



2021

Humboldt County Behavioral Health Board

Annual Report 2018 - 2021

Tim Doty

CHAIR, HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD

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Introduction

This annual report is intended to satisfy one of the requirements of the Bronzan-McCorquodale Act. Section 5604.2 of the Welfare and Institutions Code states in part that the Local Behavioral Health Board shall: Submit an annual report to the County Board of Supervisors on the needs and performance of the County's Behavioral Health System. To put the County-administered portions of the larger system of services available in Humboldt County in context, this report will describe the entire county's scope of behavioral health services and other systems that intersect with those services, but will focus on county-administered services and areas where the county and its contract providers are partnering with other programs, departments and agencies.

Behavioral Health Board Responsibilities

The Humboldt County Behavioral Health Board (BHB) is responsible for the following per WIC 5604.2

- (a) The local mental health board shall do all of the following:
 1. Review and evaluate the community's public mental health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.
 2. Review any county agreements entered into pursuant to Section 5650. The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.
 3. Advise the governing body and the local mental health director as to any aspect of the local mental health program. Local mental health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.
 4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.
 5. Submit an annual report to the governing body [usually the Board of Supervisors] on the needs and performance of the county's mental health system.
 6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
 7. Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
 8. This part does not limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community. In addition, pursuant to W&I Code Section 5848, the local mental health board conducts a public hearing on the county's MHSA Three Year Program and Expenditure Plan and Annual Update.

The Act prescribes the composition of the BHB. The BHB may be comprised of up to 15 members appointed by the Board of Supervisors. One-half of the BHB should be either individuals who are consumers or parents, spouses, siblings, or adult children of the same. At least 20% of total membership should be consumers and 20% family members. A list of current BHB members is attached as Appendix A. A copy of the BHB's Bylaws is appended as Appendix B. The 2012 bylaws are currently being revised; the new bylaws should be approved in 2022.

This report is organized with a description of programs; a listing of accomplishments; identification of gaps in services and challenges; and recommendations. This section will address all of the above for all programs relative to the challenges and accomplishments resulting from the COVID-19 pandemic. Over the last two and a half years the COVID-19 pandemic has been a tremendous and unprecedented challenge for our society. In particular it has been a challenge for our health care systems. The behavioral health services provided by the County of Humboldt in normal times are provided by professionals who often meet in person with clients. They meet 1:1, they meet in therapeutic groups, they travel with clients in automobiles, they meet in jails, and they treat individuals in congregate residential settings and hospitals. The recommendations of the Centers for Disease Control involve mitigation of disease transmission by isolation, physical distancing, hygiene and masking. These recommendations resulted in a need to modify normal conduct of business by the professionals of the Department of Health and Human Services (DHHS). Some programs were placed on hold until it was deemed safe. Some programs modified the numbers of individuals who could be treated in normal locations to maintain spacing. Some services that were formerly done in-person were done by phone, outside or by video teleconference. Many staff worked from home and conducted business by telephone or teleconference as a mitigative measure. Telemedicine was a normal mode of communication prior to the pandemic, but the frequency of use increased significantly with the pandemic. Testing was employed and used as a mitigative measure. It is not known if the frequency of testing, particularly for unvaccinated staff and contractors was optimally effective. It is the BHB's understanding that testing was administered once per week. Given the presence of COVID-19 in the community and the congregate nature of inpatient facilities, the BHB suggests more frequent COVID-19 testing be employed.

Overall, the BHB concludes that DHHS made a tremendous effort to react to the pandemic and also did their best to ensure that clients and staff stayed as safe as possible while still receiving care for their conditions. Since this pandemic is not over and Humboldt County rates continue to be high, the BHB recommends that DHHS stay the course and follow the CDC recommendations until the pandemic is over. It is also recommended that since there is uncertainty as to when it will be safe to drop COVID-19 mitigative measures, that there be a

revisiting of those measures periodically to assess if better service delivery can be identified while maintaining safe conditions for staff and clients.

Description of Crisis Services Programs

DHHS Behavioral Health has a variety of programs that serve individuals in crisis.

Adult Mobile Response Team

The Adult Mobile Response Team (MRT) program assists individuals in distress and/or crisis gain access to either outpatient or crisis services. The goal is to direct the individual to effective services that are least restrictive and traumatic while at the same time ensuring the safety of the individual or others.

- Since its inception in 2015, the MRT has been an upstream intervention in the typical 5150 hold or civil commitment process that has the effect of reducing client trauma, minimizing the time some individuals spend in local emergency rooms and directing individuals in distress who do not meet civil commitment criteria to outpatient services.
- Two clinicians specialize in working with minors and two clinicians specialize in working with adults.
- The MRT is dispatched to local Lanterman–Petris–Short (LPS) designated Emergency Departments to evaluate adults and minors who are involuntarily detained on 5150/5585 holds. While in the past most MRT interventions were in-person, due to COVID-19, the last two years the majority of MRT interventions have been via phone.
- MRT Clinicians provide crisis intervention services and assessments to determine the least restrictive level of care at which services should be accessed.
 - These evaluations ensure that clients who need emergent psychiatric treatment proceed to an appropriate facility while those who do not, get timely and appropriate referrals to County and community-based services.
- Face-to-face assessments, development of crisis treatment plans, connection to ongoing support services and/or other community resources, and coordination with current service providers are some of the services provided by MRT Clinicians. The hiring and actuation of the MRT is ongoing.
- MRT Clinicians provide crisis triage by phone; services include evaluation and clinical intervention that may prevent or de-escalate a crisis. If intervention beyond a phone call is needed, a response team may respond in person to help address the crisis.
- The MRT provides short-term assistance and case management including aftercare involving long-term assistance and support with both clinical and peer support and case management where appropriate.

Mobile Intervention Services Team

The Mobile Intervention Services Team (MIST) program has evolved due to a cut-off of MHSA funding. The program is now funded in a way that requires that its services be directed to justice-involved individuals who are either on court-ordered diversion or who are interfacing with law enforcement in the community. The program serves both felony and misdemeanor

diversion clients. COVID-19 resulted in an increase in the usage of telehealth services for these clients. The MIST program assesses and treats individuals who are referred to the diversion programs through the court system, and also links clients to other services within the community.

Crisis Stabilization Unit

The Crisis Stabilization Unit (CSU) program is staffed by the Director of Nursing, physicians, a supervising psychiatric nurse, psychiatric nurses, licensed psychiatric techs, mental health workers, and mental health clinicians.

