

Humboldt County, Behavioral Health, Substance Use, and the Streets

What Works?

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SUMMARY

Humboldt County citizens who are suffering from significant behavioral health issues have few options. If they are fortunate enough to have private insurance, they may be able to find treatment from a private psychiatrist, nurse practitioner, or clinician. If they need to be hospitalized, they may be able to go to an out-of-area private in-patient facility. For the unhoused, uninsured, underinsured, and those individuals in active and severe crisis, those options do not exist.

For many years the primary responders for our citizens suffering active behavioral health crisis have been law enforcement. This situation is not by choice. Many officers agree they are not the best people for the job, but they are often the last strings in the social safety net. Traditionally, they have had few tools with which to help, usually limited to detaining people for a mental health evaluation or, if a crime has been committed, arresting them, and hoping the jail can offer services. In the last fifteen years or so officers have slowly obtained more tools, usually through Critical Incident Team training.¹ These training tools assist law enforcement officers to recognize people in crisis, to use effective de-escalation techniques, and to coordinate with trained behavioral health professionals that respond to assist or manage the situation when they are available.

This report focuses on the concept of having trained professionals work with those individuals in crisis. Over the last decade, two programs have been reaching out to those people most in need. These programs are the Mobile Intervention and Services Team (MIST) and Crisis Alternative Response Eureka (CARE). CARE often works with the Eureka Police Department's Community Safety Engagement Team (CSET). However, it is important to note that these programs are not aimed solely at those in crisis. These programs also address substance use disorder and attempt to identify people before they reach crisis. These programs work to connect the most marginalized of our citizens with critical resources while treating them with respect and dignity.

¹ CIT Training: <https://www.nami.org/advocacy/crisis-intervention/crisis-intervention-team-cit-programs/>

The benefits of specialized behavioral health response programs are many. People in need receive opportunities and treatment to improve their lives. Many low-level, “quality of life” crimes are prevented, and substance use is reduced. Overburdened emergency services have lower call volumes, and the number of hospital visits are reduced. Unhoused (homeless) people, who receive behavioral health interventions, are more likely to obtain and keep stable housing.² Moreover, keeping people out of hospitals and jails saves significant amounts of money that would otherwise be paid for with our tax dollars.^{3 4}

The Humboldt County Civil Grand Jury investigated the MIST, CARE, and CSET programs. We found that CARE and CSET appear to be appropriately staffed and funded, while providing much-needed services. MIST has recently completed a one-year, grant-funded collaboration with the Humboldt County Sheriff’s Office, with unimpressive results. The newest form of MIST has recently started, and evaluations of performance are premature, though there appears to be a funding gap that needs to be filled.

It is our conclusion that all of these programs need stable sources of funding in order to be successful. Underfunding these programs may be an example of being penny-wise and pound-foolish.

GLOSSARY

- 5150 WIC Section 5150 of the California Welfare and Institutions Code
- BHB Behavioral Health Branch
- BHJIS State of California Behavioral Health Justice Intervention Service
- CARE Crisis Alternative Response Eureka
- CSET Eureka Police Department Community Services Engagement Team
- DHHS Humboldt County Department of Health and Human Services
- ED Hospital Emergency Department
- EPD Eureka Police Department
- MIST Mobile Intervention and Services Team
- SV Sempervirens Psychiatric Health Facility

² American Journal of Psychiatry: <https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.157.10.1563>

³ CBS News ER visit costs 2020: <https://www.cbsnews.com/pictures/emergency-room-visit-cost-most-expensive-states/50/>

⁴ County of Humboldt, inmate housing costs 2020: <https://lostcoastoutpost.com/loco-media/loco-media/blog/post/29029/Staff%2BReport%2B-%2B2020-08-31T152239.721.pdf>

BACKGROUND

Measure Z

Measure Z was a successful 2014 Humboldt County ballot initiative that enacted an additional one-half-cent sales tax throughout the county for five years. The funding was intended to support public safety and essential services with most of the funds dedicated to law enforcement and fire departments. Measure Z funds have also provided support for the Humboldt County Department of Public Works and a wide variety of other public services.⁵

Measure O, a permanent extension of the Measure Z sales tax, was approved by the voters in 2018. In recent years, this funding has been less available due to a reduction in economic activity in the county, inflation, and Measure Z funds use for permanent county positions.⁶

Mobile Intervention and Services Team

The Mobile Intervention and Services Team (MIST) is a program of the Humboldt County Department of Health and Human Services (DHHS) Behavioral Health Branch (BHB). From its inception in 2015 through 2020 MIST primarily partnered with the Eureka Police Department (EPD).

