

**REDWOOD COMMUNITY ACTION AGENCY**

**MOBILE MENTAL HEALTH SERVICE  
PROJECT STUDY**

**December 15, 2020**



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## EXECUTIVE SUMMARY

The Study indicates that whatever direction Redwood Community Action Agency (RCAA) chooses with providing mobile mental health services, the important points to keep in mind are coordinating with existing providers, expanding the pool of professionals, take Covid-19 effects into account and use the tools of remote service delivery in any plans. With RCAA's extensive experience in providing much need services to vulnerable people and using any of the ideas delineated in this report, it's apparent that there are several options for effective programs. Choice of focus is the only limiting factor.

This Agency intends to use this report to help decide what funding to apply for in the near future, a focus for that funding and a plan for program implementation once we have survived and are out from underneath the sheath of COVID.

As RCAA has a long history of using AmeriCorps programs to address important community needs, creating a program using the Peer Support Specialist (PSS) model would address unmet mental health needs in Humboldt County on several fronts. PSSs have shown to be effective in areas where there is a lack of other professionals and as an adjunct support to those services which are both issues present in the county and highlighted in this report.

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tacs/peers-supporting-recovery-mental-health-conditions-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peers-supporting-recovery-mental-health-conditions-2017.pdf)

PSSs can be trained specifically to address clients with mental health issues as well as provide targeted resources and referrals. Part of the program goals would be to create a list of telehealth mental health providers as well as local practitioners. There are several training programs both in the state and around the country to provide appropriate skill building for these AmeriCorps members as paraprofessionals (<https://www.mhanational.org/national-certified-peer-specialist-ncps-approved-trainings>).

Using the information gathered in this report as a starting point, a network of community agencies would be developed to partner with in terms of placement of the PSSs and for outreach

to locate appropriate clients that would benefit from such services. RCAA has professional relationships with many of the appropriate agencies that would be involved.

In addressing another target issue from the report, recruitment of bilingual PSSs specifically focused on Spanish speaking clients including those that are undocumented regarding mental health support. These PSSs focus would be in areas of the county with high Latinx populations and partnering with agencies that serve them such as Paso a Paso, LatinoNet, Centro del Pueblo and community resource centers serving large Spanish speaking communities. Possible funding sources are CA state SAMHSA grants, CA Mental Health Services and consulting with the National Latino Behavioral Health Association on other funding as well as DHHS, County Mental Health and of course, AmeriCorps.

# INTRODUCTION

## **Mental Health Service Project Study Scope of Work:**

### **Community Outreach Plan**

- Research outlying areas in Humboldt County for study
- Locate a usable Humboldt County map
- Make an accurate list of areas/towns that are historically under served
- In that list, research and designate community partners that might serve or would have knowledge of services or lack there of
- Create a needs assessment tool to use for contacting designated community partners
- Contact appropriate and knowledgeable professionals working with designated community partners
- Conduct needs assessment with tool
- Gather data from needs assessment

### **Needs Assessment Plan**

- Develop the needs assessment tool
- As stated in the Community Outreach Plan, contact designated professionals working with community partners and conduct the needs assessment tool
- Document responses and ask for feedback from the professional interviewed
- Create data stream from assessment results

### **Needs Assessment Tool**

- Explain the MMHSP and why we are conducting this assessment
- Whom do you serve? Get detailed information on client demographics
- Where do those clients reside?
- What are the barriers for clients to access services?
- What specific mental health services do you provide?
- What services are not being provided that you think are necessary?
- Are there areas that you know of that are not able to access services or that you do not provide services to?
- How do the clients pay for services?
- Do you see a need for a program like the MMHSP administered by RCAA?

## **Mental Health Services Study Plan included:**

- Mental Health service gaps throughout the County have been identified by the *Children's Mental Health Care Needs Assessment in Six Rural Northern California Counties* study completed by the HSU Psychology Department in April, 2018. The study interviewed two major populations: Parents and Primary Care Providers (MD's/DO's) and both populations had linked responses for the gaps in accessing mental health services in Humboldt County.
- The large majority of the population of Parents (of which all whom participated were from Del Norte and Humboldt Counties) reported that they would access their family's Primary Care Provider (PCP) for information and/or referrals, as most parents were "unaware of where to initiate treatment". The parent group's most commonly reported tangible barriers to access services were: time, transportation, child care and unknown steps to access.
- PCP's that participated in the study were all current practitioners in Humboldt County. These PCP's reported rarely administering developmental/psychosocial assessments and 37% had no specialized training in mental health. They also reported that they lacked access to mental health care specialists in their communities to whom they could refer their patients to.
- This study suggested some strategies for addressing the gaps: increasing universal screening for socioemotional difficulties and trauma, strengthening the bonds between mental health and the primary care providers in the community for both referral and consultation, collocating disciplines to offer coordinated physical and mental health care.
- Huge challenge in Humboldt County for the non-SMI population on state/local medical insurance, to access mental health services due to a lack of providers, their availability and significantly delayed openings with no waitlists. County government serves the SMI population and private sector serves the rest of the population. Currently most private-sector mental health providers in the area are not taking on new clients. This is a tremendous challenge in our community for people to obtain Clinical and Therapeutic services.
- Other service gaps should be identified through practicing and licensed Clinicians and Counselors, through surveys (in-person and electronic/paper).