- The CSU is located at the main Mental Health Campus at 720 Wood Street in Eureka.
- The CSU works closely with a variety of local agencies including law enforcement, the Humboldt County Sheriff's office, the Humboldt County Correctional Facility, local hospital emergency departments, and many other community entities.
- The CSU provides crisis intervention and crisis stabilization services seven days a week, 24 hours a day in a psychiatric emergency room. By law the CSU provides stabilization services for up to 23 hours resulting in either discharge...often with a referral...or admission into the psychiatric hospital Sempervirens.
- The CSU is available to anyone in Humboldt County who is experiencing a mental health crisis.
- CSU provides outpatient treatment in a secure setting to clients who are experiencing a crisis whether on a voluntary or involuntary 5150 basis.
 - This includes an evaluation, nursing and psychological assessments, medication evaluation and support, and short-term (less than 24 hours) stabilization of the mental health crisis situation.
- CSU provides services for up to four clients for every one licensed staff. A shortage of nursing staff in the CSU resulted in reductions in available beds on the CSU throughout the pandemic.
- In 2020, using a waiver from the Department of Health Care Services (DHCS), the CSU was moved downstairs at 720 Wood Street. The move opened up space for an expansion of the PHF SV to accommodate pandemic-related surges in population or the need to quarantine or isolate patients.
- Peer coaches are now connecting with clients prior to discharge.
- Collaboration with hospitals, law enforcement, and the Department of Public Health on COVID-19 mitigation. CSU staff continue to collaborate in an effort to streamline the process of effective crisis intervention.

Sempervirens Psychiatric Health Facility

This Sempervirens (SV) hospital is staffed with psychiatrists, nurse practitioners, psychiatric registered nurses, licensed clinical social workers, licensed vocational nurses/psychiatric technicians, an activity therapist, and support staff.

- SV is the only inpatient psychiatric unit in the region, and is a federally certified psychiatric health facility (PHF).
- SV is a 16-bed, locked psychiatric health facility that typically provides acute, short-term treatment in a non-medical health facility setting. The facility is intended to serve adults 18 years of age and older.
- Clients may be admitted to SV on a voluntary basis or on a legal hold.
- SV provides a safe environment for individuals who meet the criteria outlined in Section 5150 of the California Welfare and Institutions Code.
 - These individuals are considered to pose an imminent danger to themselves or others, or they are gravely disabled (unable to provide their own food, clothing, and shelter) due to a mental illness.
 - Upon admission, staff develop a multidisciplinary treatment plan with the patient, identifying the problem that led to the hospitalization and individualized goals to support recovery.

SV hospital staff provide psychiatric assessment, medication, and counseling. Staff are trained in recovery principles and trauma-informed care.

- The treatment team consists of physicians, nurses, mental health workers, activity therapists, and clinicians who provide care and assistance including discharge planning.
- COVID-19 resulted in a reduction in the number of registered nurses that staff SV. That resulted in a 30% (on average) reduction in the number of available beds; this was due to required staff to patient ratios.
- To ensure the facility was flexible enough to address possible surges of individuals meeting civil commitment criteria, the Crisis Stabilization Unit was moved downstairs at 720 Wood Street. This move opened up space for SV to expand and possibly quarantine patients during the COVID-19 pandemic.
- DHHS collaborated with multiple stakeholders including hospitals and law enforcement on COVID-19 mitigation and attempting to streamline work related to crisis intervention.

Community Corrections Resource Center

The Humboldt County Community Corrections Resource Center (CCRC) provides clinical case management to assist recently-released individuals from state prisons to help them successfully reenter the community. A variety of services are provided through DHHS including employment assistance, substance use disorder services, and behavioral health and social services. For the last two years, COVID-19 mitigation strategies significantly impacted service delivery for the clients of the CCRC. Some services were provided via telehealth. Staffing at the CCRC, as with most behavioral health programs, has been a long-time challenge that was exacerbated by the pandemic. Recruitment efforts are ongoing..

Medication Support

DHHS Behavioral Health provides medication support services for outpatients. These services are provided by psychiatrists and registered psychiatric nurses. Nurse case management is

sometimes employed to help with medication planning and adherence. Medication support services include routine prescription processing, injection administration, coordination of necessary lab work, and medication education. Medication support services are available in Eureka, Garberville, and Willow Creek. During the pandemic some services have been provided via telehealth.

Humboldt County Correctional Facility Behavioral Health Services

DHHS Behavioral Health provides behavioral health and substance use disorder treatment within the HCCF and includes crisis services. Staff in the facility screen individuals to determine if behavioral health services are needed while the individual is incarcerated. The team also provides linkage to services upon release.

The treatment mentioned above includes counseling, case management, and medication support. In addition, safety cell consultations are provided as needed.

Quality Improvement

Behavioral Health Quality Improvement (QI) Team monitors services provided through the County Mental Health Plan, including services provided by contracted providers to ensure that state contract requirements, and state and federal regulations are met. Another goal of the data collection is to monitor the care that consumers receive. The QI Team prepares for and responds to regularly scheduled audits, and produces and monitors progress on annual quality improvement goals. The QI Team also collaborates with providers, consumers, family members and community stakeholders to inform performance improvement projects and other efforts. In addition, the QI Team oversees the Department's Client Resolution Process and they conduct utilization reviews for services provided to Medical Beneficiaries, which helps to establish, maintain and direct training on business practices for clinical services. As previously mentioned, the QI Team prepares programs to be audit-ready for state and federal audits and they interface with regulatory bodies during program compliance monitoring.

Description of Adult Mental Health System of Care Programs

The adult system of care includes a large variety of mental health services for adults experiencing serious mental illness; staff of these programs strive to provide services with care, empathy, and in a culturally appropriate and respectful manner.

Facilities

The majority of Adult Mental Health service facilities can be found at the 720 Wood Street Campus in Eureka.

Programs in the Adult Mental Health System of Care include:

Adult Outpatient Clinic

The Adult Outpatient Clinic (AOC) is housed at 720 Wood Street downstairs from SV and the CSU. This program works with clients to promote behavioral health, wellness, and recovery for adults.

This program is staffed with a supervising clinician, mental health clinicians I/II, and case managers.

Adult Outpatient staff provide the following services:

- Counseling for clients
- Helping clients connect with local community services
- Providing mental health assessments
- Crisis intervention
- Crisis stabilization as needed and
- Case management.

