



**Humboldt County
Department of Health and Human Services
Mental Health Branch**

Mental Health Services Act Innovation Plan

April 2010

EXHIBIT A

INNOVATION WORK PLAN
COUNTY CERTIFICATION

County Name: Humboldt

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this Innovation Work Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and Title 9, California Code of Regulations (CCR), Section 3410, Non-Supplant.

This Work Plan has been developed with the participation of stakeholders, in accordance with Title 9, CCR Sections 3300, 3310(d) and 3315(a). The draft Work Plan was circulated for 30 days to stakeholders for review and comment and a public hearing was held by the local mental health board or commission. All input has been considered with adjustments made, as appropriate. Any Work Plan requiring participation from individuals has been designed for voluntary participation therefore all participation by individuals in the proposed Work Plan is voluntary, pursuant to Title 9, CCR, Section 3400 (b)(2).

All documents in the attached Work Plan are true and correct.

Karolyn Rim Stein 3/16/10 MHB Director
Signature (Local Mental Health Director/Designee) Date Title

INNOVATION WORK PLAN

Description of Community Program Planning and Local Review Processes

County Name: Humboldt
Work Plan Name: Adaptation to Peer Transition Age Youth (TAY) Support

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this Annual Update.

1. Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. It shall include the methods for obtaining stakeholder input. (suggested length – one-half page)

Methods for obtaining stakeholder input occur in a diversity of ways that include but are not limited to:

- Humboldt County Department of Health & Human Services sponsored Innovation education and planning meetings. These are widely advertised meetings inviting people to gather to discuss Innovation.
- Humboldt County Department of Health & Human Services participation in community meetings where Mental Health Services Act education and planning are discussed. These are meetings already occurring in the community where a county staff person attends and requests that Mental Health Services Act planning be on the agenda for a specific meeting to focus on Innovation education and input. These are often meetings sponsored by local community-based organizations and associations that represent and/or serve diverse stakeholders. This dramatically increases the number and diversity of individuals providing input.

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

- Input sent to the Mental Health Services Act email address, left on the Mental Health Services Act voice mail, left in a Mental Health Services Act comment box, written on comment forms at stakeholder meetings. This ensures stakeholders anonymity and input methods that stakeholders are most comfortable with at a time that is most convenient.

Development of this Innovation Plan included but was not limited to:

- The Humboldt County Innovation Community Planning Process benefitted from an early introduction to the essence of Innovation starting in 2006. A Humboldt County community member participated on the Innovation Resources Committee to the Mental Health Services Oversight and Accountability Commission and gave periodic updates on the committees progress including a review of the resulting *Innovation Resource Paper* dated November 19th, 2007.
- The development of educational materials to inform stakeholders on Innovation and ensure understanding of Innovation Guidelines including the focus on learning and developing new mental health approaches. (See Attachment A for an example handout)
- The Innovation planning process was built upon knowledge gained from ongoing input activities and Local Review processes. While conducting planning for previous components of the Mental Health Services Act, Innovation education and input discussions occurred. Input that led to this Innovation plan was captured, recorded, and analyzed during stakeholder processes including but not limited to:
 - Humboldt County Transition Age Youth Collaboration Recommendations
 - MHSA Capital Facilities and Information Technology Needs Planning Process
 - Superior Region WET Partnership
 - MHSA Workforce Education and Training Planning Process
 - MHSA Fiscal Year 2009/2010 Update
 - Prevention and Early Intervention Planning Process
 - Community Services and Supports Fiscal Year 2008/2009 Update
 - Community Services and Supports Expansion Plan
 - Community Services and Supports One-Time Augmentation Plan
 - Community Services and Supports FY05/06 Remaining Funds Plan
 - 2007 Community Services and Supports Progress Report
 - 2006 Community Services and Supports Progress Report
 - Community Services and Supports implementation activities
 - The initial Community Services and Supports planning process
- Analyzed input from the above processes became the basis for stakeholder discussions leading to the selection of the Innovation purpose and prioritization of the learning goal. Stakeholder decision making discussions included but were not limited to:
 - Hope Center
 - Mental Health Board
 - Prevention and Early Intervention Stigma and Discrimination Reduction Committee

- Prevention and Early Intervention Transition Age Youth Partnership Committee
 - Mental Health Branch Staff Brown Bag Lunch. (See Attachment B for an example flyer)
 - Department of Health and Human Services Project Leadership Team
 - Mental Health Branch Leadership Team
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- Once the Innovation purpose was identified and the learning goal was prioritized, further stakeholder participation and decision making led to the development of the Innovation Draft Plan presented for Public Comment. They included but were not limited to staff and participants from:
 - Humboldt County Transition Age Youth Collaboration
 - Children Youth and Family Services
 - Independent Living Skills
 - Hope Center, Peer Support Specialists
 - Full Service Partnership Peer Support Specialists

2. Identify the stakeholder entities involved in the Community Program Planning Process.

Stakeholder entities involved in the Community Planning Process included, but were not limited to:

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

Participants reflect the diversity of Humboldt County including clients and family members, current and former foster youth, transition age youth, Department of Health and Human Services administration, providers with program and line staff experience, community-based and organizational providers of local public health, behavioral health, social services, vocational rehabilitation services, and agencies that serve and/or represent unserved, underserved, Native American, and rural communities.