- Consumer and community based focus groups in the more rural communities should be held (Eastern and Southern Humboldt) during Town or City Hall meetings, people driven local collectives, PTA groups, AA/NA or recovery groups, FRC's, school meetings, grange hall meetings, the local coffee shop/gas station/market/post office to further identify specific barriers in the more isolated areas and also share solutions and ideas to increase access, community wide knowledge, recruitment and retention of local Clinicians and Counselors.
- Surveys for professional groups (teachers, Child Welfare Services, County Mental Health Branch that could assist in identifying additional barriers, real challenges with cultural competency and best practice service gaps with real tangible solutions.
- Licensed providers and community consumer working groups to look at options for adapting universal screening tools that are implemented county-wide and are understandable across medical and mental health disciplines.
- Community wide feedback and suggestions for solutions that will and options increase the mobile capacity of providers (medical and mental health) and specifically target the challenges for mobile treatment (safety, travel, environmental safety risks, autonomous work in rural settings, etc.) with providing mental health services in geographically isolated communities.
- The ultimate goal of the planning project would be to further identify barriers to accessing mental health services from all non-SMI populations in Humboldt County, specifically in the geographically isolated areas, and develop real and tangible solutions that are categorized to the specific geographic area in which they have been identified. Example: Garberville's barriers and solutions might look drastically different then Petrolia's barriers and solutions. The hope and intent would be to utilize the findings of this planning project to then implement the proposed changes and solutions to reduce the barriers to accessing mental health services in Humboldt County.

## **MOBILE MENTAL HEALTH STUDY**

The work on the Mobile Mental Health Study Program (MMHSP) feasibility study began at the end of April 2020, right in the middle of the Corona Virus Pandemic and the county/statewide Shelter in Place Order which is in essence still in place as Covid-19 cases are rising at high rates every day. This situation posed barriers to collecting information in several ways. It was extremely difficult to contact professionals around the county because their agencies were closed to the public and everyone was figuring out working from home. In many cases it took weeks to get a response from professional participants and some never responded. All interviews were conducted by phone individually. No clients were contacted due to these barriers as well.

Still, 15 interviews were conducted with mental health professionals covering most county and private non-profit agencies providing those services plus some with providers in Trinity and Mendocino counties. Many providers spoke about how pre and post pandemic for the delivery of services changed drastically after the onset and that the situation is very fluid. From these surveys and research done regarding general delivery of rural mental health services, a picture of the state of mental health services is what this report will attempt to illustrate.

Highlighting the effect of the Pandemic on delivery of mental health services is extremely important. Providers are not doing in-person counseling at this point. This is now being provided by phone or online. It is interesting to note that this has had its up and down sides. Obviously, part of the therapeutic effect of therapy is to connect in person with a compassionate counselor and that connection is altered on the phone or online especially during this time when people are isolated and so need that in-person connection even more. However, with almost every provider interviewed, they all stated that this has brought more people mental health services due to the ease of having counseling sessions at home. There are many people that don't want to leave their homes due to anxiety about leaving their homes to go to a clinic during "normal" times and now with the virus spreading that anxiety has heightened.

In researching barriers to providing mental health services in rural areas, they are as follows:

- Lack of acceptability to receive care due to stigma
- Lack of anonymity in seeking care due to small communities
- Shortage of mental health professionals
- Lack of culturally competent care
- Unaffordability
- Lack of transportation
- Homelessness

<https://www.ruralhealthinfo.org/toolkits/mental-health/1/barriers>

All of these and more barriers were mentioned in survey interviews carried out for this study which will be delineated later in this summary. The participants contacted were from County Mental Health (children's and adult's including transitional age youth services) and most major clinics throughout the county including outlying areas. Clinics contacted are Redwoods Rural Health Clinic, Willow Creek Open Door Clinic, Two Feathers Native American Family Services, Kimau: W Health Clinic, United Indian Health Services plus Paso a Paso, Loleta and McKinleyville Family Resource Centers, Bridges to Success (which provides mental health services to children in Humboldt County Office of Education schools). Trinity and Mendocino County Mental Health Services were also contacted to get a picture of best practices in similar counties. On many occasions the main Open Door Clinics were contacted and no response was ever received. Information regarding their services was obtained from their website as well as an interview with a staff at Willow Creek Open Door Clinic.