Community Corrections Resource Center

The CCRC houses an interagency collaborative program providing correctional supervision, substance abuse and mental health assessment and treatment, and vocational services, as well as linkages to community-based services.

This program is staffed with a supervising clinician, mental health clinician, senior substance abuse counselor, substance abuse counselors, psychiatric nurse, case managers, and a part time psychiatric physician.

- This program intends to reduce barriers to accessing services needed to reduce an offender's likelihood to commit a new offense, thereby increasing public safety and order.
- The following services are provided to promote self-reliance, reduce recidivism and provide case management to access services required for reintegration into the community:
 - Psychiatric evaluation and medication support
 - Mental Health counseling and referrals
 - Substance use disorder screening and treatment programs
 - Limited case management to provide advocacy and referral services with a focus on linkage to medical care, health benefits and housing.

Comprehensive Community Treatment

The Comprehensive Community Treatment (CCT) program is staffed by a supervising clinician, mental health clinician I/II, psychiatric nurse, case manager, crisis specialist, case managers and peer coaches.

The CCT program serves Full Service Partners (FSP). FSP are individuals with serious chronic mental illness who are at risk for psychiatric hospitalization, incarceration, homelessness, and/or placement in restrictive facilities. CCT provides intensive mental health services and community support to assist clients during their recovery.

Services include:

- Access to housing
- Help to receive medical services as needed
- Help to enroll in educational programs
- Help with social interaction issues
- Help to obtain vocational services
- Help with obtaining other community services as needed.

Hope Center

The Hope Center is a peer-run facility guided by the recovery pathways: Hope, Choice, Empowerment, Recovery Environment, and Spirituality (purpose/meaning). The center provides many resources including classes, self-advocacy education, peer support, system navigation, and linkage to community services. Outreach efforts are made by Center staff and volunteers to assist individuals with a mental health diagnosis. Hope Center goals include:

- Building on dimensions of wellness
- Incorporating wellness pathways
- Validation of strengths and development of skills so individuals can realize their full potential
- Building sustainable living skills
- Community engagement
- Development of self-advocacy
- Maintenance of a safe environment for all
- Modeling interdependency to help guide individuals towards independency
- The recovery environment fostered at the Center helps individuals discover their own strengths and use their own voice
- Participants and staff are encouraged to be actively involved in the decision-making process to develop curriculum for classes to ensure group and individual goals are met

Humboldt County Correctional Facility

The Humboldt County Correctional Facility (HCCF) program provides mental health services in the jail, which are staffed by a supervising clinician, a psychiatric physician, mental health clinicians I/II, psychiatric nurse, substance use disorder counselor, and a case manager. Psychiatrists are provided via a contract with a forensic medical group and another company that provides contracted psychiatrists to the county. The staff provide a variety of services for HCCF inmates and those who are soon-to-be released. In addition to mental health evaluation, assessment, and referral, the following services are provided:

- Development of treatment plans and follow-up progress reports to the court for individuals deemed incompetent to stand trial
- Psychiatric nursing services for medication and psychiatric follow-up
- Linking individuals to community resources and facilitating reentry with a warm handoff to CCRC services
- Ensuring that inmates leaving custody have benefits including resumption of their disability income

- Coordination of transfers to the CSU and/or SV
- Suicide prevention and intervention assessments
- Participation and facilitation of annual mental health and suicide prevention, and intervention training for Correctional Officers
- The Substance Use Disorder (SUD) program in the HHCF provides:
 - Group Treatment
 - Assessment
 - Referral Information about on-going treatment

Outpatient Medication Support

The Outpatient Medication Support program is staffed by a director of nursing, supervising nurse, psychiatrists, psychiatric nurses, nurse case managers, and a medical office assistant.

- The Mental Health Outpatient Medication Clinics are located at three sites in Eureka: Adult Medication Support Services, Older Adult Medication Support Services, and Children's Medication Support Services. There is also a Medication Support Clinic in Garberville, with telemedicine services available to Garberville and Willow Creek.
- These clinics utilize a team approach to provide ongoing psychiatric support services to assist with clients' stabilization in the community. Each team consists of a psychiatrist, and a registered nurse or licensed vocational nurse, and in many cases, an assigned case manager and/or a clinician..
- The Outpatient Medication Clinics work with CCT Staff and offer nurse case management to assist clients with wrap-around care in regards to medication education, monitoring and compliance.
- Mental Health's Medication Support Services Program:
 - Assesses and determines the needs of each client in a collaborative approach
 - Provides medication and symptom management education, and referrals as needed
 - Works towards goals identified by individual, and their mental health care needs
 - Assists with supports in the community
 - Provides long-acting medications to clients who require assistance with medication stability/consistent ingestion through the Medication Injection Clinic.
- The Outpatient Medication Clinic staff work closely with a variety of community providers to identify clients who have been stable and no longer need specialty mental health services offered by Humboldt County Mental Health. In doing so, the staff assist clients in continuing treatment with primary care providers or Health Clinics.
- Nursing staff also work with primary care providers to coordinate care of existing Mental Health clients who may require collaborative care to treat medical as well as psychiatric concerns.

Same Day Services

The Same Day Services (SDS) program is staffed by clinicians, case managers, crisis specialists and mental health workers who provide services to consumers seeking behavioral health treatment or access to other services.

- SDS provides up to eight-hour crisis intervention services 8 a.m. to 5 p.m. Monday through Friday on a walk-in basis as well as by telephone.
- Interventions are time-limited, goal-directed, and solution-oriented.
- SDS is an access point into the county system of mental health care and refers individuals to both into inpatient/outpatient programs as well as to community systems under Beacon/Partnership.
- Services include screening, assessment, referral, individual and collateral counseling, and group counseling.

Humboldt Work Opportunity and Responsibility to Kids

The Humboldt Work Opportunity and Responsibility to Kids (HumWORKs) program is located at the Social Services Koster Street campus in Building D. This program offers a safe supportive environment to address barriers to work and to become self-sufficient.

This program is staffed with a supervising clinician, mental health clinicians, a medical office assistant, a senior vocational counselor, case managers and a peer coach.