3. List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

There was a 30-day Public Comment period from

February 1, 2010 through March 2, 2010

There was a Public Hearing on

Date: March 3, 2010

Time: 12:00 – 1:00 pm

Place: Humboldt County Department of Health and Human Services
Rainbow Room, 720 Wood Street, Eureka, Ca 95501

See attached copy of the Mental Health Board Public Hearing Agenda and attendance sheet (Attachment C).

Copies of the MHSA Innovation Plan were made available to all stakeholders through the following methods:

- Electronic format: the Humboldt County Department of Health and Human Services, Mental Health Branch, Mental Health Services Act website: <http://co.humboldt.ca.us/hhs/mh/mhsa.asp> (Attachment D)
- Print format: Humboldt County Department of Health and Human Services (DHHS) Professional Building, 507 F Street, Eureka Ca, 95501; DHHS Mental Health Branch, 720 Wood Street, Eureka Ca, 95501; DHHS Children Youth and Family Services 1711 3rd Street Eureka Ca, 95501; and The Hope Center 2933 H Street Eureka Ca, 95501
- Flyers were mailed to over 30 locations around the county, including public libraries, health care clinics, tribes, and senior centers
- Flyers were e-mailed to recipients on more than 10 local e-mail distribution lists including family/community resource centers, organizational providers, and Latino Net
- Plans were e-mailed or mailed to all persons who requested a copy
- An informational flyer was sent to stakeholders regarding the Plan's availability, including where to obtain it, where to make comments, and where/when the public hearing would be held (Attachment E)

Exhibit B

- Advertisements were placed in the local newspaper February 20th and 27th with the Plan's availability, including where to obtain it, where to make comments, and where/when the public hearing would be held (Attachment F)
- The Mental Health Branch Director and the Mental Health Services Act Coordinator announced to Department of Health and Human Services staff, community-based organizations and partner agencies in various meetings the Plan's availability including where to obtain it, where to make comments, and where/when the public hearing would be held.

During the public review period, comments from stakeholders were received in a variety of ways, including e-mail, public input meetings, comment boxes, phone calls, and at the public hearing.

A number of the comments received were outside of the scope of Mental Health Services Act Innovation planning and not substantive to this Plan. However, they are relevant and important to services provided in the community. All comments were carefully documented and used to inform planning and implementation of programs and activities throughout the Humboldt County Department of Health and Human Services.

The need to clarify the chronology of the Community Planning Process and the adaptation to mental health peer support was recommended in the comments and resulted in additional language to those sections.

Innovation Work Plan Narrative

Date: 2/01/10

County: Humboldt

Work Plan #: 1

Work Plan Name: Adaptation to Peer Transition Age Youth (TAY) Support

Purpose of Proposed Innovation Project (check all that apply)

- INCREASE ACCESS TO UNDERSERVED GROUPS
- INCREASE THE QUALITY OF SERVICES, INCLUDING BETTER OUTCOMES
- PROMOTE INTERAGENCY COLLABORATION
- INCREASE ACCESS TO SERVICES

Briefly explain the reason for selecting the above purpose(s).

While this Innovation Project will increase access to services and promote interagency collaboration, the Community Planning Process clearly identified the need to improve the quality of services, including better outcomes, for older transition age youth who are severely mentally ill, as the essential purpose.

The idea for this project was formulated through a series of stakeholder processes. When the question was posed “What is necessary to increase the quality of services, including better outcomes for older transition age youth who are severely mentally ill?” The following input characterized the resulting recommendations:

“Develop a continuum of inpatient and aftercare mental health services to help youth transition from services through providing independent living support and training assistance in finding housing and employment and support and encouragement.”

“Address issues around . . . good staff consistency and retention so youth have the opportunity to build a trusting relationship”

“Work with Humboldt County Transition Age Youth Collaboration . . . to develop and deliver training for mental health providers . . .”

Humboldt County Transition Age Youth policy recommendations 2009

These recommendations then led to the Planning Process identification of an adapted peer support model.

Then a learning goal was prioritized that will contribute to learning, and if successful improve mental health practice. This essential goal is to learn if and how adaptations to peer support services increase outcomes for older transition age youth with severe mental illness.

While peer support provided to clients through the Mental Health Branch is a known benefit to clients of mental health services, what is yet known is the effectiveness of peer support when it is adapted to leverage peer support activities provided through the Social Services Branch to transition age youth including current or former foster youth.

Innovation Work Plan Narrative

Project Description

Describe the Innovation, the issue it addresses and the expected outcome, i.e. how the Innovation project may create positive change. Include a statement of how the Innovation project supports and is consistent with the General Standards identified in the MHSA and Title 9, CCR, section 3320. (suggested length - one page)

This Innovation Project is an adaptation to mental health peer support. The adaptation to mental health peer support is the integration with social service peer support. This Project will address the issue of improving outcomes for older transition age youth with severe mental illness. If successful this adapted peer support will facilitate the provision of improved service delivery and create positive changes such as decreased hospitalization, decreased psychiatric emergency visits, decreased incarceration, and increased success of self defined recovery goals in areas such as housing, education, vocation, and relationship permanency.