In 2015 EPD was granted \$242,200 in Measure Z funding for “two police officers, equipment, and homeless support services to work with the county’s MIST program to reduce homelessness.”⁷ DHHS provided a behavioral health clinician and other staff support that was generally available during regular business hours and funded by other sources.

The MIST program for 2015 was described as follows:

“Implemented in early 2015, the Mobile Intervention and Services Team works with people who are homeless and need help stabilizing their mental illness and securing the services and assistance they need to avoid further problems. MIST was the first step in a series of planned, evidence-based interventions that allow Eureka Police Department and Department of Health and Human Services to attempt to provide the best possible solutions for people who need help and reduce the social disorder that is often associated with some segments of the homeless population. A DHHS mental health clinician is teamed with EPD officers in the field to make initial contact with individuals in the target population and provide assistance. A case manager also works with clients to provide follow up care and connect them to necessary services such as outpatient mental health counseling, medication support, alcohol and other drug services, housing or shelter, and linkage to medical and nutrition services.”⁸

⁵ Measure Z Allocations 2017-2023:

<https://humboldt.legistar.com/View.ashx?M=F&ID=11915120&GUID=EC383272-022C-4033-906F-B86FA7BAD616>

⁶ Board of Supervisors meeting Dec. 5, 2023:

https://humboldt.granicus.com/player/clip/1933?view_id=5&redirect=true

⁷ Measure Z 2015-16 report: <https://humboldt.gov/DocumentCenter/View/65418/MZ-Final-Report-15-16>

⁸ 2015 MIST Data Dashboard: <https://humboldt.gov/DocumentCenter/View/54938/MIST-Q4-2015-Dashboard>

As resources from Measure Z, DHHS, and other sources changed, the MIST program also changed. The mission remained in place, but the specific makeup of the key service providers involved changed. DHHS defunded their contribution to MIST, and their participation ended in 2020. EPD continued to receive Measure Z funding for their Community Safety Engagement Team, detailed in the next section, through the 2022-2023 fiscal year.

More recently, MIST received a one-year grant that directly funded DHHS and focused on a partnership with the Humboldt County Sheriff's Office. That grant has expired, and the next iteration of MIST has begun, at least partially funded by Medi-Cal for services.

The newest version of MIST is an evolving operation within DHHS Behavioral Health. Currently, this program provides mobile crisis services throughout the county seven days a week with the goal of providing twenty-four-hour-a-day coverage.

Eureka Police Department Community Safety Engagement Team

As described by the City of Eureka:

“The Eureka Police Department's Community Safety Engagement Team (CSET) originated in July 2018. CSET's mission is to proactively address quality of life, crime, and disorder problems in Old Town, along the waterfront, and in city parks while developing strategies to ultimately improve upon or eliminate these issues.

“CSET is staffed with a Sergeant, MIST Officer, Old Town Officer, two Parks/Waterfront Rangers, a Homeless Liaison, and a volunteer substance abuse / mental health professional. CSET also shares two Homeless Outreach Workers (HOW) with Uplift Eureka.⁹ The MIST Officer, one of the Parks/Waterfront Rangers, the Homeless Liaison, and one of the Homeless Outreach Workers are funded through Measure Z.”¹⁰

EPD officers within this team receive specialized training in de-escalation, Crisis Intervention Training, crisis negotiations, and other skills. When responding to calls of people in crisis, they are trained to slow things down when appropriate and use de-escalation skills to get voluntary compliance. After a call ends, they work to connect the person with resources to find long-term solutions. They also respond to calls regarding the unhoused community and substance use. However, seventy-five to eighty-five percent of their activity is proactive and meant to engage members of the community, to build human connections, and to address a crisis before it occurs.

⁹ Uplift Eureka: <https://www.uplifteureka.com/>

¹⁰ City of Eureka: <https://www.eurekaca.gov/375/Community-Safety-Engagement-Team-CSET>

The mission of CSET has evolved over the years, focusing less on law enforcement and more on field outreach for behavioral health, homelessness, and substance use disorder issues.¹¹ CSET members, when available, also respond to people in behavioral health crises throughout Eureka.