HumWORKs provides support for CalWORKs participants (very low-income parents and caretakers supported through financial and work supports to achieve self-sufficiency) experiencing barriers to work, such as mental health symptoms, domestic violence, and/or substance abuse issues. Services provided include:

- Mental Health assessments
- Individual counseling
- Vocational counseling
- Referrals
- Psycho-educational groups
 - Healthy relationships
 - Work readiness
 - SUD services
 - Co-occurring disorders
 - Symptom management
 - Seeking Safety (a program to address substance abuse and trauma)
- Case management
- Self-advocacy support
 - Mental Health
 - Housing
 - Legal
 - Medical
 - Money management
 - Credit problems
 - Organizational skills/strategies
 - Time management

Public Guardian's Office

The Public Guardian's Office is located at 1105 Sixth Street in Eureka.

The Public Guardian serves as the conservator and/or payee for individuals with various types of impairments.

This program is staffed by the public guardian, an assistant public guardian, deputy public guardians, an auditor-controller, a senior fiscal assistant, an office assistant, and a fiscal assistant.

The Public Guardian provides conservatorship services that require being appointed in the Superior Court to act as the conservator of person and estate. There are two types of conservatorships: Probate and Mental Health Lanterman-Petris Short (LPS).

The LPS conservatorship allows the office to manage the psychiatric care and treatment of a person with substantial mental health needs, and the Public Guardian's Office works with Mental Health staff to assure individuals are placed in the least restrictive placement possible. Placement options include (but are not limited to) locked residential facilities, Mental Health Rehabilitation Centers, supportive housing, satellite housing, board and care homes, and independent living.

The Probate conservatorship allows for medical-oriented care and treatment for individuals who are unable to make informed medical decisions.

When the Public Guardian is appointed the representative payee for individuals, it is because the Social Security Administration requires that individual to have an agency or responsible individual act as the Payee to disburse Social Security benefits and provide money management services.

ACCOMPLISHMENTS

- Continued expansion of the use of peer staff across programs. This enhances engagement and promotes wellness and recovery concepts.
- The County has received several grants which will allow an expansion of much-needed mobile response services. The hiring process has begun to staff those programs and develop policies and agreements related to the provision of those services.
- Successful Request for Proposal - Assisted Outpatient Treatment
- DHHS continues to maintain SV as a viable facility providing a much-needed service in the community.

CHALLENGES

Housing

- There is a lack of local housing and placement across the continuum of care, from independent and supported housing to contracted facilities and locked placements. This significantly impacts the branch's ability to support clients at the lowest level of care that is safe and often results in the use of higher-cost placement or of hotels which are expensive and do not provide an ideal quality of living or "home-like" setting that all

individuals, and that Behavioral Health clients desire. The lack of safe and appropriate housing makes maintenance of stability and recovery far more challenging. It likely contributes to or exacerbates substance use disorders and increases the use of psychiatric hospital facilities, other crisis facilities, other medical support services and increases the possibility of costly and traumatic interaction with the criminal justice system. There is a need for development of diverse types of housing to accommodate the needs of a diverse population.

Staffing

- The ability to recruit and retain qualified professionals in most job classes is an ongoing challenge within the branch resulting in impacts on quality of care, caseloads, morale, coverage for essential services, and job satisfaction. Outpatient and in-patient psychiatric care is provided through professional services contracts, in addition to services provided by county personnel. On the positive side, contracts provide for flexibility in staffing up to handle fluctuations in the workload. On the negative side, much of the work is done via telemedicine and the costs are high. The impact on continuity in provider/client relationship due to changing staff assignments is not known. Even with contract providers psychiatric services are overwhelmed.

Facility Space

- Most programs within the Behavioral Health Branch are at or beyond the building capacity. This impacts the ability to expand and build new programming, and can impact job satisfaction.
- The jail design is outdated, as is the Sempervirens Psychiatric Health Facility.
- Criminal justice: the lack of diverse housing options as well as 24/7 crisis and triage options limit the potential for diversion from the criminal justice system.
- Facilities, particularly in Eureka, are spread around the city and are difficult to access for staff and clients, especially those who have transportation challenges. Staff attending meetings in person spend significant time traveling around town.

RECOMMENDATIONS

- Conduct a thorough analysis of the housing and placement needs in Humboldt County (from independent to supported to contracted placement). There is a need for diverse types of housing due to the diversity in individuals and their mental health conditions. The assessment should be both qualitative and quantitative. The BHB recommends development of a long-term strategy to bring/construct needed facilities to the community.
- Support innovative housing solutions including brick and mortar and supported housing as well as expanded treatment facilities including crisis residential facilities.
- Support facility expansion for growing and new programming including consideration of a consolidation of services in a new county owned and designed facility.

- Continue to support a streamlined hiring process and expand employee supports to include training, promotional opportunities, flexible hours, and wellness opportunities such as health club membership subsidies.
- The current jail layout is outdated. The mental health acuity of inmates has risen since the current jail was constructed. Support a thorough analysis of the current jail with the goal of increasing health and safety for inmates and staff. Due in part to lack of better options, solitary confinement is used as an inmate management and protection strategy for inmates with severe mental illness. Modifications that minimize or eliminate use of that option should be explored as part of that analysis. It should be noted that extended solitary confinement for mentally ill confinees is considered by the United Nations to be torture. In addition, modifications that provide inmates access to the outdoors should be explored. Provision of this option would likely improve inmate mental health. The facility now houses some individuals for longer durations than in the past, with no options for spending time outdoors.
- Analyze costs for psychiatric services and consider whether an adjustment in compensation similar to the cost of contract psychiatrists might assist in the recruitment and retention of some county-employed psychiatrists. Having a substantial percentage of psychiatric staff, especially a Medical Director, directly employed by the county could decrease the amount of telemedicine and increase the amount of face-to-face services. The use of competitively-paid psychiatric staff in conjunction with contract staff would provide quality long-term therapeutic relationships while at the same time ensuring the ability to address staff turnover, extended leave and changing workload.
- Staff in the Public Guardian's Office continue to have considerable caseloads; compare caseloads to Public Guardian's Offices in other counties and staff at levels that allow staff to manage conservatees in a way that minimizes unnecessary costs in other areas of the support system.
- Consider planning/zoning options that could increase the amount of low-income, high-density and subsidized housing in the county.
- Provide 80 hours of Leadership/Coaching Training in an interactive format for Program Managers, Senior Program Managers, Deputy Directors, and Directors, that allows for feedback and discussion.
- Seek sustainable funding for Assisted Outpatient Treatment (AOT).
- Allow the BHB to conduct an anonymous staff survey with one open-ended question about one improvement that could be made.
- Seek sustainable funding for a Detoxification Center / Sobering Center or some other variation that would be a secure site for law enforcement to drop off inebriated individuals.
- Expand the MRT to include responses to households or other residential settings. This would facilitate referrals when appropriate and when the individual may not meet civil commitment criteria. It may be a more effective and safer way to make an initial approach to a person in crisis when contact by an MRT is deemed safe. Whenever it is not deemed safe, a response by law enforcement or by a co-response team should be employed. Have provisions for 24/7 response with a financial incentive for staff.

