

From:

# COUNTY OF HUMBOLDT



For the meeting of: October 4, 2016

Date: July 12, 2016

To: Board of Supervisors

Con Comic Dect Connie Beck, Director

Department of Health and Human Services

Governor's Office of Emergency Services (Cal OES) Victims of Crime Child Abuse Subject: Treatment (CHAT) Program Grant Subaward and Supplemental Budget to fund Mental Health Clinician and Mental Health Case Manager positions (Supplemental Budgets Require 4/5 Vote)

# **RECOMMENDATION(S):**

That the Board of Supervisors:

- 1. Ratifies all previous actions taken by the Department of Health and Human Services (DHHS) and the County of Humboldt Board of Supervisors Board Chair pertaining to the Child Abuse Treatment (CHAT) grant;
- 2. Adopts the attached resolution which ratifies DHHS' submission of the CHAT grant application and the Board Chair's execution of the documents associated therewith:
- 3. Adopts the supplemental budget as attached in Exhibit B for fiscal year 2016-17, DHHS Mental Health budget unit 1170-424;
- 4. Supplemental Budgets require 4/5 vote;
- 5. Approves the allocation of one (1.0 FTE) Mental Health Clinician I/II (job class 0909A/B, salary range 414/444) position in budget unit 424, effective immediately upon Board approval;
- 6. Approves the allocation of one (1.0 FTE) Mental Health Case Manager I (job class 0907, salary range 346) positions in budget unit 424, effective immediately upon Board approval; and
- 7. Directs the Clerk of the Board to return one certified copy of the Board Report to the DHHS-Contract Unit. 601

Prepared by Jamie Monroe, SSA II	CAO Approval	( mong the)
REVIEW: Auditor County Counsel Sm	Personnel	Risk Manager Other
TYPE OF ITEM: <u>X</u> Consent <u>Departmental</u> <u>Public Hearing</u> <u>Other</u> PREVIOUS ACTION/REFERRAL:		BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT Upon motion of Supervisor Fennell Seconded by Supervisor BASS Ayes Fennell, Bass, Lovelace, Bohn, Sundberg Nays Abstain Absent
Board Order No		and carried by those members present, the Board hereby approves the recommended action contained in this Board report.
Meeting of:		Dated: 10/11/16 By: PSQ Eperson Kathy Hayes, Clerk of the Board

# SOURCE OF FUNDING:

Mental Health Fund

## DISCUSSION:

DHHS applied for a California Governor's Office of Emergency Services (Cal OES) Victims of Crime Child Abuse Treatment (CHAT) Program grant subaward in February 2016. Due to the short time-frame of the application process, Board Chair Mark Lovelace signed relevant application paperwork in February before approval from the Board of Supervisors.

DHHS has been awarded the California Governor's Office of Emergency Services (Cal OES) Victims of Crime Child Abuse Treatment Program grant subaward in the amount of \$350,000.00. The grant will provide for a full time licensed Mental Health Clinician and full time Mental Health Case Manager to be based in Eastern Humboldt. The goals of the program are to provide treatment and support services to child victims of crime, abuse, and/or neglect; especially underserved child victims in Eastern Humboldt County and support increased participation of child victims of crime in Victim Witness programs. The program will also utilize community volunteers to provide outreach and support to victims. Children and Family Services and program staff will work closely with the District Attorney (DA) Victim Witness program.

## FINANCIAL IMPACT:

The salary and benefit cost of the 1.0 FTE MH Clinician II is \$94,770; 1.0 FTE MH Case Manager salary and benefits total \$62,190. Supplemental budget request totals \$175,000 for FY 2016-17 DHHS-Mental Health 1170-424 and includes increased appropriation in salary and benefits and service and supplies for the Victims of Crime Child Abuse Treatment Program.

Cal OES funding for the Victims of Crime Child Abuse Treatment Program has been awarded in the amount of \$350,000. The grant subaward will sustain the program for 24 months. Sustainability of positions will include effective use of Medicaid and health reform opportunities such as expanded benefit enrollment strategies; cross agency financing strategies and opportunities for redirection and maximizing federal match in Medicaid, Title IV-E and TANF funds.

This request supports the Board's Strategic Framework by providing community-appropriate levels of service and creating opportunities for improved safety and health.

OTHER AGENCY INVOLVEMENT: None

<u>ALTERNATIVES TO STAFF RECOMMENDATIONS</u>: None are recommended

## ATTACHMENTS:

- 1. Grant Award Face Sheet and Project Narrative submitted 2/16/16
- 2. Cal OES Award letter dated 6/17/2016
- 3. Resolution to accept Cal OES grant subaward
- 4. Supplemental Budget fund 1170
- 5. Classification Review Requests