Crisis Alternative Response Eureka (CARE)

The City of Eureka's Crisis Alternative Response Eureka program began in January of 2023.¹² This program puts behavioral health clinicians and case workers into the community to provide intervention and treatment services to people in crisis. It is not part of EPD but does work closely with CSET. CARE workers can be dispatched through EPD's communications center and may accompany police officers on calls.

Importantly, CARE workers can also respond to behavioral health calls without officers if there is no indication of danger. This independent response of CARE workers allows EPD to focus on other duties and removes law enforcement from situations where the person in crisis may have negative reactions to uniformed personnel.

CARE team members can provide ongoing services to unhoused clients and actively work to find housing for their clients. They work in cooperation with other programs such as Uplift Eureka and the Betty Kwan Chinn Homeless Foundation.

METHODOLOGY

The Humboldt County Civil Grand Jury conducted interviews with people who have direct knowledge of local law enforcement, the Department of Health and Human Services, Mobile Intervention and Services Team, Crisis Alternative Response Eureka, and the Community Safety Engagement Team. We reviewed hundreds of pages of documents and analyzed statistics related to behavioral health in Humboldt County.

¹¹ Interview with EPD Cmdr. Leonard LaFrance: <https://lostcoastoutpost.com/2023/apr/6/conversations-leonard-la-france/>

¹² CARE Program: <https://www.eurekaca.gov/768/Crisis-Alternative-Response-Eureka>

DISCUSSION

One in twenty Americans, or five percent of the population, experience serious behavioral health issues each year.¹³ For our unhoused population the numbers are much higher. The Substance Abuse and Mental Health Administration, a federal entity, reports that twenty-one percent of the unhoused population experiences serious behavioral health issues.¹⁴ A 2023 report from California Healthline reports that “a staggering eighty-two percent of homeless people experiencing homelessness said they had a mental health condition or substance use challenge in their lifetime.” In the same report it was noted that sixty-six percent of the unhoused population stated that “they were currently experiencing mental health problems, such as depression, anxiety, hallucinations, or trouble remembering things.”¹⁵

A 2017 study by the California Department of Public Health investigated the per capita overdose death rate for California. Humboldt County ranked in the top three for deaths related to all opioids and amphetamines.¹⁶ Many individuals who develop substance use disorders are also diagnosed with mental disorders, and vice versa.¹⁷

Based on the information provided above the Humboldt County Civil Grand Jury reaches a clear conclusion: the people on Humboldt County’s streets need help.

¹³ National Alliance on Mental Illness: https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/?gad_source=1&gclid=Cj0KCQjwmMayBhDuARIsAM9HM8dM1wxyfLGL5aB6Up7s61L7guGqcrCstM6MtpYjhysd-3_gd_r1BMaApAmEALw_wcB

¹⁴ SAMHSA: <https://www.samhsa.gov/blog/addressing-social-determinants-health-among-individuals-experiencing-homelessness>

¹⁵ California Healthline: <https://californiahealthline.org/news/article/california-homelessness-is-homegrown-university-of-california-research/#:~:text=A%20staggering%2082%25%20of%20people,hallucinations%2C%20or%20trouble%20remembering%20things.>

¹⁶ CDPH:

<https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Prescription%20Drug%20Overdose%20Program/RFA%202019%20Documents/Appendix%201%20-%20California%20County%20Rankings%20for%20Selected%20Drugs.pdf>

¹⁷ National Institute on Drug Abuse: <https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness>

BENEFITS OF PROACTIVE OUTREACH

When someone is suffering a behavioral health crisis to the point that they pose a threat to themselves or others, California law provides just one primary tool – an involuntary detention for evaluation and treatment under section 5150 of the California Welfare and Institutions Code (5150 WIC).¹⁸ Since 1969, when the Lanterman-Petris-Short Act significantly changed behavioral health laws in our state, most applications for 5150 WIC holds have been written by law enforcement officers, who as the only resource on the streets, responded to the most critical situations.¹⁹

If individuals are held under 5150 WIC within our county they only have two options for placement. They can be taken to an emergency room, or to the Sempervirens Psychiatric Health Facility (SV), operated by the Behavioral Health Branch (BHB) of the Humboldt County Department of Health and Human Services (DHHS). SV provides secure, hospital-based treatment for people that need acute psychiatric care, but this facility has only sixteen beds for inpatient services. SV can also treat people for up to twenty-three hours in its Crisis Stabilization Unit.