This adaptation of peer support will attempt to maximize effective resources through the on-going integration efforts of the Humboldt County Mental Health, Social Services, and Public Health Branches.

To ensure the most effective use of resources, avoid duplication of effort, and maximize the leveraging of ongoing efforts and community strengths, this Innovation Project was developed with careful consideration of the common goals of other Humboldt County Department of Health and Human Services initiatives and using the transformation strategies and vision that have guided planning and service delivery in Humboldt County for more than a decade.

It is helpful to the understanding of this Project's development to be aware of some of the background of Humboldt County Department of Health and Human Services.

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

- Establishing consolidated administrative support infrastructure(s);
- Establishing consolidated program support infrastructures(s);
- Developing governmental "rapid cycle" change management processes;
- Importing or developing Evidence Based Practices and other outcome based approaches to services;
- Developing integrated, co-located and decentralized services concurrently;

- Establishing client and cultural inclusion structures/processes that will advise the Department in terms of policy and programming;
- Focusing on quality improvement and systems accountability in terms of outcomes linked to improved individual and family recovery and self sufficiency, as well as improved community health;
- Using a “3 x 5” approach to program design which spans:

Three Service Strategies

Universal
 Selective
 Indicated

Five Target Populations

Children, Youth and Families
 Transition Age Youth
 Adults
 Older Adults
 Community

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

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

This Innovation Project, the adaptation of mental health peer support, will benefit from this larger department wide transformation effort.

Adaptations to peer support will include but not be limited to the following Humboldt County Initiatives:

- Humboldt County Transition Age Youth Collaboration
- MHSa Prevention and Early Intervention Transition Age Youth Partnership Project
- Humboldt County Foster Care Expansion Initiative
- Humboldt County California Connected by 25 Initiative
- Humboldt County Ten Year Plan to End Homelessness
- MHSa Community Services and Supports Comprehensive Community Treatment Full Service Partnership
- MHSa Workforce Education and Training Support to Peer Volunteers and Staff

The **Humboldt County Transition Age Youth Collaboration** is bringing together organizations and individuals to improve the services youth receive as they transition into adulthood and become independent. Demonstrating a commitment to serve youth in the best possible ways, Humboldt County began a five year process in 2008 to increase transition age youth input and genuine engagement in systems delivery and

improvement. By using the skills and expertise gained through experience, they find ways to make the systems of care for transition age youth better and more responsive to young people's needs and feedback. Their offices are located at the Social Services Branch – Independent Living Skills program building. Areas of focus for systems improvement include: foster care, mental health, homelessness, alcohol and drug abuse, transitional housing, employment services, and any other services transition age youth use.

Humboldt County Department of Health and Human Services is engaged in an ongoing, department-wide coordinated effort with statewide community-based groups that advocate for the unique needs of transition age youth. Youth in Mind (YIM), California Youth Connection (CYC), and Youth Offering Unique Tangible Help (Y.O.U.T.H.) are currently involved.

Humboldt County Transition Age Youth Collaboration activities include in part:

- Development of 10 digital stories from Humboldt County youth who have experienced the foster care, mental health and other systems. Those stories have been utilized in trainings and for departmental staff development
- Recruitment and hiring of a team of Humboldt County Youth Advisory Board members to serve on the workgroup
- Development of a countywide youth leadership program to support and prepare youth for strong youth engagement throughout Humboldt County Department of Health and Human Services
- Development of ongoing mechanisms for youth concerns and recommendations to be incorporated into various county initiatives such as foster care, mental health, and housing
- Policy recommendations have been developed and delivered to DHHS for the Children's Center, Sempervirens, Crisis Hotline and Psychiatric Emergency Services
- Created ongoing opportunities for youth to exercise their leadership and expand their learning through conference presentations and participation
- Development of a qualitative evaluation mechanism to track the collaboration's success in initiating systems change in Humboldt County.

The **Mental Health Services Act Prevention and Early Intervention Transition Age Youth Partnership Project** was developed through the Community Planning Process and identified transition age youth, particularly those who have experienced foster care, as an unserved and/or underserved priority population for our community. The goals for this population include reducing psychiatric hospitalization, psychiatric emergency services, incarceration, suicide attempts and substance abuse, while increasing their ability to succeed in school and employment, define their own recovery, and participate fully with their families and in their community.

This project enhances and supports peer-to-peer activities such as peer counseling, peer support groups, peer mentors, peer support specialists, and peer educators. Education, training and outreach in partnership with the Prevention and Early

Intervention Projects, Stigma and Discrimination Reduction and Suicide Prevention, utilizes a universal approach that will provide education and training throughout Humboldt County about the early identification of indicators for transition age youth who are at risk of or experiencing the onset of serious psychiatric illness, the importance of family and community in supporting mental health wellness and recovery, and ways to access behavioral health services within local communities.

This project is an approach that is youth-driven and congruent with youth culture. Transition age youth participants will experience opportunities for community engagement, leadership and meaningful and caring relationships with peers and adults. These protect against risk factors of serious mental illness by promoting development of relevant personal and interpersonal skills, healthy personal attitudes and behaviors toward violence prevention, academic completion and minimization of the use of drugs, tobacco and alcohol.