- Mental Health Diversion - continue to support clients with case workers, throughout the process.
- Implement a Forensic CCT program. The program should include not only typical case management support, but also support during meetings with attorneys and attendance in court or with probation staff.
- Sustainably fund the AOT Program to cover any expenses that may be disallowed per Medi-Cal. It is recommended that AOT not be dependent on the General Fund and be prioritized by the Behavioral Health Branch. Consideration should be given to funding a portion of the AOT program with MHSA funds.
- Expand CCT eligibility especially for those with SMI and anosognosia and eliminate policy requiring the person have the potential for getting better. First, who really knows and second CCT helps support people in the community, stay in the community and keeps them as healthy as they can be.
- Expand supportive housing options and a full range of housing that heals, housing that is appropriate and well-matched to the abilities and disabilities of an individual. People are different and housing options should be as well.
- Develop meaningful outcome data, beyond simple data on penetration rates etc for various county programs.
- Develop a robust set of data regarding individuals in the HCCF and ideally individuals who are arrested and released regarding mental health conditions, length of incarceration, time incarcerated waiting for a state hospital bed, time in the competency restoration unit. Modeling the collected data on the data collected by Dr. Katy Wilson re: incarcerated folks with SMI and anosognosia. Look at data sets collected re: criminal justice and jails in other areas as possible models.
- Track folks with anosognosia and SMI in the community as a priority. These folks are often not treated appropriately for various reasons. They need close attention and outreach as a priority to support their health and welfare. They easily fall through the cracks if they are not monitored.
- The MRT should wherever possible include a psychiatric component, be it a psychiatrist or a psychiatric nurse practitioner.
- The county with the help of stakeholders should develop an inventory on the beds available in the county for folks with psychiatric illnesses (SMI) and then develop an analysis that identifies the need for beds looking at the number and type of beds that are needed. A strategic plan should be developed identifying a plan to make these beds a reality in our community.
- The Board of Supervisors should do everything in their power to help the Sheriff make jail modifications that eliminate fully-isolated solitary confinement of mentally ill inmates.

Description of Transition-Age Youth Services and Programs

Transition-Age Youth (TAY) Services and Programs use the evidence-supported practice known as Transition to Independence Process (TIP). The TIP Model helps to prepare youth to move into adult roles through an individualized process, engaging them in their own futures planning process, as well as providing developmentally-appropriate supports and services. TIP can support youth in becoming self-sufficient in areas such as employment, education, housing, personal relationships, life skills, and creating supportive social networks within their communities. The TAY team is committed to helping youth successfully transition from adolescence into adulthood.

The TAY Division was launched in 2011. All services are voluntary. The program serves youth and young adults ages 16 to 26. The TAY Division has three main units which are all co-located: TAY Behavioral Health, the Independent Living Skills program (ILS) and the Humboldt County Transition Age-Youth Collaboration (HCTAYC). The TAY Division also partners with DHHS Public Health, the Employment Training Division, Alcohol & Other Drug Services for adolescents and adults, Juvenile Probation, and other community partners and organizations.

“Drop-In” hours are Wednesdays between 2 and 5 p.m. at 433 M Street in Eureka. Individuals can meet staff and/or schedule an appointment with TAY Behavioral Health, ILS, HCTAYC, a TAY peer coach, or a vocational counselor. Twice a month a Public Health nurse is available.

Transition-Age Youth Behavioral Health

The Transition-Age Youth (TAY) Behavioral Health Unit serves youth and young adults ages 16 to 26 and provides specialty mental health services such as individual and family therapy, case management, referrals for psychiatric services, and Intensive Care Coordination for young people. The focus of treatment may include a focus on areas of employment, housing, education, career and personal well-being. Group therapy as well is a recent addition to the program. TAY Behavioral Health has been working with consultants to improve early psychosis intervention services. They are currently using practice approaches Navigate/CT to help individuals and their families successfully adapt to a newly-diagnosed health condition and find psychological and functional well-being.

Independent Living Skills program

The Independent Living Skills (ILS) program serves youth and young adults ages 16 to 21 and is designed to assist current and former foster youth as they transition from the foster care system into independence. Youth who have been in foster care after their 16th birthday are eligible for ILS services until the day before their 21st birthday.

ILS coordinators facilitate a variety of services, including assistance in obtaining a high school diploma or GED certificate, pursuing post-secondary education, career exploration, job placement and retention, daily living skills including financial skills and management, retrieving copies of vital documents, and educational workshops.

Peer Coaches

TAY peer coaches serve youth and young adults ages 16 to 26 and provides outreach and engage young people. They utilize their lived experiences of homelessness, foster care, juvenile justice, and mental health challenges to mentor and empower young people to be their most authentic selves and to support a healthy transition into adulthood.

HCTAYC

The Humboldt County Transition-Age Youth Collaboration serves youth and young adults ages 16 to 26 and was launched in 2008 as a collaboration bringing youth, DHHS, Youth in Mind, California Youth Connection, and the Y.O.U.T.H. Training Project together to improve the services youth receive as they transition into adulthood and become independent.

HCTAYC works to empower youth because it understands young people are experts in the systems that impact them, and this expertise is vital in system transformation. HCTAYC helps to foster and build skills in the areas of youth development, policy change, youth advocacy, community engagement and wellness. It provides training to youth, staff, and community partners related to more effectively engaging youth and developing youth-informed approaches.

Facilities

In July of 2017, TAY moved into their new building at 433 M Street. The site offers a full kitchen for cooking demonstrations and workshops, ping pong and pool table, internet café with the latest in film and music editing software as well as spaces for counseling. The site also includes an event space that can seat 50 people for large and small events and trainings.