The mental health services that are being provided generally at all agencies in most areas of the county are as follows:

- Short term Specialty (severe diagnoses) mental health counseling services that are covered by MediCal-this includes case management and mobile services to the home by the county for adults and children
- Short term Mild to Moderate mental health counseling services that are provided at a clinic covered by Beacon without case management or home visits for adults and children
- Medication support services
- Substance Use Disorder services
- Crisis/Suicide Intervention

The county services are diagnosis-directed and therefore serve the clients with more severe mental health issues. The clinics serve clients with mild to moderate mental health issues and this is connected to funding either by Partnership or Beacon. Each funding source has their own parameters of care. MediCal will pay for mobile/home services for specialty mental health with case management and Beacon will pay for mild to moderate mental health services in clinics but not in the home and will not pay for case management. Here is where the gaps become apparent.

Across the board most providers spoke of the following gaps in services:



- Need for long term counseling. MediCal or Beacon does not cover this. Most clinics don't provide it except in some Native communities. The usual span of services is 6-12 weeks.
- Counseling for those with mild to moderate diagnoses in-home.
- Case management services for those with mild to moderate diagnoses-all providers mentioned that case management services are vital to success with mental health issues.
- Lack of qualified practitioners - there are not enough licensed clinicians to provide mental health services both in the cities and outlying areas with all populations especially 0-5. The one exception was at the Willow Creek Open Door Clinic. It was reported there that they have enough clients to keep only one clinician busy. Every other agency contacted reported a woeful shortage of therapists.
- Lack of qualified practitioners that will stay. Many agencies reported that there is great turnover with staff.
- Lack of services provided to homeless clients. The county does cover these services to an extent; however, much more is needed.
- A lack of mental health referral options if clients are not eligible for MediCal.
- Lack of focus on prevention of mental health crises for children and families and adults.
- Lack of culturally proficient practitioners particularly in Native and Spanish speaking communities.
- Need to expand services for telehealth to reach home bound people and for confidentiality.
- Client's lack of transportation to get to services.
- Lack of suicide prevention services in some areas.
- Need more welcoming spaces for teens and in outlying areas.

- Great need for bilingual/bicultural Spanish speaking clinicians who will also serve undocumented clients in the long term.
- Expanded hours for clinics and home services so that working people can access them.
- Need for sweeping public awareness campaign countywide regarding mental health issues to de-stigmatize receiving care, to let the public know what is available and how to access it.

Since this a preliminary study, whatever areas of service are deemed a correct fit for RCAA to focus on, more detailed planning and partnering will need to take place. From interviewing providers and looking at these gaps in services, certain suggestions for areas of interest for focusing possible MMHSP are as follows:

- Address the issue of lack of qualified therapists-this is probably the most important area to address and the most challenging. RCAA could look into creative ways to advertise and outreach to potential applicants.
- To address the lack of mental health professionals, RCAA may want to look at creating a program of Peer Counselors/Case Managers on the order of Paso a Paso or other community counselor options. RCAA has experience with mentors, AmeriCorps and other models to provide well trained Peer Counselors that would be community based and culturally aware. A program like this could also address the issue of more long term continuity of services and while it is not the same as having counseling with a professional, having solid, long term peer counseling support with effective referral capacity could fulfill several needs for mental health clients.
- Create a robust telehealth professional counseling service. As stated in the narrative earlier, telehealth has actually brought in more clients during the Pandemic due to shelter in place orders as well as clients who have anxiety disorders that don't venture out of their homes much. It was also noted that clients who live in small rural areas are reluctant to seek counseling due to confidentiality issues so connecting with a therapist that doesn't live in the area will fill that need.
- Create a mental health services program to specifically homeless clients. There could be targeted areas that are not being served coupled with case management which would be effective in addressing this population. It could be connected with RCAA's current housing support programs as well using a mobile van.