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CALIFORNIA GOVERNOR'S OFFICE OF EMERGENCY SERVICES GRANT SUBAWARD FACE SHEET								
The Ca	alifornia Governo	r's Office of Emerg	ency Services	(Cal OES), mak	es a Grant Suba	award of funds set	forth to the follo	owing:
1. Subrecipient: County of Humboldt								
2. Implementing Agency: Humboldt County DHHS Children & Family Services 22a. DUNS#: 793165098								
3. Impl	ementing Agen	cy Address: 92			Eureka			95501
4. Loca	ation of Project:	Eureka	Street		Humboldt	City		Zip+4 95501
			City		•	County		Zip+4
5. Disa	ster/Program Ti	tle: Child Abuse	e Treatment (X	T) Program	6. Pe	erformance Period	I: 4/1/16	to 3/31/18
7. Indir	ect Cost Rate: [	N/A; 10% c	le minimis; 🗌	Federally App	proved ICR	%		
Grant Year	Fund Source	A. State	B. Federal	C. Total	D. Cash Match	E. In-Kind Match	F. Total Match	G. Total Project Cost
2015	8. VOCA		\$ 350,000		\$68,000	\$19,700 \$-87,500	A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O	\$ 437,500
Select	9. Select						\$0	\$0
Select	10. Select						\$ 0	\$ 0
Select	11. Select						\$ 0	\$ 0
Select	12. Select					10 70	\$0	\$ 0
	TOTALS	\$ 0	\$ 350,000	\$ 350,000	\$68,000 50	\$19,500 \$.87,500	\$ 87,500	12. G Total Project Cost: \$ 437,500
13. This Grant Subaward consists of this title page, the application for the grant, which is attached and made a part hereof, and the Assurances/Certifications. I hereby certify I am vested with the authority to enter into this Grant Subaward, and have the approval of the City/County Financial Officer, City Manager, County Administrator, Governing Board Chair, or other Approving Body. The Subrecipient certifies that all funds received pursuant to this agreement will be spent exclusively on the purposes specified in the Grant Subaward. The Subrecipient accepts this Grant Subaward and agrees to administer the grant project in accordance with the Grant Subaward as well as all applicable state and federal laws, audit requirements, federal program guidelines, and Cal OES policy and program guidance. The Subrecipient further agrees that the allocation of funds may be contingent on the enactment of the State Budget.								
14. Offi	cial Authorized	to Sign for Subr	ecipient:	1	5. Federal Emp	loyer ID Number	9460005	13
Name:	Name: Mark Lovelace Title: Chair, Board of Supervisors							
Telepho	one: (707) 476 (area co		FAX: (7	707) 445-7299 (area code)	Emai	ni: mlovelace@	2co.humboldt	.ca.us
Paymer	t Mailing Addres	s: 825 5th Stre	et, First Floor	r	City: Eurel	ka	Zin-	+4: 95501-1107
Signatu	e Mart	alur.	h		Date	. > - 9-	1h Lip	
				[FOR Cal OES U		<u> </u>		
I hereby	certify upon my ow	n-personal knowled	ge that budgeted	CONTRACTOR OF A DESCRIPTION OF A DESCRIP	NAME AND POST OFFICE ADDRESS OF TAXABLE PARTY.	and purposes of this	expenditure stat	ed above.
$\nabla r \gamma$	DES Fiscal Officer	Kucken	. (	Date	Sa	Director (or design	lwell	6/17/16 Date
	Program: Child Abu	90 Compoi GX-0058 CFDA# es: 10/01/2014 – 09/30 t			х	BY:	CI7942	

Subrecipient: County of Humboldt

Subaward #:

XT150 0120

## **Project Narrative**

1. Problem Statement:

Humboldt County is located approximately 300 miles north of San Francisco and is the southern gateway to the Pacific Northwest with the Oregon border approximately 75 miles to the north. The county encompasses 3.5 million acres, 80 percent of which are forestland, protected redwoods and recreation areas. The population of 134,809<sup>1</sup> is concentrated in seven incorporated cities, including Eureka which is the county seat. There are 37.7 persons per square mile within Humboldt County. The rural county includes approximately 95,000 acres of American Indian Tribal lands and there are eight federally recognized tribes. Recognized Tribes in the county include Yurok, Karuk, Hupa, Wiyot, Cher-Ae Heights Indian Community of Trinidad Rancheria, Bear River Band of Rohnerville Rancheria, Blue Lake Rancheria and Big Lagoon Rancheria.

Humboldt County residents living below the poverty level total 20.4% of the population which is higher than the statewide average of 15.9%<sup>1</sup>. The unemployment rate in the county is at 5.3% as of November 2015<sup>1</sup>. County demographics include 84% white, 1.4% African American, 6.2% American Indian and 10.8% Hispanic<sup>1</sup>. In 2014/15, Humboldt County District Attorney Victim Witness Program (HCDAVWP) served a victim population of 76% Caucasian, 15% Native American, 6% Hispanic, 2% African American, 0.6% Asian, and 1% other.

Eastern Humboldt County includes Hoopa, Weitchpec, Orleans, and Willow Creek. While these rural areas are sparsely populated, they include Tribal properties and a high percentage of Native American families. There are few mental health services available in Eastern Humboldt, and a trip to larger communities for mental health services can be a barrier for many families. The high elevations of the region receive snowfall in the winter, making travel hazardous. Many

<sup>&</sup>lt;sup>1</sup> U.S. Census Bureau: State and County QuickFacts

Subaward #:

Native American families in these areas are living below the poverty line and have unreliable transportation. Even when transportation is not an issue, mistrust of government agencies based on historical trauma and cultural differences can prevent families from successfully accessing services.