ACCOMPLISHMENTS

- The peer coaches continue to engage the community by doing presentations in multiple schools and venues.
- Transitioned to virtual or phone sessions in response to COVID-19 pandemic.
- Increased or improved crisis response to schools and provision of services to students on local campuses.
- Increased response to youth in crisis in local emergency rooms, including discharge and safety planning
- Obtained grant funding for expansion of crisis services (school-based and mobile crisis teams)
- Obtained grant funding in partnership with a local non-profit to establish a children's crisis residential and crisis stabilization facility.
- HCTAYC hosted numerous trainings and events designed to develop youth leadership, provide youth voice to local agencies, promote understanding of the challenges and accomplishments of youth with mental health conditions, skills and healthy lifestyle training. In addition, they participated in numerous outreach events in the community.
- Continue to do program improvements aimed at youth with First Episode Psychosis.

CHALLENGES

- Staffing continues to be a problem at TAY as it is throughout the county, both from vacancies and understaffed programs.
- TAY does not have a mechanism to gather demographic information or outcome measurements outside of the Child and Adolescent Needs and Strengths (CANS) tool used by the behavioral health unit.
- The new drop-in space has allowed for new opportunities and has also highlighted a greater need for staffing of that drop-in space to ensure client and staff safety.
- Houseless TAY youth and others are challenged as they attempt to find housing, engage with providers and maintain their physical and mental health.

RECOMMENDATIONS

- Continue with recruitment and retention efforts to help address the staffing shortages. This is a county-wide challenge. Consider expanding the diversity of job titles that might be employed to meet the needs of the TAY program at the existing facility.
- Consider creation of a formally-structured First Episode Psychosis Program to ensure adequate staff resources are consistently available to staff the program and the staffing levels needed to successfully run the program are defined. Successful implementation of these evidence-based programs have been found to improve the trajectory of illness and support recovery.
- Provide 80 hours of Leadership/Coaching Training in an interactive format for Supervisors, Program Managers and Senior Program Managers at TAY that allows time for discussion and feedback.
- Allow the BHB to conduct an anonymous staff survey with one open-ended question about one improvement that could be made.
- Provision of staff support for houseless youth and others seeking healthy housing.
- Expand supportive housing options and a full range of housing that heals, housing that is appropriate and well-matched to the abilities and disabilities of a young individual. People are different and housing options should be as well.
- Peer-led support groups for SUD and LGBTQ+ youth would broaden the scope of services available for youth.
- Recommend looking at adding private pay clients to the TAY First Episode Psychosis program.
- Work with local schools to provide education regarding mental illness in the classroom.

Description of Children & Family Services – Mental Health Programs

The Children's Mental Health division of Children & Family Services (C&FS) includes staff and programs serving children, youth, and families from ages 0 to 18. Children's MH offers the full spectrum of MH interventions including Assessment, Individual/Family therapy, Case Management, Medication Evaluation/Support, Parent Partners, Therapeutic Behavioral Services (TBS), and Intensive Care Coordination (ICC). Current Evidence Based Programs include:

- Functional Family Therapy (FFT) – family therapy for youth ages 11 to 18.

- Trauma-Focused Cognitive Behavioral Therapy (TFCBT) – trauma treatment for youth ages 4 to 18 that includes family work.
- Aggression Replacement Training (ART) – groups to increase skills for youth ordered to the Regional Facility program.
- Adolescent Community Reinforcement Approach (ACRA) – substance use/abuse treatment for adolescents.
- Theraplay – therapy model for children ages 0 to 5 and their parents.

Other programs:

- In November 2017, C&FS implemented two Crisis Triage grants.
- School-based crisis triage clinicians to serve students experiencing a mental health crisis or at risk of a crisis.
- Children’s Mobile Response Team (C-MRT) is an expansion of the program where two Children's clinicians were doing mobile crisis response. This grant will add a case manager and 1.5 clinicians to the team. This team will continue to respond to youth in crisis and can be deployed to emergency rooms, schools and other locations throughout the county to screen for civil commitment criteria with the goal of providing referrals and reducing trauma associated with treatment and assessment at the CSU.

Facilities

Children’s MH has staff providing services at the C&FS Clinic (1711 Third Street), Second & D Street building (134 D Street), and at the Regional Facility/Juvenile Hall. Staff also have the ability to provide services in the field at family homes, schools, family resource centers, or other locations that meet the needs of the youth and families that are being served.

ACCOMPLISHMENTS

- Expansion of services to rural areas and field-based work.
- Increased use of Child & Family Teams to bring together families, service providers, and natural supports.
- Improved coordination and partnering with local schools.

CHALLENGES

- Staffing - especially recruiting and retaining MH clinicians and psychiatrists.
- Implementation and Compliance with additional state mandates such as AB1299, Katie A. lawsuit, Continuum of Care Reform, AB340, etc., as these multiple complex initiatives require training, documentation, coordination, staff time, etc.
- Lack of a children's acute care psychiatric hospital or separate unit for crisis stabilization services.

RECOMMENDATIONS

- Continue to explore the feasibility of remodeling the existing psychiatric hospital or of partnering with a community hospital to accommodate juveniles in a safe and therapeutic environment. Most preferable would be construction of a new PHF along with a crisis stabilization unit and possibly a triage facility.

- Structure specialty mental health programs that are available in our small rural community to ensure they are accessible to youth covered by private insurance as well as Medi-Cal clients.
- Provide 80 hours of Leadership/Coaching Training in an interactive format for Supervisors, Program Managers and Senior Program Managers at C&FS that allows time for discussion and feedback.
- Allow the BHB to conduct an anonymous staff survey with one open-ended question about one improvement that could be made.
- Consider opening the First Episode Psychosis program to private pay individuals in the hope that the increase in numbers would allow the Navigate program to be followed to fidelity.

Description of Programs and Services for Substance Use Disorders

Humboldt County Programs for Recovery

The Humboldt County Programs for Recovery (HCPR) program is staffed by a supervising MH clinician, case managers, substance abuse counselors (SAC), and mental health clinicians.

Primarily a group-based treatment, Programs for recovery offers 15 distinct groups to try to meet client needs and interests. Almost every group has both a MH clinician and a SAC affiliated with it. Groups meet from one to four days per week, to provide varying levels of treatment intensity, all at the outpatient level of care.

Treatment is provided using evidence-based treatments and approaches. Treatment is trauma-informed, and many groups are gender-specific. Harm reduction and abstinence are both considered important components of the treatment process. Specific groups and services are provided to individuals with significant mental health issues

Healthy Moms

This program is staffed by a supervising clinician, mental health clinicians, substance abuse counselors, childcare workers, and a parent educator.