The situation at our local hospitals is different. Due to space limitations at SV, local hospital emergency departments (ED) receive most of those people being detained under 5150 WIC. This lack of space poses significant problems for both the hospitals and the clients. The ED cannot provide proper treatment for those needing acute psychiatric care, and they must rely on behavioral health clinicians from DHHS to respond. Generally, EDs already have little unused capacity. With extremely limited openings available at SV, if a detention under 5150 WIC is approved, the patient may spend several days in the ED. This time spent by an individual on a 5150 WIC hold at the ED poses a challenge to the ED staff, who must keep the patient secure and attend to their needs. If all beds in an ED are filled, the patient may be kept on a gurney in the hallway. An ED that is busy twenty-four hours a day is not an appropriate environment for people in crisis.

Providing preventative behavioral health care, substance abuse outreach, and other services in the field offers more promising treatments. Clients can be treated before they hit the point of crisis. Ongoing attention from case managers can help steer clients to services that may help stabilize their lives. People who receive these services are far less likely to become a threat to themselves and others.

¹⁸ Welfare and Institutions Code section 5150:

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC§ionNum=5150

¹⁹ Lanterman-Short-Petris Act:

<https://ajud.assembly.ca.gov/sites/ajud.assembly.ca.gov/files/Kim%20Lewis%2C%20National%20Health%20Law%20Program%20slides.pdf>

Mental disorders and substance use disorder are often co-occurring issues.²⁰ Our entire society benefits from proactively treating people with these issues, especially the at-risk, high-incidence, unhoused population. Expensive and overtaxed law enforcement services, ambulance services, and hospital resources are likely to be needed less often. Crime and drug use can be reduced. Lives can be saved, and our community can benefit.

FUNDING

There are currently two government programs in Humboldt County that have the primary mission of helping people in crisis. One is the Mobile Intervention and Services Team, and the other is Crisis Alternative Response Eureka. Funding for these programs has not been consistent.

The Eureka Police Department and MIST Collaboration

When MIST was formed in 2015 a significant part of the Eureka Police Department's involvement in the program received funding from Measure Z. EPD created the Community Safety Enhancement Team in 2018, which received Measure Z funding. While EPD's funding remained in place until the 2023-2024 fiscal year, there was always a threat to the stability of the program, as Measure Z funds require an annual application and approval process. Dwindling Measure Z funding has forced EPD to fund CSET entirely on their own.

From 2015 to 2020, MIST received support from the Behavioral Health Branch of the Humboldt County Department of Health and Human Services. This support came in the form of clinicians, case workers, peer coaches, and on occasion, a substance abuse counselor and Community Health Outreach worker, paid for with DHHS funding. The number of DHHS staff available for active participation in MIST fluctuated throughout the years. In July of 2020, DHHS defunded their portion of the MIST program.

In December 2023, with limited Measure Z funding and a significant county budget deficit, the Humboldt County Board of Supervisors eliminated all financial support for MIST. The CSET program is currently funded by the City of Eureka general fund as part of the Eureka Police Departments budget. Eureka appears to be dedicated to this program and funding appears to be stable.

Crisis Alternative Response Eureka

In its brief time of existence, CARE has had three sources of financial support. In the 2022-2023 fiscal year, significant funding came from Measure Z. However, CARE has not received any Measure Z funding since June 30, 2023. Currently, significant financial support comes from the general fund of the City of Eureka. This financial support from the City of Eureka appears to be stable. Additional funding is received through a grant awarded in the fall of 2023, which is in effect for three years. There are plans to apply for additional grants moving forward. Grant funding is usually awarded for a defined period, after which the grant expires, making this funding source less reliable.

²⁰ NIH: <https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>

The Humboldt County Sheriff's Office and MIST Collaboration

In 2022, DHHS received a grant of \$426,249 from the State of California Behavioral Health Justice Intervention Service (BHJIS).²¹ The one-year grant provided MIST program funding from February 15, 2022, to February 14, 2023.

As described in a BHJIS document, “The program embeds behavioral health staff into Humboldt County Sheriff's Office patrol operations to co-respond to mental health calls. This proactive program emphasizes treatment in the least restrictive manner. The program design also includes a wide range of appropriate services, both for immediate crises and follow up.”²² The collaboration between DHHS and the Humboldt County Sheriff's Office was meant to be similar to the previous DHHS-EPD one.