The Native American population of Eastern Humboldt, like many Tribal communities, is suffering impacts from historical trauma. Indian Boarding Schools were still active in the region into the 1940s. There are community members today who experienced the physical, emotional, and sexual abuse these institutions fostered first-hand. This history of trauma has resulted in disproportionately high rates of unemployment, substance abuse, child abuse and neglect, crime, and suicide in the Tribal communities.

The Yurok Tribe, the largest Tribe in California, has declared a state of emergency due to the number of suicides and suicide attempts in the last year. They are currently seeking assistance from all federal, state, local, volunteer, and Tribal resources in responding to this crisis (See attached resolution).

In 2014, the total child population of Humboldt County was 26,794. There were a total of 2,298 allegations of abuse or neglect, 291 of which were investigated and substantiated<sup>2</sup>. Throughout the county, Native American children are disproportionately represented in the child welfare system, representing 39% of the foster care population despite being less than 7% of the population overall.

<sup>&</sup>lt;sup>2</sup> UC Berkeley CWS Outcome Summary

Subaward #:

In 2014, there were 857 domestic violence calls for assistance. This is a rate of 8.9 per 1,000 people.<sup>3</sup> There were 485 violent crimes reported in Humboldt County including 11 homicides and 56 rapes in 2014.

In 2013, 5.7% of all students in 9<sup>th</sup> and 11<sup>th</sup> grade reported feeling unsafe in school, while 10% of Native American students in 9<sup>th</sup> and 11<sup>th</sup> grade reported feeling unsafe in school. During the same time period, 15% of students reported being afraid of being beaten up (16% Native American), and 13% of students reported being involved in a physical fight in school (19% Native American).

Services and/or resources in the rural areas of the county are difficult to access due to multiple factors including geography, lack of transportation and a lack of local providers. The need for services in Eastern Humboldt far outweigh their availability. During 2015, 34 clients residing in Eastern Humboldt received clinical services billed to Children's Mental Health. Of the clients served in Eastern Humboldt, 94% were served by the Foster Care Behavioral Health Unit as Child Welfare Services (CWS) clients.

Currently, two Humboldt County Department of Health and Human Services (DHHS) Children & Family Services Clinicians drive to Eastern Humboldt an average of three and a half days a week to provide mental health services. The drive to Hoopa from the offices in Eureka is approximately three hours round trip (weather permitting), which significantly impacts the hours the clinicians are available to clients. Victim Witness satellite sites are open only two days per month on the Hoopa Reservation, one day per month in Orleans, and one day per month in Weitchpec. If clients need services at other times of the month, they are required to travel to Eureka.

<sup>&</sup>lt;sup>3</sup> California Dept. of Justice, Criminal Justice Statistics Center

Subaward #:

Discussion at every community meeting includes the need for locally based mental health clinicians and case managers who are active in the community and understand the unique culture of these remote locations. Child victims of crimes also need transportation to Eureka to access Victim Witness services on days the satellite offices are closed.

Six percent of 9<sup>th</sup> & 11<sup>th</sup> graders report experiencing dating violence in the past year. Of those who responded, 42% did not have a boyfriend/girlfriend in the last 12 months. Eight percent of 9<sup>th</sup> and 11<sup>th</sup> graders reported being a member of a gang in 2013.<sup>4</sup>

In 2011, the most recent year for which we have data on this subject, by 11<sup>th</sup> grade 79% of students reported using alcohol at least once, and 62% had used marijuana at least once. Within 30 days before taking the survey, 42% had used alcohol, 31% had participated in binge drinking, and 32% had used alcohol and/or another drug.<sup>5</sup>

## 2. Plan:

DHHS will utilize the funds to provide accessible and culturally informed mental health treatment to child victims of crime, abuse, and/or neglect in one of the most rural and remote areas of the county. Children victims in outlying areas of the county and Native American children are underserved populations. DHHS will hire one full time Mental Health Clinician (MHC) and one Mental Health Case Manager (MHCM) who will provide services to child victims of crime and their families from offices established in their rural community. Project staff and volunteers will coordinate with community partners and Tribes in providing transportation to the coast for court in a 4X4 vehicle, information on crime victim compensation services, and referrals to the local

<sup>&</sup>lt;sup>4</sup> California Department of Education, California Student Survey (WestEd)

<sup>&</sup>lt;sup>5</sup> California Healthy Kids Survey, 2009-2011

Subaward #:

Victim Witness Assistance Center. Volunteers will be trained in Victim Witness Compensation outreach activities.

The MHC will be selected based on his/her experience with providing culturally appropriate services to Native American children and youth. He/she will have knowledge of the Tribal services available in the area, as well as services offered by other organizations and will maintain good working relationships with other service providers. The mental health services will not be provided in isolation, but will be part of an array of services provided by a network of community providers determined by the child and family needs.

The MHCM will work closely with the client to connect them to appropriate services from Victim Witness, Tribal Social Services, North Coast Rape Crisis, Humboldt Domestic Violence Services, CalWORKs, Tribal TANF, United Indian Health Services, and others as needed. He/she will assist the family in understanding and implementing the treatment plan and provide linkage, brokerage, and rehab services to the client. The MHCM will also organize Family Team Meetings where the client, his/her family, and all supports can work together to create a holistic treatment plan for the improved wellness of the child victim.

