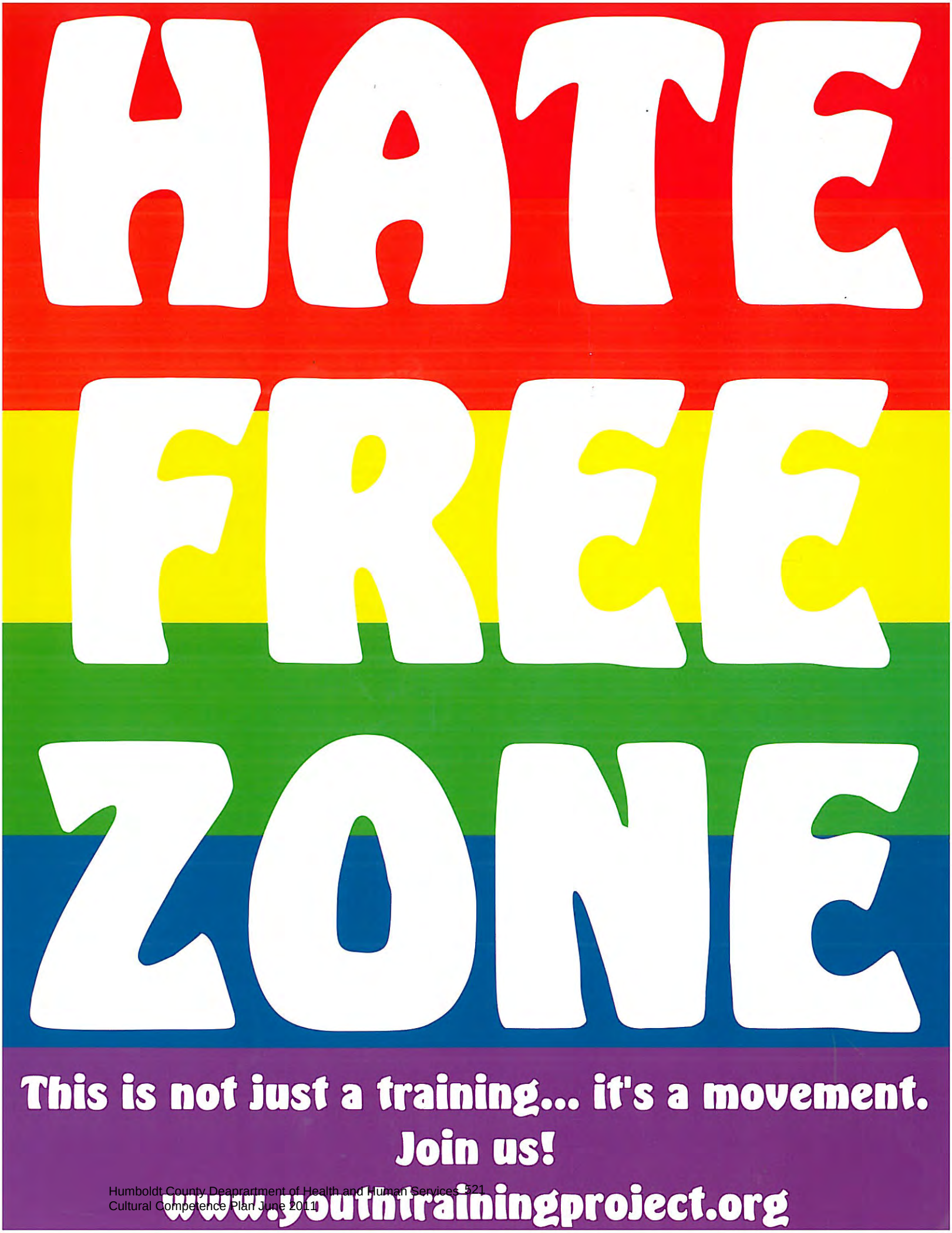
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 1:00-2:00 Arcata Area 2:30-4:00 Manila	3 11:00-1:00 St. Vincent	4 9:30-11:30 Fortuna FRC	5 11:00-1:00 St. Vincent	6 8:00-5:00 Clean Stock Repair RV 11:00-1:00 McKinleyville	7
8	9 11:00-1:00 Del Norte 1:30-3:00 Del Norte St./Southern Eureka 1:30-3:00 Del Norte	10 11:00-1:00 St. Vincent	11 2:00-3:30 Library/Behind Target	12 11:00-1:00 St. Vincent	13 8:00-5:00 Clean Stock Repair RV	14
15	16 1:00-2:00 Arcata Area 2:30-4:00 Manila	17 11:00-1:00 St. Vincent	18 9:30-11:30 Fortuna FRC	19 11:00-1:00 St. Vincent 3:00-4:00 Loleta - Food Distribution	20 8:00-5:00 Clean Stock Repair RV 11:00-1:00 McKinleyville	21
22	23 11:00-1:00 Del Norte 1:30-3:00 Del Norte 1:30-3:00 Del Norte St./Southern Eureka	24 11:00-1:00 St. Vincent	25 2:00-3:30 Library/Behind Target	26 11:00-1:00 St. Vincent 3:00-4:00 Loleta - Food Distribution	27 8:00-5:00 Clean Stock Repair RV	28
29	30 8:00-5:00 Holiday	31 11:00-1:00 St. Vincent				

IMPORTANT PHONE NUMBERS

Rescue Mission - 443-4551 ~ Arcata Endeavor - 822-5008 ~ Arcata House - 822-4528

Attachment AK

Poster
“Hate Free Zone”


HATE
FREE
ZONE
This is not just a training... it's a movement.
Join us!
www.youthtrainingproject.org

Attachment AL

Poster
“Every BODY has an issue”


Every BODY has an issue
Anxiety Disorders
Diabetes
Kidney Disease
Bipolar
Heart Murmur
Treat US all with Respect
Funded by the Mental Health Services Act
Department of Health and Human Services


TODOS tenemos una preocupación
Trastornos de ansiedad
Diabetes
Enfermedad del Riñón
Desorden bipolar
Soplo Cardíaco
Trátenos con respeto
Funded by the Mental Health Services Act
Department of Health and Human Services