The grant was administered by a third party, Advocates for Human Potential, Inc. (AHP), on behalf of the State of California. DHHS was required to provide AHP with quarterly reporting on the status, progress, and accomplishments of the program, which the Humboldt County Civil Grand Jury reviewed. We will discuss this information further in the Program Results section of this report.

With the expiration of the BHJIS grant in February 2023, DHHS looked to Measure Z funds to help continue the MIST program. In December 2023, the Humboldt County Board of Supervisors eliminated all financial support for MIST.

MIST, the Next Generation

As detailed in the background section of this report, DHHS has implemented a new MIST program. Funding is provided by a new federal program, Mobile Crisis Benefit billing. This new billing stream was approved by the federal Centers for Medicare and Medicaid Services following a request from the California Department of Health Care Services.^{23 24} In our state, the California Medical Assistance Program, Medi-Cal, implements Medicare and Medicaid.²⁵ DHHS can bill and receive payment for services covered by Medi-Cal. This new funding stream was designed to cover the costs for counties to provide mobile crisis response within their communities. Ultimately, the funding is provided by the federal government and is administered by the State of California. This source of funding expires on March 31, 2027, but it may be renewed.

Importantly, this revenue stream only exists for clients who receive health coverage through Medi-Cal. Services for the uninsured and people with private insurance cannot be billed this way. DHHS tries to bill private insurance but is often met with denials.

²¹ BHJIS Information: <https://www.co-responding.buildingcalhhs.com/>

²² BHJIS Grantee information: https://www.co-responding.buildingcalhhs.com/wp-content/uploads/2022/06/BHJIS-Awards-for-Web-PDF_508.pdf

²³ Centers for Medicare & Medicaid Services: <https://www.cms.gov/>

²⁴ CA Department of Health Care Services: <https://www.dhcs.ca.gov/>

²⁵ Medi-Cal: <https://www.dhcs.ca.gov/Pages/myMedi-Cal.aspx>

This funding gap from providing services for the uninsured and people with private insurance leaves the newest version of MIST with a potential problem. Whenever MIST provides service to the uninsured and individuals with private insurance, it incurs expenses for these services without reimbursement from the state. In addition, if the new billing process is not extended beyond March 31, 2027, the entire MIST program will once again be in jeopardy.

A complete timeline of Humboldt County Behavioral Health Outreach Programs is provided in Appendix A.

PROGRAM RESULTS

The Eureka Police Department, its Community Safety Engagement Team, and the Department of Health and Human Services gathered data on tangible results from the original MIST program, which is summarized below. Crisis Alternative Response Eureka is gathering similar data. However, documentation of the results of the DHHS MIST program that received the BHJIS grant funding is minimal, at best. Making direct comparisons of all these program results is difficult. Despite the challenges of different reporting requirements and inconsistent definitions of the services provided, we felt that these program results, while imprecise, still offer some valuable information for the public.

The Eureka Police Department and MIST Collaboration

In calendar year 2015, the first year of the EPD and MIST collaboration, 1,209 contacts were made with people needing services. Of these contacts, 602 of them were with “unduplicated individuals,” meaning that 602 separate individuals were contacted. More severe behavioral crises were averted because of establishing these relationships. Each subsequent year, the EPD and MIST volume of contacts and individuals served grew, while psychiatric hospitalizations and admissions to the Crisis Stabilization Unit decreased. Specifically, psychiatric hospitalizations at Sempervirens dropped by twenty percent, while admissions to the Crisis Stabilization Unit dropped by twenty-five percent.²⁶ For every subsequent year the reported EPD/MIST statistics grew in the volume of contacts and individuals served.