A well respected member of the community will be chosen as a full-time volunteer to provide outreach concerning Crime Victim Witness Compensation Services and help break down barriers of mistrust between the local population and government agencies. The volunteers will provide outreach activities at major community events throughout the year (at least three a year). They will increase awareness of Victim Witness Compensation and the services provided through the program.

This project is a continuation of the ongoing effort and commitment of DHHS C&FS to decentralize access to services and offer a regional approach to clients in outlying areas.

Current events such as the Yurok Tribe State of Emergency Declaration Resolution have served to accelerate the plans for decentralization.

Children who are victims of any of the following: abuse and/or neglect, domestic violence, child abduction, exposure to violence in the community, bullying, or any other criminal activity, that request psychotherapy services will be assessed by the MHC to determine their level of need.

Referrals for services will be solicited from Tribal Social Services, Humboldt County Sherriff's Office, United Indian Health Services, Child Abuse Services Team (CAST), Humboldt County District Attorney, DHHS Child Welfare Services, Humboldt Domestic Violence Services, North Coast Rape Crisis, and other community service providers.

The MHC will review with the client all of the following: the presenting problem, the client's medical history, their substance abuse history, assessment of the client's suicidal or homicidal thoughts, the client's current living situation, his/her cultural, social, economic and family history, legal history, mental status functioning and a summary of symptoms. In order to determine if the child victim is experiencing trauma related symptoms, the clinician will use the evidence based Screen for Child Anxiety Related Disorders (SCARED).

Each assessment will also include a discussion with the client of his/her strengths and challenges in the areas of physical, emotional, social, and spiritual health. In all cases cultural and social dynamics shall be taken into account during the client assessment process.

The MHC will have the client and/or his/her parent/caregiver complete the evidence based Ages and Stages Questionnaire as part of the assessment process. When services are initiated, the MHC will use the evidence based Child/Adolescent Needs Survey (CANS) to determine what areas are of concern for the child and his/her family. The CANS will be used within the first sixty days of treatment and every six months thereafter to evaluate the effectiveness of the treatment.

Subaward #:

At the time of the assessment, the MHC will provide the client and his/her family with all federally and state required informing notices. The MHC will encourage clients and their families to seek assistance as needed for clarification of consents or Children's Mental Health (CMH) services and will assist clients with any questions or concerns they may have regarding consents or CMH Services.

If the client is in the custody of his/her biological parent(s) and there are no court proceedings that would identify another person as the legal guardianship of the minor client, the biological parent(s) of the minor client will sign all paperwork and the Consent to Treat Minors form for that minor client.

If the minor client is not with the client's biological parent(s) or there is an impending legal proceeding relating to legal guardianship status, then the legal guardian must produce legal evidence of guardianship status. The identified legal guardian would then sign all paperwork and the Consent to Treat Minors form for minor client.

The Caregiver Affidavit Form will be used when the minor client is in the care and custody of a relative with no legal documentation of guardianship.

If the minor client is 12 years of age or older and is mature enough to intelligently participate in treatment, the client may be allowed to sign all initial paperwork and the Consent to Treat form on his/her own behalf. In these situations the case will be discussed with the Program Manager (PM) or their designee. The PM or their designee will consult with County Counsel as necessary. If the minor client signs the consent for minor treatment on his/her own behalf, a release of information must be signed by the client to share the treatment plan with his/her parents/caregivers.

The MHC will review and ensure that all initial paperwork, including the Consent to Treat a Minor (when applicable) is completed, signed and dated by the documented legal guardian prior to the onset of services.

Subaward #:

When additional information or assessments are required to complete the process, the MHC will seek to obtain this information by requesting the client complete appropriate releases, to consult with other providers or individuals and making appropriate referrals. Children's Mental Health currently uses an authorization to release information (ROI) that indicates the purpose for the release of information to be specified. This will be used with clients to obtain their written permission to allow CalOES staff to review clinical documentation at monitoring, technical assistance and site visits.

All Children & Family Services staff are trained in the Health Insurance Portability and Accountability Act (HIPAA) at the time of hiring and annually thereafter and are expected to comply with all regulations regarding privacy of client record and protected health information. Any security breach is immediately reported to the DHHS Compliance and Quality Assurance Administrator & Privacy Officer.

The Client Treatment Plan will be developed within 60 days of opening to mental health services. It will be created by the client and MHC together and signed by both.

It is the joint responsibility of the client and MHC to develop a treatment plan that defines the goals the client is working on. The client will be asked to articulate his/her goals for treatment and the MHC will work with the client to create measurable goals. Both the client and MHC will indicate steps to be taken towards the attainment of identified goals. All interventions required by the client will be listed on the treatment plan. Every Client Treatment Plan will include: client's goals as established by client and MHC; goals stated in concrete and measurable terms; the steps required to achieve the goals; the estimated number of sessions to reach each goal; and what the client will notice when things are getting better. Treatment plans will be reviewed annually or at the time of any significant change in the client's progress or circumstances. Achieved goals will be noted and new goals will be added as appropriate.