The goal of the **Humboldt County Foster Care Expansion Initiative** is to provide prevention, early intervention, and the least restrictive placement setting through integrated and holistic service provision. Initiative objectives for every foster youth include but are not limited to: care needs assessed for behavioral and physical health services, services provided through an integrated service team approach, permanent connections ensured for all youth transitioning out of foster care, and shared and independent housing resources for emancipating youth.

With an emphasis on a team approach and including youth voice in program development, treatment planning, and service provision, expansion partners include Mental Health Branch - Children Youth and Family Services, Public Health Branch-Foster Care Nursing, Social Services Branch-Child Welfare Services, and Humboldt County Transition Age Youth Collaborative.

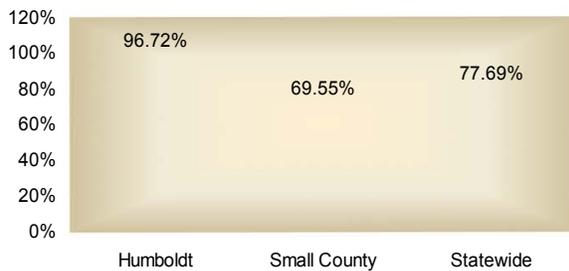
Of the foster youth assessed in Humboldt County, nearly 80% experience serious emotional disturbance. When a foster youth is assessed to need behavioral health services, services are provided through an integrated team approach comprised of DHHS services and when appropriate, partners such as Probation, Education, or Family Resource Centers and may include but are not limited to services and approaches such as:

- Home and field field-based services
- Customized client-driven service packages, including case management brokerage and rehabilitation services
- Support for caregivers
- Individual, group and/or family counseling
- Therapeutic Behavioral Services
- Wraparound services
- Medication evaluation and support services
- Referrals to evidence-based practices
- Functional Family Treatment

- Parent Child Interaction Therapy
- Aggression Replacement Therapy
- Humboldt County Transition Age Youth Collaboration
- Family Intervention Team
- Family Finding Humboldt Offers Permanency for Everyone
- Team Decision Making
- Differential Response
- Independent Living Services
- Children’s Shelter
- Multiple Assistance Center

The following graphs reflect Humboldt County’s commitment to increasing access to Medi-Cal mental health services for transition age youth in foster care.

Medi-Cal Mental Health Penetration Rate for Transition Age Youth in Foster Care (Ages 16-25) Calendar Year 2008



Source: APS Healthcare, 2009

Humboldt had 16% and 24% more approved claims for Medi-Cal mental health services than the statewide or small county average, respectively.

Medi-Cal Mental Health Approved Claims for TAY Foster Youth (Ages 16-25) Calendar Year 2008



Source: APS Healthcare, 2009

Humboldt County served 20% more of the TAY foster care population than the statewide average and 28% more than the small counties average.

The **Humboldt County California Connected by 25 Initiative** is a youth transitions initiative for the expansion of job training, employment services, and enhanced Independent Living Skills Program services in Humboldt County’s DHHS Social Services Branch. The purpose is to ensure that former foster youth receive the same support that children receive from their families when they transition to adulthood by providing an integrated comprehensive continuum of services supporting positive development. Activities include but are not limited to:

- Increasing the percentage of youth who have graduated and who pass the California High School Exit Exam
- Working with the Employment Development Department to co-locate the Youth Employment Opportunity Program and Workforce Investment Act with the Independent Living Skills Program

- Engaging homeless former foster youth to participate in educational, job training, and employment activities
- Increasing housing opportunities
- Partnering with College of the Redwoods and Humboldt State University to identify ways to promote and continue the year round dormitory housing program and the Fostering Educational Dreams Luncheon
- Identifying and engaging homeless former foster youth to participate in transitional housing programs
- Providing Humboldt Offers Permanency for Everyone, a family search and engagement project
- Providing a Multi Disciplinary Team for youth transitioning with a developmental disability, mental health issues, and after care supports, by mapping resources available to youth with special needs.

The **Humboldt County Ten Year Plan to End Homelessness** provides a conceptual framework for reducing and preventing homelessness among Humboldt County residents with specific focus on initial target populations including chronically homeless adults and older adults with severe mental illness and/or with co-occurring substance abuse disorders, foster youth aging out of Humboldt County's Foster Care System, and Humboldt County transitional age youth with serious emotional disorders. The purpose of the Plan is to identify, develop and maintain, in cooperation with cities, private nonprofits and other community stakeholders, sustainable projects that are consistent with the values of each community, and to improve Humboldt County's homeless residents' access to services and housing in the communities where they live.

Core operating principles in the Plan include developing decentralized service approaches, shared fiscal and program support approaches, sustainability strategies and outcome-driven approaches with specific focus on the importance of accurate data collection, ongoing maintenance of programs and services, and existing and potential funding sources.