Community Safety Engagement Team

For the three-month period from April to June 2023, the Eureka Police Department’s CSET program reported the following accomplishments:²⁷

- Provided the primary officer on 93 mental health-related calls-for-service
- Handled 27% of EPD’s mental health-related calls-for-service
- Placed 6 individuals on mental health holds (5150 WIC)

²⁶ MIST Data Dashboard 2015: <https://humboldt.gov/DocumentCenter/View/54938/MIST-Q4-2015-Dashboard>

²⁷ EPD CSET Quarterly Report: <https://www.eurekaca.gov/DocumentCenter/View/4146/Measure-Z-Quarterly-Report-20222023-4th-Quarter>

- Diverted 94% of individuals in crisis away from mental health holds (5150 WIC)
- Conducted 1,083 proactive engagements
- Assisted DHHS Behavioral Health with 6 mental health holds (5150 WICC)
- Assisted DHHS Child Welfare Service with 7 investigations
- Assisted St. Joseph Hospital 3 times
- Removed 8,820 pounds of trash from the Waterfront Trail and various greenbelts, as a quality-of-life measure

In addition to working independently, CSET works with CARE in providing services. Beginning in 2023, some of the data reported by these two programs may overlap.

Crisis Alternative Response Eureka

Being a fairly new program, available data for the CARE program was limited to the nine months from January 1 to September 30, 2023.²⁸ Though limited, the data reflects an active and growing program.

City of Eureka CARE Program	January - March 2023	April - June 2023	July - September 2023	TOTALS: January - September 2023
Total client encounters:	120	194	274	588
Individual clients:	39	46	66	151*
Crisis responses:	37	30	71	138
Case management contacts:	83	142	203	428
Average crisis response dispatch time (minutes):	20	15	12	15.7
Co-responses with EPD:	32	23	49	104
Crisis encounters resulting in 5150 WICC hold:	8	2	11	21
Crisis encounters diverted from 5150 WIC hold:	27	24	53	104
Law enforcement time saved (hours):	29	17	46.5	92.5

* Some individual clients likely carried over from one quarter to the next. The total is likely less than 151.

²⁸ CARE Reporting: <https://www.eurekaca.gov/768/Crisis-Alternative-Response-Eureka>

The information about crisis encounters and whether they resulted in a 5150 WIC hold are significant. About 83% of people in crisis who might have ended up being detained in a hospital or Sempervirens were diverted, and the demand for law enforcement and other resources was reduced.

The BHJIS Grant: Humboldt County Sheriff’s Office and MIST Collaboration

This section solely reports on the 2022-2023 State of California Behavioral Health Justice Intervention Service’s one-year grant to the DHHS Mobile Intervention and Services Team and the Humboldt County Sheriff’s Office. The program, as defined in that grant, has ceased to exist. As reported, the data is inconsistent in format. Apparently, the first reporting period for the grant was dedicated to putting the program together, so it has no statistics. The fourth reporting period is the only one in which significant data was obtained. Program information is documented in the chart below.

DHHS / HCSO MIST Program	Apr. - Jun. 2022	Jul. - Sep. 2022	Oct. - Dec. 2022	Jan. - Mar. 2023	TOTALS: April 2022 - March 2023
Total service episodes:		54	69	186	309
Individual clients:		31		46	77
New individuals receiving services:					0
Trainings held:			1		1
De-escalation and conflict resolution:				10	10
"Other" contacts:		14		35	49
Follow-up services:		39			39
Case management contacts:				14	14
Behavioral health outreach contacts:		7		9	16
Behavioral health "collateral" contacts:				9	9
Behavioral health rehabilitation contacts:		7		3	10
Meetings with collaborative partners:		18		11	29

Categories as written in DHHS reporting documents. Data categories are not consistent for each quarter. Month-to-month comparisons are imprecise.

The HCCGJ found that the collaboration between DHHS and the HCSO was not as effective as it could have been. During the grant period, the HCSO computer-aided dispatch system captured only 18 calls where MIST workers from DHHS were dispatched to work with deputies in the field. This may be a documentation problem – despite having access to HCSO documents we were not able to determine how many times DHHS workers accompanied deputies on calls.

Our suspicions were confirmed during interviews. We spoke with several people with direct knowledge of the situation and learned that DHHS and HCSO minimally integrated their MIST operations. We also heard that some DHHS MIST staff were reluctant to work with deputies and that some deputies were reluctant to work with the DHHS MIST staff. Based upon these interviews, we infer that there is a dysfunctional work culture, where true collaboration between the two departments has not been a priority, resulting in this program not being cohesive.

A shortage of DHHS staff also contributed to difficulties within the program. During the BHJIS grant MIST had two Program Managers, and that position was open at the conclusion of the grant. Clinicians and case workers were pulled from other parts of the Behavioral Health Branch to fill roles in the MIST program. However, they were not consistently available for this program due to other DHHS work obligations. Considering the goals of the program, and the substantial state grant of \$426,249, the services provided during this timeframe were underwhelming.