Subaward #:

Psychotherapy services delivered to child victims are strength based. If the child has experienced trauma, the MHC will consider the evidence based practice Trauma Focus Cognitive Behavioral Therapy (TFCBT) with the client. The MHC will also utilize and/or refer the client for culturally responsive interventions as appropriate. Cultural activities and Tribal treatment modalities will be included in the treatment plan.

In addition to individual MH treatment the clinician and case manager will partner with Tribe and community partners to provide group counseling. Group counseling will include use of clinical treatment and psychoeducation. One treatment modality may include providing Peers Offering Wisdom Education and Respect (POWER) groups for youth victims. POWER is a locally developed Tribal cultural and clinical group treatment model for youth ages 12-18.

All client contacts and collateral contacts will have a coinciding progress note.

CMH staff who have contact with the client, or a significant person to the client, will document that contact in the progress note. If it is a group with more than one CMH staff, the CMH staff will designate who will record the progress note. If it is a crisis contact or coverage contact made by a counselor other than the client's primary counselor, that person will document the progress note.

Progress notes should be completed the day the contact was made. They are to be legible, accurate and include the following: type of service; location of service; date, time and length of service; and the signature and title of counselor who wrote the progress note. Progress notes are to be written in FIRP (Federal Individual Recovery Plan) format and demonstrate medical necessity. They will be entered into the electronic health record the same day as the contact.

Subrecipient: County of Humboldt

Subaward #:

When services are initiated, the MHC will use the evidence based Child/Adolescent Needs Survey (CANS) to determine what areas are of concern for the child and his/her family. The CANS will be used within the first sixty days of treatment and every six months thereafter to evaluate the effectiveness of the treatment.

DHHS has a Research and Evaluation Unit (R&E) which will collect and evaluate the data provided by CANS to identify the top needs and strengths of the target population of underserved child victims of crime. This will drive decisions about resource allocation and policies. A statistically significant improvement in the "Adjustment to Trauma" item on the CANS is expected as a result of grant funded activities.

Additionally, R&E will track the number of children receiving treatment, the number of children participating in culturally relevant treatments, the number of children referred to Victim Witness, the number of children utilizing Victim Witness Services, the number of contacts by staff to increase awareness of Victim Witness Services, the number of contacts made by staff and volunteers to increase awareness of direct services offered by the department under this grant program, the number of transportation assistance services provided, and the number of child victims participating in the legal process. A statistically significant increase in each of these areas is expected as a result of the grant funded activities.

All clinical staff participate in a clinical supervision group to meet legal and ethical requirements of their profession. Clinical supervision involves the casing and discussion of clients for the purpose of meeting best practice standards. This includes, but is not limited to: treatment planning; maintaining legal and ethical standards that govern clinical practice such as reporting mandates, confidentiality, and service delivery; differential diagnosis; appropriate referrals both internal to DHHS and external; planning coordination of care with other service providers; collegial support; appropriate interventions; and professional growth.

#### Attacnment 1

### Subrecipient: County of Humboldt

#### Subaward #:

The MHC will be required to possess an appropriate license to practice as a Licensed Clinical Social Worker, Marriage and Family Therapist, or Clinical Psychologist in the State of California or be license eligible. He or she will have knowledge of the following: principles and practices of community mental health treatment, including interviewing, assessment, individual, family and group counseling; general psychiatric emergency intervention, diagnosis and brief and long-term therapy methods; principles of child psychology; laws and regulations related to patient's rights, voluntary or involuntary treatment and commitment for treatment including criteria for commitment; community resources and agencies providing support services for the mentally ill or disabled; and medical recordkeeping and documentation including patient charting.

The MHC will also have skill in the following areas: assessing client mental status and making accurate diagnosis and effective treatment plans; analyzing crisis situations in a prompt and concise manner to facilitate appropriate treatment and referrals; conducting mental health education and training programs; evaluating patients for medication referrals; presenting patient history and behavioral impressions to psychiatrist for further review; preparing detailed case summaries and documentation and maintaining accurate patient records in compliance with local, state and federal rules and regulations; protecting patient's rights and providing advocacy for the mentally ill; coordinating emergency psychiatric support service efforts with appropriate county, community, school, hospital, and other involved agencies; establishing and maintaining effective working relationships with other therapists, physicians, and the public; and utilizing the most current version of the Diagnostic and Statistical Manual (DSM) for performing diagnosis on all five axis. In addition, the MHC will be trained in the evidence based practice TFCBT.

The MHCM will provide case management including after-care services for mentally ill and emotionally disturbed clients on an out-patient bases. They will collaborate with inter-disciplinary health treatment teams to plan treatment strategy and perform related work as assigned.

Subaward #:

The MHCM will have knowledge of the following: principles and methods of mental health case management, particularly as related to assessment of on-going client needs; techniques for dealing with disturbed children and their families; basic medical and psychiatric terminology; community resources and service agencies; psychotropic medications and their side effects; standard medical recordkeeping, including client charting and the processing and maintenance of required documentation; standard office administrative practices and procedures; and basic principles of training and instruction.