The **Community Services and Supports Comprehensive Community Treatment Full Service Partnership** team provides intensive community services and supports (e.g.: housing, medical, educational, social, vocational, rehabilitative, or other needed community services) as defined by the partner to achieve recovery. Personal Services Coordinators, including peer clients and peer family members whenever possible, provide services to partners. Comprehensive Community Treatment program objectives are to work with individuals with severe mental illness to:

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

The chart below illustrates an increase in the number of transition age youth served by the Comprehensive Community Treatment program since July 2008.



The **Mental Health Services Act Workforce Education and Training Support to Peer Volunteers and Staff** addresses the need, identified in the stakeholder process, to increase participation of individuals with experience in the public mental health system in mental health service delivery, specifically clients and family members of clients, transition age youth with experience in foster care, and clients of CalWorks and HumWorks.

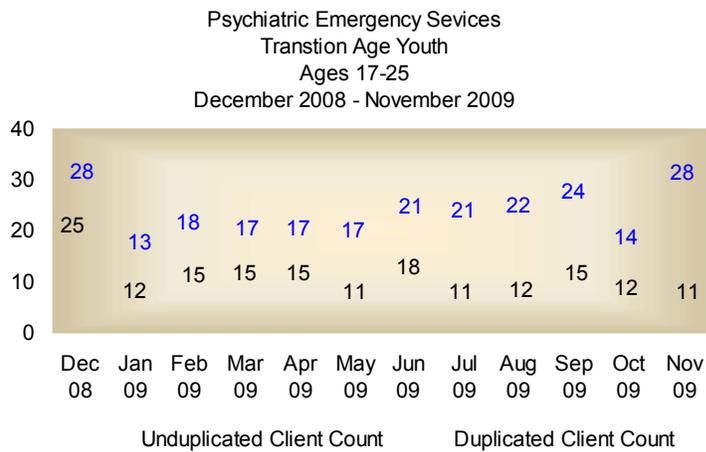
Training Support to Peer Volunteers and Staff provides transitional support to those volunteers seeking regular employment in public mental health services, provides educational and vocational support to new hires, and increase the awareness of staff about the value of working with peer clients and peer family members.

Referrals for the clients who participate in this project will come from multiple sources such as:

- Providers of the full service partnership Comprehensive Community Treatment services
- Outreach workers in the Community Services and Supports Rural Outreach Services Enterprise
- Peer Support Specialists at the Community Services and Supports client-run Hope Center
- Humboldt County Probation Department
- Youth Advocates from the Humboldt County Transition Age Youth Collaboration
- Children, Youth and Families Services clinic

Clients who participate in this project will be between the ages of 21 and 25 years old who have a serious mental illness and have experienced at least one hospitalization and/or psychiatric emergency visit and/or a placement at a restrictive level of care, including incarceration, in the last two years.

There was an average of 14 transition age youth between the ages of 17 and 25 years old per month who made an average of 20 visits per month from December 2008 through November 2009 at Humboldt County's Psychiatric Emergency Services. Unduplicated Count is the number of individual clients and Duplicated Count is the number of visits. For example, 11 individual clients made 28 visits in November 2009.



There was an average of 8 visits per month of individual transition age youth between the ages of 16 and 25 years old from December 2008 through November 2009 at Humboldt County's Sempervirens Hospital



Each client will be paired with a Peer Support Specialist. While no client is obligated, they will be encouraged to voluntarily participate in Mental Health Branch activities as well as other Department of Health and Human Services initiatives at the Social Services and Public Health Branches which may include but are not limited to:

- If the client is not in the full service partnership Comprehensive Community Treatment program, the Peer Support Specialists will meet periodically with the team providers and along with the client have access to the knowledge and resources of the full service partnership “what ever it takes” model.
- The Peer Support Specialists and clients will be full participants in the Prevention and Early Intervention Transition Age Youth Partnership Project and will benefit from peer-to-peer activities such as peer counseling, peer support groups, peer mentoring, peer support specialists, peer educators, the importance of self-defined family and community in supporting mental health wellness and recovery, and the ways to access services within local communities.
- The Peer Support Specialists will be identified and receive ongoing support and training through the Workforce Education and Training Support to Peer Volunteers and Staff to ensure they have the skills and resources necessary to be successful in the workplace.
- The Peer Support Specialists will be full participants with the Humboldt County Transition Aged Youth Collaboration. By collaborating with the community, using the experience and skills of statewide partner organizations and the expertise gained through experience by Humboldt County’s youth, the Peer Support Specialists will provide better and more responsive services based on the client’s self and when appropriate family-identified needs and feedback.
- The Peer Support Specialists will be familiar with the Humboldt County Foster Care Expansion Initiative, the Humboldt County California Connected by 25 Initiative, and the Humboldt County Ten Year Plan to End Homelessness. Clients will have access to and benefit from those approaches including but not limited to: educational support, job training, employment activities, and housing supports in a manner and setting that is most culturally appropriate for that client.

This Innovation Project will support the Mental Health Services Act General Standards.

Community Collaboration: by Initiating, supporting and expanding collaborations and linkages, especially connections with services not traditionally defined as a part of mental health care.

Cultural Competence: by reducing disparities in access to mental health services and improve outcomes. Examples may include recruiting Peer Support Specialists from

diverse backgrounds and assessing which approaches are most effective with diverse cultural and racial/ethnic groups.