The Humboldt County Civil Grand Jury finds that the circumstances surrounding this BHJIS grant may serve as useful case study examples of lessons learned and may provide beneficial examples of how to develop and structure the next, entirely DHHS-based, version of MIST.

CONCLUSION

Preventative behavioral health, substance use treatment, and housing outreach, are critically important to everyone in our community, especially our unhoused population. Providing people with services before they reach a point of a crisis. More importantly, these people may live better lives when we help lift them out of difficult, sometimes desperate situations, and treat them with dignity.

The Humboldt County Civil Grand Jury found that our community has had several different programs to provide outreach and services for individuals in crisis. The original Mobile Intervention and Services Team (MIST), a collaboration between the Eureka Police Department and the Department of Health and Human Services, produced positive results for our community before ending in 2020. The Eureka Police Department Community Safety Enhancement Team provided services similar to the original MIST program until the Crisis Alternative Response Eureka program was created. Although it is new, the CARE program appears to be effective with steadily growing measures of success in the brief time it has been in operation. The recent one-year, grant-funded version of the Mobile Intervention and Services Team, in collaboration with the Humboldt County Sheriff's Office, did not display significant, tangible results. The current incarnation of MIST is too new to take any lessons from.

Our evaluation of these programs indicated that a critical component for success was having a reliable funding source. A new program cannot grow to maturity and cannot be sustained without one. It's similar to personal finances - if you're not sure where next week's paycheck is coming from, you're not likely to make plans for next week.

These outreach and intervention programs may be able to pay for themselves in the long run. Reduced need for ambulances, hospitalizations, law enforcement, and jails save significant amounts of money. People who are stable and have a home are much more likely to obtain and keep jobs, becoming contributing members of our economy.

Everyone needs a chance, and everyone sometimes needs help. We find these necessities especially true for our unhoused citizens who struggle with behavioral health and substance use issues. Helping these vulnerable citizens lift themselves out of desperate situations is in the best interests of everyone in our community and is simply the right thing to do.

FINDINGS

The Humboldt County Civil Grand Jury finds that:

F1: The Crisis Alternative Response Eureka program demonstrates a successful, proactive model for compassionately providing Eureka with community based, high-quality, easy-access mental health and substance use mobile crisis services. These services help people to live better lives and benefit everyone in our community.

F2: When people are housed, mentally stable, and free of substance abuse, they use less community resources, resulting in significant savings to our community. **(R1)**

F3: When people are housed, mentally stable, and free of substance abuse, they are more likely to contribute financially to our community, resulting in economic stimulus in our community. **(R1)**

F4: Behavioral health and substance use programs that rely on grant funding for ongoing operations and staffing are always at risk of losing that funding. This reliance on grant funding places programs within Humboldt County at risk. **(R2, R3)**

F5: The newest version of the Mobile Intervention and Services Team uses Medi-Cal billing to access federal reimbursements for services provided. This revenue stream may be more sustainable than some used in the past, resulting in a more viable program. **(R2, R3)**

F6: The program that allows the Mobile Intervention and Services Team to bill Medi-Cal and to receive reimbursements for services provided ends March 31, 2027, with no guarantee of continued funding. Without this revenue stream the MIST program may need to be reduced or eliminated. **(R2, R3)**

F7: The newest version of the Mobile Intervention and Services Team does not have a revenue stream for clients not covered by Medicare and Medicaid, which may result in a shortage of funding. Without a reliable funding source for these clients parts of the Mobile Intervention and Services Team may not be sustainable. **(R2, R3)**

F8: The Department of Health and Human Services and the Mobile Intervention and Services Team have chronic difficulties filling open positions. Without stable staffing, the program cannot be effective. **(R2, R3)**

F9: During the 2022-2023 State of California Behavioral Health Justice Intervention Service's one-year grant, the Humboldt County Department of Health and Human Services and the Humboldt County Sheriff's Office did not adequately track calls for service involving law enforcement and staff from the Mobile Intervention and Services Team program. This resulted in incomplete data which could be used to improve the program. **(R4)**

RECOMMENDATIONS

The Humboldt County Civil Grand Jury recommends that:

R1: The Humboldt County Board of Supervisors commission a study to determine the cost/benefit relationship between providing Mobile Intervention and Services Team services to at-risk citizens versus continuing to use other community resources for untreated people. This study is to be completed by no later than June 30, 2025. For funding recommendations, see the wording below Recommendation #5. **(F2, F3)**

R2: The Humboldt County Board of Supervisors provide permanent funding for the Mobile Intervention and Services Team to cover services that cannot be reimbursed by Medi-Cal. This funding is to be available by no later than July 1, 2025. For funding recommendations, see the wording below Recommendation #5. **(F4, F5, F6, F7, F8)**

R3: Unless other funding for the Mobile Intervention and Services Team is secured prior to the 2026-2027 fiscal year, the Humboldt County Board of Supervisors provide sufficient funds to continue this program. This evaluation and potential financial commitment is to be completed by no later than April 1, 2026. For funding recommendations, see the wording below Recommendation #5. **(F4, F5, F6, F7, F8)**

R4: The Humboldt County Department of Health and Human Services and the Humboldt County Sheriff's Office develop and enact a plan to document calls for service where both the Mobile Intervention and Services Team and the Humboldt County Sheriff's Office respond. This is to be completed by no later than January 1, 2025. **(F9)**

Funding Recommendation: The Humboldt County Civil Grand Jury recommends that the Humboldt County Board of Supervisors fund the expenses listed in **R1, R2, and R3** with existing appropriations in the **current** fiscal year. If current appropriations are not sufficient, the Grand Jury recommends that the Board of Supervisors, at its next earliest opportunity, pursue additional funding from an appropriate agency, including state or federal agencies. *The Grand Jury further recommends that the Board of Supervisors seek local academic partners to conduct **R1** at minimal or no cost to the County.*

RESPONSES

Pursuant to California Penal Code sections 933 and 933.05, the Grand Jury requests each entity or individual named below to respond to the enumerated Findings and Recommendations within specific statutory guidelines.

Responses to Findings shall be either:

- The respondent agrees with the finding;
- The respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.

Responses to Recommendations shall be one of the following:

- The recommendation has been implemented, with a summary regarding the implemented action.
- The recommendation has not yet been implemented, but will be implemented in the future, with a time frame for implementation.
- The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a time frame for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency where applicable. This time frame shall not exceed six months from the date of the publication of the Grand Jury report.

- The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefor.

REQUIRED RESPONSE WITHIN 90 DAYS

The Humboldt County Board of Supervisors
(All Findings, All Recommendations)

REQUIRED RESPONSE WITHIN 60 DAYS

The Humboldt County Sheriff
(F9) and (R4,)

INVITED RESPONSE

The Department of Health and Human Services
(F2-F9) and (R1-R4)

Responses are to be sent to:

The Honorable Judge Kelly L. Neel
Humboldt County Superior Court

The Humboldt County Civil Grand Jury
825 5 the Street, Eureka, CA 95501

Reports issued by the Grand Jury do not identify individuals interviewed. Penal Code section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Grand Jury.

Appendix A

Timeline of Humboldt County Behavioral Health Outreach Programs

2015	DHHS MIST Program is created.
2015-2016	EPD awarded \$242,200 in Measure Z funding for MIST implementation.
2016-2017	EPD receives continued Measure Z funding.
2017-2018	EPD receives continued Measure Z funding.
2018	EPD Community Services Enhancement Team is created.
2018-2019	EPD receives continued Measure Z funding.
2019-2020	EPD receives continued Measure Z funding.
2020	DHHS defunds their contribution to and participation in the MIST program.
2020	EPD and CSET continue the mission of MIST without DHHS.
2020-2021	EPD receives continued Measure Z funding.
2021-2022	EPD receives continued Measure Z funding.
2022-2023	EPD receives continued Measure Z funding.
2022-2023	DHHS receives one-year \$426,286 BHJIS grant to MIST partnership with HCSO.
2023	Eureka CARE program begins.
2023	Humboldt County Board of Supervisors ends all MIST funding.
2023	BHJIS grant expires leaving MIST with no funding.
2024	DHHS begins newest version of MIST.

CARE: Crisis Alternative Response Eureka

CSET: Eureka Police Community Services Enhancement Team

DHHS: Humboldt County Department of Health and Human Services

EPD: Eureka Police Department

MIST: Mobile Intervention and Services Team