The MHC and MHCM chosen to fill these positions will have demonstrated good relationships with and understanding of the unique culture of Tribal families.

All staff hired by the grant, including volunteers, will be required to pass criminal and Department of Motor Vehicles background checks.

## Objective 1: Provide Psychotherapy Services

The estimated number of child victims provided psychotherapy services is thirty (30). The child victims will be provided culturally responsive services as described above.

## Objective 2: Provide Assistance with Crime Victim Witness Compensation Services

The estimated number of child abuse victims provided information on crime victim compensation services, and/or referred to the local Victim Witness Assistance Center is one hundred (100). The volunteers will work with the MHCM to assist the client in applying for Victim Witness Compensation Services. The volunteers will work with the District Attorney's Victim Witness Program to coordinate with local family resource centers and other community organizations to educate their staff on Victim Witness and provide outreach to the community.

## **Objective 3: Provide Assistance with Participating in Criminal Justice Proceeding**

### Subrecipient: County of Humboldt

#### Subaward #:

The estimated number of child victims provided information, and/or referred to the local Victim Witness Assistance Center, for assistance in helping the child to understand and prepare to attend criminal justice proceedings is thirty (30). The MHCM will work with the family to be sure they are aware of all upcoming court dates and will use the 4X4 vehicle to drive them to and from the court and other legal appointments as needed. The volunteer will assist the family in completing the application process and providing transportation to Victim Witness offices and other services, including, but not limited to, North Coast Rape Crisis, Humboldt Domestic Violence Services, Tribal Courts, and CalWORKs.

## **Objective 4: Use of Volunteers**

The estimated number of Full Time Equivalency (FTE) of the volunteers who assist in the execution of the project is two (2). The estimated number of volunteers who have completed the required 40-hour training is one (1). A second full-time volunteer will be selected and trained in the second year of the grant. Additional volunteers from the Tribal community will be used as needed and as available. These volunteers will provide outreach to the community concerning Victim Witness. They will work on building relationships in the community and between service providers.

## 3. Capabilities:

Humboldt County Department of Health and Human Services (DHHS) has enhanced administrative and program support structures since the inception of DHHS Integrated Services Initiative in 1999. Support structures include an integrated Financial Services department that maintains accounting principles in compliance with Federal Office of Management and Budget (OMB) guidelines. DHHS- Mental Health submits annual cost reports to Centers for Medicare and Medicaid Services (CMS), Department of Healthcare Services (DHCS), CA Department of Alcohol and Drug Programs, and Federal Block grants. In addition, an independent audit of

Subrecipient: County of	Hur	mboldt	
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Subaward #:

County financial statements is conducted and reported annually. There have been no audit exception findings in C&FS grants.

Humboldt County DHHS C&FS has received two major grants from the Federal Government in the past five years: SAMHSA System of Care (SOC) Implementation Grant (\$3,000,000.00 over three years) and California Partners for Permanency (CAPP) Grant (Humboldt County's share was \$1,7000,000.00 over five years). Over the course of these two grants, C&FS has complied with all grant guidelines and provided all requested reporting and budgets in a timely manner.

The purpose of the SOC Implementation Grant is to develop and expand systems of care for children and youth with serious emotional disturbances and their families. Much work has been done to improve community infrastructure and mental health services for children and families.

The purpose of the CAPP Grant is to address and improve the disproportionality of Native American children in the Child Welfare System. It has required work in relationship building with the Tribal communities and changing the way the DHHS system interacts with Native American families and service providers.

Since 1999, Humboldt County has strived to maximize its resources, both fiscal and staffing, towards the integration of state department programs and initiatives, to better serve children, families, transition age youth, adults and older adults in the context of their community and culture in a holistic manner.

Towards this goal of integration of siloed parallel programs and state initiatives (e.g. Mental Health Services Act/Child Welfare Improvement Projects), Humboldt County has worked across departments and with communities and other stakeholders to eliminate or reduce barriers that despite the state's intent, may result in less than optimal care and costs related to these overlapping and vulnerable populations.

#### Attacnment 1

Subrecipient: County of Humboldt

Subaward #:

Over the past decade, Humboldt County Department of Health and Human Services has demonstrated that through its integrated health and human services delivery structures and processes significantly higher quality, more effective, less costly, holistic and outcome based practices can be planned, funded and implemented.

Both of the SOC and CAPP grants required the county to partner with governmental, non-profit, and community based organizations. The SOC grant has resulted in the formation of Humboldt BRIDGES, a group of governmental, non-profit, community based organizations, Tribal organizations, and community members working to improve the provision of mental health services to children and families in Humboldt County. Although the CAPP grant is ending this year, the CAPP Advisory Group, which includes Tribal members, community based organizations, and C&FS staff, will continue meeting to discuss current county initiatives effecting Tribal families.