Client Driven Mental Health System: by including the ongoing involvement of clients in roles such as, but not limited to, implementation, staffing, evaluation and dissemination

Family Driven Mental Health System: by including the ongoing involvement of family members in roles such as, but not limited to, implementation, staffing, evaluation and dissemination.

Wellness, Recovery and Resilience Focus: by increasing resilience and promoting recovery and wellness.

Integrated Service Experience: by providing access to a full range of services provided by multiple agencies, programs and funding sources for clients and family members.

Innovation Work Plan Narrative

Contribution to Learning

Describe how the Innovation project is expected to contribute to learning, including whether it introduces new mental health practices/approaches, changes existing ones, or introduces new applications or practices/approaches that have been successful in non-mental health contexts. (suggested length - one page)

This project provides Humboldt County Department of Health and Human Services with a unique opportunity to contribute to our knowledge about approaches that best serve our older transition age youth with severe mental illness.

The outcomes the County hopes to achieve will contribute to the essential learning of this project, which is to increase the quality of services including improving outcomes for this unique population.

Adaptations will be made to existing recovery-based peer support mental health services by integrating with social service peer support to learn if those changes better serve older transition age youth with severe mental illness.

We want to know if a youth with severe mental illness outcomes improve if that youth is paired with a Peer Support Specialist who fully participates in and is able to provide access to other Department of Health and Human Services initiatives in the Social Services Branch and the Public Health Branch that are youth-focused and youth-driven.

Specifically, we want to know if a youth with severe mental illness outcomes improve if they participate in activities that teach from an integrated human services perspective:

- peer counseling
- peer support groups
- peer mentors
- peer educators
- educational, vocational, and independent living skills development
- the importance of self-defined family and community in supporting mental health wellness and recovery
- and the ways to access culturally appropriate services within local communities

Innovation Work Plan Narrative

Timeline

Outline the timeframe within which the Innovation project will operate, including communicating results and lessons learned. Explain how the proposed timeframe will allow sufficient time for learning and will provide the opportunity to assess the feasibility of replication. (suggested length - one page)

Implementation/Completion Dates: May 2010 – June 2012
MM/YY – MM/YY

The timeline for this Project will allow for almost half of one year, which is sufficient time for an implementation team to be identified, develop implementation, evaluation, and outcome plans, and develop a description of job duties for the Peer Support Specialists. Once Peer Support Specialists are identified, trained, and initial clients identified there will be a full year of Project implementation. This should allow sufficient time to collect data that reflects the effectiveness of the Project. This will be followed by almost half of one year to analyze results and disseminate the findings.

May 2010 – June 2010

Identify project implementation team which will include but not be limited to people who represent clients, family members, transition age youth, mental health, public health, social services, and other stakeholder groups

Develop implementation plan

July 2010 – September 2010

Develop evaluation and outcome plan

Develop description of job duties for Peer Support Specialists participating in this Project

October 2010 – December 2010

Recruit and train Peer Support Specialists

Identify initial client participants

January 2011 – January 2012

Implement project and evaluation plan

February 2012 – April 2012

Analyze results of outcomes and develop reports

Identify members of project evaluation team which will include but not be limited to people who represent clients, family members, transition age youth, mental health, public health, social services, clients and Peer Support Specialists who participated in the project, and other stakeholder groups

Determine efficacy of project. Determine which elements to continue

Assess feasibility of replication of successful elements

Develop dissemination plan

May 2012 – June 2012

Results of this learning activity will be disseminated in various ways including but not limited to:

- Humboldt County Transition Age Youth Collaboration conference presentations
- DHHS participation at local and statewide conferences and presentations
- DHHS Trends Report
- DHHS Newsletter
- Mental Health Branch Data Book
- Mental Health Board presentations

Exhibit C

Innovation Work Plan Narrative

Project Measurement

Describe how the project will be reviewed and assessed and how the County will include the perspectives of stakeholders in the review and assessment.

The project will be reviewed and assessed by the project evaluation team which will include, but not be limited to clients, family members, transition age youth, mental health, public health, social services, clients and Peer Support Specialists who participated in the project, and other stakeholder groups. Humboldt County's unique Children and Families' Committee of its Mental Health Board, a partnership of community members and DHHS staff, potentially could be such a team.

The project evaluation team will review the results of the essential learning outcome the county hopes to achieve. The essential learning outcome of this project is to increase the quality of services including improving outcomes for this unique population. Positive outcomes may include, but are not limited to:

Increased

- residential stability
- educational goals
- vocational goals
- relationship permanency

Reduced

- psychiatric hospitalizations
- psychiatric emergency visits
- restrictive placement levels
- incarceration

Innovation Work Plan Narrative

Leveraging Resources (if applicable)

Provide a list of resources expected to be leveraged, if applicable.