Healthy Moms serves women with SUD who are either pregnant or parenting at least one child under the age of six. It provides group treatment at both the Outpatient and the Intensive Outpatient level of care. The program also offers individual mental health services for both adults and young children.

The SUD treatment focuses on trauma recovery, and on strengthening the parent-child relationship.

Adolescent Treatment Program collaboratively working with TAY programs

Staffing includes substance abuse counselors and a half-time supervising mental health clinician.

The Adolescent Treatment Program (ATP) provides individual and family treatment to youth ages 12 to 17 using the Adolescent Community Reinforcement Approach (A-CRA). A-CRA is a 14-session evidence-based practice with the goals of increased emotional functioning and

stability, increased involvement in community and positive social activities, and a healthier home environment to support development and recovery.

Regional Services

This program is staffed by two substance abuse counselors.

During 2017, Mental Health started developing the ability to provide SUD treatment services in Southern and Eastern Humboldt. Services are provided both in the field and in the Garberville office. At this time, services are primarily individual, addressing relapse prevention, wellness, and skill development.

Community Corrections Resource Center collaboratively work with HCPR

This program is staffed with substance abuse counselors.

The CCRC is a program that integrates Probation, Mental Health, and SUD treatment for the AB109 population (individuals recently released on parole or probation). The SUD component of CCRC provides three different SUD groups as well as individual sessions for assessment, treatment planning, and discharge planning. These efforts are to help reduce recidivism rates.

Jail Services working collaboratively with HCPR

This program is staffed with a substance abuse counselor.

The SUD counselor based in the jail provides group treatment, assessments, and referral information about on-going treatment. They provide information to inmates about different clean and sober housing possibilities in the community.

Facilities

The facilities for Healthy Moms are adequate and appropriate. The program is located in a converted home, and therefore has a welcoming feel. The site is able to provide sufficient space for groups, an on-site childcare, and adequate cooking facilities for a breakfast and snack program.

Humboldt County Programs for Recovery is split between two locations, 720 Wood Street and 734 Russ Street. While these two locations are only across the parking lot from each other, the divided location still interferes with program cohesiveness and team-building. In addition, the Wood Street location is on the floor below the hospital, which is not an appropriate location when considered through a trauma-informed lens. Clients sometimes need to wait in the lobby where patients are brought in by law enforcement or on stretchers. They sometimes have their therapeutic space interrupted by violent or distressed sounds from SV or CSU, or SDS.

The Adolescent Treatment Program is based out of the Juvenile Probation office, which is also not an ideal site for a trauma-informed program. In addition, there is not a group room space available.

The Garberville office is adequate, but there is currently no established office space for Eastern Humboldt.

There are a number of adult outpatient treatment, residential treatment, and transitional living facilities that exist and operate in the county that are not county-staffed.

ACCOMPLISHMENTS

- Worked on medically important gaps in the continuum of care that remain, including residential treatment for parents with their children, residential treatment specifically for individuals with significant mental illness, adequate safe and supportive transitional living environments, residential treatment for those under 18, school-based treatment services for those still in school, and adequate services for the treatment of trauma.
- Medically Assisted Treatment (MAT) to provide services in the Humboldt Bay area.
- Continued working on the Family Wellness Court to serve families involved with Child Welfare Services. This is a joint effort between DHHS, the Yurok Tribe, and the Humboldt Superior Court, with the goal of improving outcomes for families with SUD issues who are involved with the Child Welfare System.

CHALLENGES

- Important gaps in the continuum of care remain, including residential treatment for parents with their children, residential treatment specifically for individuals with significant mental illness, adequate safe and supportive transitional living environments, residential treatment for those under 18, school-based treatment services for those still in school, and adequate services for the treatment of trauma.
- Misinformation is prevalent in the community and often creates stigma for clients trying to obtain SUD services. This includes the possibility for many in or needing SUD treatment having multiple relapses in their recovery process.
- The facilities for Humboldt County programs for Recovery are at capacity in terms of room for staff as well as groups, and is far from ideal in terms of trauma-informed care.
- Initial efforts to develop TAY-specific SUD groups were unsuccessful. Staff believes that engaging the assistance of TAY peers will be critically important for the success of future efforts.
- The Adolescent Treatment Program does not currently have a dedicated mental health clinician, nor are there any sites to provide group treatment. Current sites are shared and young people are exposed to adults with substance use disorders or adults with co-occurring disorders. Scheduling can be challenging due to conflicting needs.
- The current job description for substance abuse counselors (SACs) does not permit SACs to transport clients, thus limiting the ability of staff to connect clients to community resources.
- Most SUD services are still centered in Eureka, so rural and remote areas are not well served, which, along with treatment availability gaps, simultaneously increases instances of joblessness, homelessness, and depression/hopelessness.

RECOMMENDATIONS

- Increase Medically Assisted Treatment (MAT) programs, consider expanding geographically.
- Plan for the provision of residential treatment for parents with their children.
- Create a unit of residential treatment for dual recovery clients.
- Formalize criteria for effective transitional living facilities as part of the County's continuum of SUD care and seek funding to provide this service.
- Continue to plan for the provision of residential treatment for minors.
- Use Drug Medi-Cal funding in schools to provide outpatient SUD treatment.
- Improve treatment services content to include treatment of trauma.
- Add and standardize case management services at every level of SUD treatment and at transitional living facilities.
- In all parts of the continuum of care, provide transportation assistance to self-help meetings for clients interested in this free and supportive service, as well as referrals to common services.
- Increase capacity for counseling offices and group room space for adult and juvenile SUD treatment.
- Dedicate more clinicians to youth treatment.
- Renew the effort to get Transitional Age Youth SUD treatment by involving TAY peers.
- Continue efforts to establish SUD groups for TAY.
- Provide psychological education and support groups for youth.
- The above challenges section outlines a number of less than optimum conditions related to facilities. Consider the feasibility of remodeling facilities to correct problems and/or developing new facilities designed to create and maintain a cost-effective, safe and therapeutic environment.
- Continue to expand SUD services in the more remote areas of the county.
- Ensure that CCRC SUD groups include one focusing on co-occurring mental illness and substance use diagnoses.
- Provide training to school employees regarding the genesis of substance use disorders and the challenges of addiction to both aid in prevention and reduce stigmatized, judgmental and punitive responses to this illness in the student population.
- Allow the BHB to conduct an anonymous staff survey with one open-ended question about one improvement that could be made.
- Provide 80 hours of Leadership/Coaching Training in an interactive format for Supervisors, Program Managers and Senior Program Managers at SUD Treatment that allows for feedback and discussion.
- Provide leadership training to line staff who are interested as part of succession planning.
- Fund a Healthy Dad's Program.
- Conduct a feasibility study of a Clinical Dual Diagnosis Sobering Center. Neither the local hospital emergency rooms, the Humboldt County Correctional Facility(HCCF) nor the Crisis Stabilization Unit/Sempervirens (CSU/SV) are adequately equipped to serve individuals who require this type of service. These individuals need specialized

treatment and are negatively impacting law enforcement, local hospital emergency rooms, the HCCF and CSU/SV.