A Memorandum of Understanding (MOU) currently exists between the County of Humboldt District Attorney, Child Welfare Services, the DA Victims Witness Office, Mental Health, Children and Adults Learning to Mend (a rape crisis center), medical professionals and law enforcement for the Child Abuse Services Team (CAST). The purpose of CAST is to conduct comprehensive interviews of children and cognitively delayed adults when there is suspicion of sexual or physical abuse. CAST interviews may also be used to interview witnesses of violent crimes (assault and domestic violence) and are sometimes used when there are allegations of neglect (drug endangered children). CAST interviews are video recorded, providing high quality evidence of victim disclosure. A main focus of CAST is to gather evidence and reduce the number of times a victim may have to discuss traumatic events.

Humboldt County Children & Family Services has provided therapeutic services to child victims since its inception. The Foster Care Behavioral Health Unit was formed more than a decade ago

Subrecipient: County of Humboldt

Subaward #:

to focus on providing mental health services to children in foster care. It has been co-located with Child Welfare Services social workers for the last eight years.

Humboldt County Children & Family Services has implemented Humboldt BRIDGES, which was applauded by the SAMHSA Site Visit Review team. The CAPP Practice Model, which was implemented in Child Welfare Services, was so successful that it has since been expanded to the Humboldt Practice Model, which will be implemented throughout all of DHHS Social Services. Both grants required systematic change in the way services are provided to clients, and did not involve direct services to clients.

This is Humboldt County Children & Family Services' first application for a victim services focused grant program.

EDMUND G. BROWN JR. GOVERNOR



June 17, 2016

Mark Lovelace, Chair, Board of Supervisors Humboldt County 825 Fifth Street, First Floor Eureka, CA 95501

RECEIVED 30ARD OF SUPERVISOF

MM JUN 2 4 2016 7181911011112111213141516

Subject: NOTIFICATION OF APPLICATION APPROVAL Child Abuse Treatment Program Subaward #: XT15 01 0120, Cal OES ID: 023-00000

Dear Mr. Lovelace:

Congratulations! The California Governor's Office of Emergency Services (Cal OES) has approved your application in the amount of \$350,000, subject to Budget approval. A copy of your approved subaward is enclosed for your records.

Cal OES will make every effort to process payment requests within 45 days of receipt.

This subaward is subject to the Cal OES Subrecipient Handbook. You are encouraged to read and familiarize yourself with the Cal OES Subrecipient Handbook, which can be viewed on Cal OES website at www.caloes.ca.gov.

Any funds received in excess of current needs, approved amounts, or those found owed as a result of a close-out or audit, must be refunded to the State within 30 days upon receipt of an invoice from Cal OES.

Should you have questions on your subaward please contact your Program Specialist.

VSPS Grants Processing

Enclosure

c: Subrecipient's file

3650 SCHRIEVER AVENUE • MATHER, CALIFORNIA 95655 VICTIM SERVICES & PUBLIC SAFETY BRANCH TELEPHONE: (916) 845-8301 • FAX: (916) 636-3770 MARK S. GHILARDUCCI DIRECTOR

## BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT, STATE OF CALIFORNIA

Certified copy of portion of proceedings, Meeting of October 11, 2016

## **RESOLUTION NO. 16-118**

## RESOLUTION OF THE HUMBOLDT COUNTY BOARD OF SUPERVISORS RATIFING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES GRANT SUBAWARD SUBMISSION FOR THE CHILD ABUSE TREATMENT (XT) PROGRAM

**WHEREAS**, the Humboldt County Department of Health and Human Services, Children and Family Services desires to undertake a certain project designated Child Abuse Treatment (XT) Program to be funded in part from funds made available through the Governor's Office of Emergency Services referred to as Cal DBS.

## NOW, THEREFORE, BE IT RESOLVED AS FOLLOW:

- 1. That the Deputy Director of Children and Family Services is authorized on its behalf to submit the attached Application for the Child Abuse Treatment (XT) Program grant and is authorized to execute on behalf of Health and Human Services the attached Cal OES Grant Subaward including any extensions or amendments thereof.
- 2. That the applicant agrees to provide all matching funds required for said project (including any extension or amendment thereof) under the rules and regulations of Cal OES.
- 3. That grant funds received hereunder shall not be used to supplant expenditure controlled by this body.

Dated: October 11, 2016

Muchhank

MARK LOVELACE, Chair Humboldt County Board of Supervisors

Adopted on motion by Supervisor Fennell, seconded by Supervisor Bass, and the following vote:

AYES: Supervisors Sundberg, Fennell, Lovelace, Bohn, Bass

- NAYS: Supervisors --ABSENT: Supervisors --
- ABSTAIN: Supervisors --

STATE OF CALIFORNIA ) County of Humboldt )

I, KATHY HAYES, Clerk of the Board of Supervisors, County of Humboldt, State of California, do hereby certify the foregoing to be an original made in the above-entitled matter by said Board of Supervisors at a meeting held in Eureka, California.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of said Board of Supervisors.