Humboldt County Transition Age Youth Collaboration

MHSA Prevention and Early Intervention Transition Age Youth Partnership Project

Humboldt County Foster Care Expansion Initiative

Humboldt County California Connected by 25 Initiative

Humboldt County Ten Year Plan to End Homelessness

MHSA Community Services and Supports Comprehensive Community Treatment Full Service Partnership

MHSA Workforce Education and Training Support to Peer Volunteers and Staff

Humboldt County Department of Health and Human Services Integrated Services Unit

- Research and Evaluation Unit
- Office of Client and Cultural Diversity
- Training, Education And Supervision

Family Resource Centers

Client-run Hope Center

Adaptation to Peer Transition Age Youth (TAY) Support
--

	May - June, 2010	FY 2010-11	FY 2011-12	TOTAL
TOTAL STAFF EXPENSES	17,404	297,285	369,251	683,939
Consultant Costs	13,188	57,500	46,800	117,488
OFFICE Supplies	700	1,540	2,240	4,480
Computer	2,500	6,250	0	8,750
Local Mileage	0	8,513	11,350	19,863
Out of County training		4,572	4,572	9,144
Other Expenses (Itemize):				0
Clothing, food, hygiene		3,360	4,480	7,840
Client, family member transportation needs		3,953	5,270	9,223
Non-cash incentives		1,200	1,600	2,800
Translation services		431	575	1,006
Work Plan Management	3,379	38,460	44,614	86,453

REVENUES:

FFP reimbursement for billable services	0	-96,209	-178,166	-274,374
--	---	---------	----------	-----------------

Required MHSA Funding	37,171	326,854	312,586	676,612
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County Administration	3,717	32,685	31,259	67,661
10% Operating Reserve	4,089	35,954	34,384	74,427
Total MHSA Funds Required for Innovation	44,977	395,494	378,229	818,700

Exhibit C

Funding requests for this Innovation program include the following: Staffing, consultation, and peer support services, office supplies, mileage and per diem, and training and travel for FY 2009-10. Computer equipment and software will be non-recurring expenses. Client supports may include but are not limited to the following: clothing, food, hygiene. Client and family member services may include transportation needs, translation services, and non-cash incentives. Budget proposals by fiscal year for the duration of the program May 2010 through June 2012 are provided above.

Proposed full year staffing consists of the following:

Staffing:

- Peer Support Specialists 5.0 FTE – to pair with Innovation program client participants, collaborate with Mental Health Branch CCT program team, participate in peer-to-peer activities, and receive ongoing training and support provided through DHHS Workforce Education and Training Support to Peer Volunteers and Staff and professional training Consultants.
- Substance Abuse Counselor .50 FTE – to provide assessment, referral, treatment and care coordination for clients with substance abuse treatment issues.
- Administrative Analyst 0.75 FTE – to establish and train for the data flow process, provide quality assurance for data entry and management, and analyze the data within the parameters of county-required outcome measures.
- Project Leader 0.15 FTE – to lead project evaluation team with ongoing review of learning outcome.

Benefit components include: State Unemployment Insurance at 0.25%, FICA at 7.65%, PERS Retirement at 17.72%, Life Insurance at \$26.40 per employee per year, Dental Insurance at \$720.00 per employee per year, Health Insurance per PERS Health Coverage Schedule, and Workers Compensation/A-87 \$6,174.20 per FTE annually.

Consultant costs include: Professional consultants for the development of evaluation and outcome plan (Jul – Sep 2010), training and support for Peer Support Specialists (Oct 2010 – Jun 2012), implementation of Project and Evaluation plan (Jan 2011 – Jan 2012)

Work Plan Management costs may include: Integrated project evaluation team, to include but not be limited to representatives from mental health, public health, social services, client and family members and community partners; development of and dissemination of results of this learning activity.

Humboldt County DHHS Mental Health Branch is requesting that distribution of the total Innovation planning estimate be approved to fund this program for Innovation months of operation May, 2010 – June 2012. Funding request is as follows:

Exhibit E – FY 2009-10 \$44,977

Exhibit E5 – FY 2010-11 \$773,722

Innovation Work Plan Description
(For Posting on DMH Website)

County Name

Humboldt County

Annual Number of Clients to Be Served (If Applicable)

10-12 Total

Work Plan Name

Adaptation to Peer Transition Age Youth (TAY) Support

Population to Be Served (if applicable):

Clients who participate in this project will be between the ages of 21 and 25 years old who have a severe mental illness and have experienced at least one hospitalization and/or psychiatric emergency visit and/or a placement at a restrictive level of care, including incarceration, in the last two years.

Project Description (suggested length - one-half page): Provide a concise overall description of the proposed Innovation.

This Innovation Project is an adaptation to mental health peer support. The essential learning goal is to find out if and how the adaptations improve outcomes. The adaptation to mental health peer support is the integration with social service peer support. This Project will address the issue of improving outcomes for older transition age youth with severe mental illness. If successful this adapted peer support will facilitate the provision of improved service delivery and create positive changes such as decreased hospitalization, decreased psychiatric emergency visits, decreased incarceration, and increased success of self defined recovery goals in areas such as housing, education, vocation, and relationship permanency.

Each client will be paired with a Peer Support Specialist. While no client is obligated, they will be encouraged to voluntarily participate in Mental Health Branch activities as well as other Department of Health and Human Services initiatives at the Social Services and Public Health Branches.