- Stigma reduction-almost all providers contacted talked about reducing stigma in order to reach more people in need of mental health services. The areas of focus could be anxiety, depression, suicidal thoughts/crisis intervention, medication need and substance abuse co-occurring disorder. RCAA has experience doing media campaigns so creating a wide-reaching county wide stigma-reducing campaign would go a long way helping to make it safer for people in need to access mental health services.
- Prevention program-obviously this is a huge topic to address and also came up frequently when interviewing providers. On the most basic level, focusing on families that are unstable or have children that are already being seen at school would be a worthy focus. Providing long term counseling and/or case management early would help to stabilize the child and the family. The county program Bridges to Success does some of these services in schools and much more is needed. Since there is a gap in services for children 0-5, partnering with First 5 and/or Bridges to come up with long term mobile services to those children/families would address a great need. RCAA has a history of providing services to families in need so expanding in this area and working with a program like Bridges is a possible effective strategy. Coming up with an evidence-based presentation to go into classrooms to teach children about mental health would reduce stigma, provide tools and expand possible early interventions to prevent more serious mental health crises from developing in the future.
- Create a mobile mental health service program that serves clients in the evenings and on weekends. It is a need that no one is filling and it addresses many working people who are not able to access normal business hours for services.

In considering where RCAA might more specifically focus in an area that has high need and lack of services would be to develop mobile/telehealth mental health services for Spanish speaking clients (10.5% of Humboldt's population)

<https://statisticalatlas.com/county/California/Humboldt-County/Race-and-Ethnicity>. This should encompass also creating a way to serve undocumented clients. It would necessitate recruiting bilingual/bicultural counselors. Partnering and or consulting with Paso a Paso, Loleta Community Resource Center and Centro del Pueblo to come up with an effective strategy could create opportunities for this community to access effective, greatly needed services.

Providing mobile/telehealth mental health services in Indian Country is also a more specific focus worth exploring. There are areas in northeast Humboldt County that need more accessible services so partnering with the Yurok and Hupa Tribes as well as UIHS would be in order to develop an effective program that would complement what is already in place. Having culturally effective practitioners that are committed to long term counseling and support are needed. This

might be an area where developing a peer counseling program would be effective so as to provide continuity to clients and train people who live in the community where services are needed to address trust issues.

Since RCAA has extensive experience already providing services to at risk children and families, another focus is to develop mobile/telehealth mental health services to that population. In interviewing a provider with Bridges to Success, it was stated that there are many families that fall through the cracks, that are having difficulties and their children are showing signs of distress that could be served in the community, at home or remotely. Partnering with Bridges to Success and First 5 would be prudent to target potential clients and create stigma reducing campaigns and educational programs to inform parents and children about mental health issues. RCAA has several programs that already provide support to families in need as well an AmeriCorps program that serves families. RCAA could use those programs as starting points to developing mental health services for this population. An idea would be to create a new AmeriCorps program that would focus on training members as peer counselors/case managers for children and families not being served by the current mental health system.

In interviewing mental health providers in Trinity and Mendocino counties, their counties being smaller in population, they both stated that they were able to provide services to any people in their counties that want services. They provide mobile services or transportation to people in all areas including those that are remote. So best practices that are being provided in Humboldt County are utilized in these other counties (services in remote areas, stigma reduction, providing transportation, counseling, AOD, suicide prevention, crisis intervention) but since they have significantly smaller populations, the need here is greater. However, gleaning from their approaches shows that it is possible to provide services to the most remote areas.

It must be reiterated that the effect of the Corona Virus on the general population has been extensive in many ways but especially in mental health. This is clearly not a short-term issue. It will be with us for at least many months to come. It stands to reason that the toll on the people that had mental health issues prior to the Pandemic's onset have exacerbated symptoms as a result due to ongoing isolation and fears. Since virtually all counseling has transferred to remote delivery it's important to find out what effect that is having on MediCal funding for services. It may be that mild to moderate diagnosis will continue to be paid for if the client is doing some sort of telehealth from home. That funding gap where mild to moderate diagnosed clients had to come into the clinic to receive services should now be filled due to needing to switch all services to remote delivery. Therefore, no matter what area of service RCAA deems appropriate for mobile mental health services, it is important to check on these parameters in order to effectively design a program.

Addressing issues of the effects of the Pandemic on mental health should be a focus in whatever RCAA decides to do. More people are experiencing mental health issues due to the effects of the Pandemic. An outreach program that would complement current services could help clients address these issues. There is already research showing the increase in many mental health issues for all populations due to the Corona Virus Pandemic and the social and individual mitigating procedures that have been put into place. Creating a program that addresses the mental health effects of the Pandemic for the Humboldt community could be vitally important going forward and new funding might be available for that soon. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.

Whatever direction RCAA chooses with providing mobile mental health services, the important points to keep in mind are coordinating with existing providers, expanding the pool of professionals, take Covid-19 effects into account and use the tools of remote service delivery in any plans. With RCAA's extensive experience in providing much need services to vulnerable people and using any of the ideas delineated in this report, it's apparent that there are several options for effective programs. Choice of focus is the only limiting factor.