0

By ANA HARTWELL Deputy Clerk of the Board of Supervisors of the County of Humboldt, State of California

# HUMBOLDT COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES Mental Health fund

# Mental Health Administration

# Supplemental Budget

2016-17			
Budget Unit	Line item		Amount
1170-424	525-030	\$	175,000
1170-424	1100	\$	106,260
1170-424	1450	\$	319
1170-424	1470	\$	17,880
1170-424	1471	\$	70
1170-424	1472	\$	1,470
1170-424	1500	\$	22,832
1170-424	1600	\$	8,129
1170-424	2106	\$	1,440
1170-424	2117	\$	3,250
1170-424	2125	\$	9,300
1170-424	2148		850
1170-424	2317	\$	3,200
	Budget Unit 1170-424 1170-424 1170-424 1170-424 1170-424 1170-424 1170-424 1170-424 1170-424 1170-424 1170-424 1170-424 1170-424	Budget UnitLine item1170-424525-0301170-42411001170-42414501170-42414701170-42414711170-42414721170-42414721170-42415001170-42416001170-42421061170-42421171170-42421251170-4242148	Budget Unit Line item   1170-424 525-030 \$   1170-424 1100 \$   1170-424 1450 \$   1170-424 1470 \$   1170-424 1470 \$   1170-424 1471 \$   1170-424 1472 \$   1170-424 1472 \$   1170-424 1600 \$   1170-424 2106 \$   1170-424 2117 \$   1170-424 2125 \$   1170-424 2148 \$

# CLASSIFICATION REVIEW REQUEST

This form is intended for use in routine audits such as requests for additional allocated positions to existing job classifications. Please send the completed form and an organizational chart showing new positions to Personnel prior to the effective date of the new allocation. This form is to be submitted two-sided.

NOTE: This form should not be used for audits of existing positions or new job classifications.
Department: <u>JHHS</u> Date: <u>9/27/16</u>
Division/Unit/Location of new position: Eastern Hunbdot - Children's Augual Hearty
Name of contact person: Jet DeKruse
Position status (check one) Regular Grant Other
If position is in a new grant or program, explain the general purpose or function of the program:
Provide Clinical Services to Children that have been
Victors of Crime in Eastern Humboldt.
Anticipated start date: KSAP Duration of grant: 24 Months
FTE of new position: <u>1.°</u> Budget unit: <u>424</u>
Name and title of person supervising this position: Karla Howe
Name and title of anyone currently in your department performing the same or similar duties: <u>Candace Campbell</u> in here role <u>GS_MH</u> <u>Clinician</u> <u>TT</u> Please list the primary duties of this position on the reverse side.
PERSONNEL USE ONLY
RECOMMENDATION: Mental Health Clinsclan DATE: 9/27/16
NAME OF ANALYST: Ron Halverson Int
Personnel notes: Based upon the information provided on
this Form and my discussion with fronne winter,
Human Resources recommends that the appropriate
classification for this position is Mental Health
Clinician I/II ( class 0909, salary vange 418/448).
You will need to prepare a report to the Board
You will need to prepare a report to the Board with the following recommendation: " That the
Board of Supervisors approve the allocation

List the primary duties of the proposed position: Surves Provide Chinical individual group counseling with family and Collad Community supports 10 Planning, assessme freatment , Cace Plans Indicate any required licenses: May need because equivalent to MH Clinicism II Add any additional information, which might be useful for this review: Mary have at the MHI tot or MH Charles II level. Department head signature Check Date PERSONNEL USE ONLY of one I.O FIE Mental Health Clinician I ( class 0909, salary range 41 448) positi budget unit Please ina form with 2 COPU 01 + to the Board. YOUR repor

# CLASSIFICATION REVIEW REQUEST

This form is intended for use in routine audits such as requests for additional allocated positions to existing job classifications. Please send the completed form and an organizational chart showing new positions to Personnel prior to the effective date of the new allocation. This form is to be submitted two-sided.

NOTE: This form should not be used for audits of existing positions or new job classifications.
Department: D + + + 5 Date: 9 / 27 / 16
Division/Unit/Location of new position: Eastern Humbeldt - Chaldrens Mental Healty
Name of contact person: Jef Dekruse
Position status (check one) Regular Grant C Other
If position is in a new grant or program, explain the general purpose or function of the program:
Provide Case Management and Linkages to children
who have been victors of crime in Eastern Hymboldt
Anticipated start date: A3A0 Duration of grant: 24 Months
FTE of new position:Budget unit:
Name and title of person supervising this position: Rachel Davis Packer
Name and title of anyone currently in your department performing the same or similar duties: <u>K</u> <u>Durhan</u> Please list the primary duties of this position on the reverse side.
PERSONNEL USE ONLY
RECOMMENDATION: Mental Health Case DATE: 9/27/16
NAME OF ANALYST: Ron Holverson
Personnel notes: Based upon the information provided
on this form and my conversition with
Yronne Winter, Human Resources recommends
the appropriate classification for this position
is Mental Health Case Manager I (class 0907, salary range 350). You will need to prepare
salary range 350). You will need to prepare
a report to the Board with the Following
a report to the Board with the Following recommendation: "That the Board of Supervisors

List the primary duties of the proposed position: · Lihab activities transportation to appoint mer rassist in accessing need Commin by Survero · Support rourt proceedings 10 Indicate any required licenses: Add any additional information, which might be useful for this review: Department head signature C. Berk by (Ab)in PERSONNEL USE ONLY 2 perove the allocation of one 1.0 FTE Mental Health Case Manager I (class 0907. salar vange 350) position, in bue unit V 2 copy of this form with to the Board