Mental Health Quality Improvement Team

The Mental Health Quality Improvement (QI) Team monitors services that are provided throughout Humboldt County's Mental Health Plan—including contracted providers—to ensure that state contracts and state and federal regulations are met. QI develops data-driven decisions and processes to continually monitor the quality of care that Mental Health consumers receive. This is accomplished through regular audits, producing annual quality improvement goals and reports, as well as collaborating with providers, consumers, and family and community members to inform performance improvement projects. QI also develops training and other resources to support programs. Additionally, QI maintains knowledge of current federal and state rules and regulations that guide daily operations.

Mental Health QI activities:

- Facilitated the External Quality Review Organization preparation and review visit in February.
- Conducted monthly clinical documentation training for staff.
- Produced and distributed Cultural Competency training.
- Completed construction of a new database for client grievances and complaints.
- Conducted monthly clinical chart reviews.
- Monitored and reported on the availability and timely access to outpatient psychiatrist appointments.
- Consolidated consumer input into the Continuous Quality Improvement process.
- Worked to put Measures of Recovery Services outcome data into the electronic health record (Avatar) for clinical use.
- Continued efforts to optimize the electronic health record system (Avatar) for the end users.
- Worked to improve the coordination of care between Mental Health and Primary Care Physicians.

CHALLENGES

- Multiple and overlapping audits are initiated by state and federal agencies resulting in significant amounts of staff resources being expended.

RECOMMENDATIONS

- Approach auditing agencies about the potential for consolidated comprehensive audits. As resources become diminished, opportunities to be efficient should be explored and embraced.
- Provide 80 hours of Leadership/Coaching Training in an interactive format for Supervisors, Program Managers and Senior Program Managers at QI that allows for feedback and discussion.

- Allow the BHB to conduct an anonymous staff survey with the open-ended question about one improvement that could be made.
- Increase outreach to include more public stakeholders in the QI study process. In particular clients and family members should be regularly included.

The Mental Health Services Act

The programs funded by the Mental Health Services Act (MHSA) include:

- ROSE/Mobile Outreach
 - See Mobile Response Team entry in the Program Summary: Crisis Services section
- Telemedicine (Outpatient Medication Support)
 - See Outpatient medication Support entry in the Program Summary: Adult Mental Health System of Care section
- Older and Dependent Adults Expansion
 - See Program Summary: Adult Mental Health System of Care section
- MHSA Full Service Partnership
 - See Comprehensive Community Treatment entry in the Program Summary: Adult Mental Health System of Care section
- Rapid Rehousing/Mobile Intervention Services team (MIST)
 - See Mobile Intervention Services Team entry in the Program Summary: Crisis Services section
- Hope Center
 - See the Hope Center entry in the Program Summary: Adult Mental Health System of Care section
- Suicide Prevention and Stigma and Discrimination Reduction
 - All Prevention and Early Intervention (PEI) activities meet an evidence based, promising practice, or practice-based evidence standard
 - These programs are housed within DHHS Public Health Healthy Communities Division and use a public health approach following the Spectrum of Prevention model
- TAY Advocacy and Peer Support
 - See Program Summary: Transition-Age Youth section
- Parent Partners
 - Parent partner staff build peer-based alliances by sharing their lived experience as a parent of a youth with mental health issues.
- School Climate Curriculum Plan
 - The School Climate Curriculum Plan engages and trains school personnel in ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness or serious emotional disturbance.
- Workforce Education and Training
 - Workforce Education and Training provides staff development opportunities that promote wellness, recovery, and resilience, culturally competent service delivery,

meaningful inclusion of clients and family members, an integrated service experience for clients and their family members, and more

- Information Technology
 - Supported additions and improvements include scanned medical records (Perceptive system), DSM coding updates, HER security, and AVATAR upgrades.

Detailed information on MHSA funding and activities is available in the MHSA Three Year Plan. The plan can be found at: <https://humboldt.gov/ArchiveCenter/ViewFile/Item/1274>

Conclusion and Overarching Recommendations

The scope and amount of services provided by the Department of Health and Human Services (DHHS) are considerable, and likely much more than most citizens realize. Still, service gaps exist and important community infrastructure is inadequate, particularly housing and transportation for the most seriously mentally ill who often find themselves homeless or incarcerated due to the symptoms of their treated or untreated illness.

The BHB suggests that DHHS engage in a community visioning process to identify a long-term plan for infrastructure that can house all appropriate DHHS-funded services, to the extent feasible, in county-owned and modern facilities.

One influence on not only the efficacy of the Humboldt County mental health system but also on the opportunity to bring innovative solutions to our community is the fragmented map of campuses around Eureka in particular. The fragmentation affects communication and efficiency. The BHB suggests an analysis of the feasibility of consolidating facilities, ideally in a single well-designed campus. This effort would include some facilities that could be leased to provide for provision of services such as supportive housing, or crisis residential sobering facilities. The details are not within the scope of this report, however, the identification of the need for and advantages of improved infrastructure and siting have been addressed.

Recruitment and retention of staff continue to be difficult challenges, but some movement has been made to meet these challenges. Compensation, as always, limits the ability to attract and retain talented professionals.

It remains to be seen what the long-term impacts of the Affordable Care Act, Drug Medi-Cal and a possible waiver of the Institutes of Mental Disease (IMD) exclusion will be. While they may come with attendant challenges, they offer substantial potential for improving our local behavioral health system.

Despite the gaps identified and the recommendations proposed in this report, the BHB is extremely appreciative of the efforts made by the entire DHHS staff who work fervidly and endlessly to improve the lives of persons in this county with mental illness and substance use disorders. While there is much to do especially in the area of criminal justice diversion and housing, the BHB continues to see improvements in the system of care. Filling the identified gaps likely will require legislation, increased resources including grant funding, as well as improvements in processes and ongoing collaboration with community partners.