Initiatives may include but are not limited to:

- Humboldt County Transition Age Youth Collaboration
- MHSA Prevention and Early Intervention Transition Age Youth Partnership Project
- Humboldt County Foster Care Expansion Initiative
- Humboldt County California Connected by 25 Initiative
- Humboldt County Ten Year Plan to End Homelessness
- MHSA Community Services and Supports Comprehensive Community Treatment Full Service Partnership
- MHSA Workforce Education and Training Support to Peer Volunteers and Staff

EXHIBIT E

**Mental Health Services Act
Innovation Funding Request**

County: Humboldt

Date: 2/1/2010

Innovation Work Plans		FY 09/10 Required MHSA Funding	Estimated Funds by Age Group (if applicable)			
No.	Name		Children, Youth, Families	Transitio n Age Youth	Adult	Older Adult
1	1 Adaptation Peer Transition Age Youth (TAY) Support	\$ 37,171		\$37,171		
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26	Plans \$0	\$37,171	\$0	\$37,171		\$0
27	Plus County Administration	\$ 3,717				
28	Plus Optional 10% Operating Reserve	\$ 4,089				
29	Total MHSA Funds Required for Innovation	\$44,977				

EXHIBIT F

Innovation Projected Revenues and Expenditures

County: Humboldt

Fiscal Year: 2009/10

Work Plan #: 1

Work Plan Name: Peer Transition Age Youth (TAY) Support

New Work Plan

Expansion

Months of Operation: 05/10 - 06/12
MM/YY - MM/YY

Adaptation Peer Transition Age Yo

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Personnel Expenditures	20,592	\$20,592		
2. Operating Expenditures	700	\$700		
3. Non-recurring expenditures	2,500	\$2,500		
4. Training Consultant Contracts	10,000	\$10,000		
5. Work Plan Management	3,379	\$3,379		
6. Total Proposed Work Plan Expenditures	\$37,171	\$0	\$0	\$37,171
B. Revenues				
1. Existing Revenues	\$0			\$0
2. Additional Revenues				
a. Medi-Cal FFP	0			\$0
b. (insert source of revenue)				\$0
c. (insert source of revenue)				\$0
3. Total New Revenue	\$0	\$0	\$0	\$0
4. Total Revenues	\$0	\$0	\$0	\$0
C. Total Funding Requirements	\$37,171	\$0	\$0	\$37,171

Prepared by: Melissa Chilton, Budget Spec.

Date: 2/1/2010

Telephone Number: (707) 441-5446

INN BUDGET SUMMARY

County: Humboldt

Date: 2/1/2010

INN Programs			FY 10/11 & FY 11/12 Requested MHSAs Funding	Estimated MHSAs Funds by Age Group (if applicable)				
No.	Name	Children and Youth		Transition Age Youth	Adult	Older Adult		
Previously Approved Programs								
1.			\$0					
2.			\$0					
3.			\$0					
4.			\$0					
5.			\$0					
6.			\$0					
7.			\$0					
8.			\$0					
9.			\$0					
10.			\$0					
11.			\$0					
12.			\$0					
13.			\$0					
14.			\$0					
15.			\$0					
16.	Subtotal: Programs		\$0	\$0	\$0	\$0	\$0	Percentage
17.	Plus up to 15% County Administration		\$0					#DIV/0!
18.	Plus up to 10% Operating Reserve		\$0					#DIV/0!
19.	Subtotal: Previously Approved Programs/County Admin./Operating Reserve		\$0					
New Programs								
1.	Peer Transition Age Youth (TAY) Support		\$639,440		\$639,440			
2.			\$0					
3.			\$0					
4.			\$0					
5.			\$0					
6.	Subtotal: Programs		\$639,440	\$0	\$639,440	\$0	\$0	Percentage
7.	Plus up to 15% County Administration		\$63,944					10%
8.	Plus up to 10% Operating Reserve		\$70,338					10.0%
9.	Subtotal: New Programs/County Admin./Operating Reserve		\$773,722					
10.	Total MHSAs Funds Requested for INN		\$773,722					

Note: Previously Approved Programs that propose changes to essential purpose, learning goal, and/or funding as described in the Information Notice are considered New

Attachment A

MHSA Innovation (INN) Guidelines Summary

Background: Innovation is a component of MHSA. The funding per project is one-time therefore if a project is successful it must be sustained through alternate funding.

General Requirements for an Innovation Project

Voluntary Participation: INN projects must be designed for voluntary participation however no person should be denied access based solely on his/her voluntary or involuntary status.

Essential Purposes of Innovation:

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

Application of the MHSA General Standards. It is only required to apply those that are appropriate for the INN project:

- Community Collaboration
- Cultural Competence
- Client Driven Mental Health System
- Family Driven Mental Health System
- Wellness, Recovery and Resilience Focus
- Integrated Service Experience

Definition of Innovation: An Innovation project is defined, for purposes of these guidelines, as one that contributes to learning rather than a primary focus on providing a service. By providing the opportunity to “try out” new approaches that can inform current and future practices/approaches in communities, an Innovation contributes to learning in one or more of the following three ways:

- Introduces new mental health practices/approaches including prevention and early intervention that have never been done before, or
- Makes a change to an existing mental health practice/approach, including adaptation for a new setting or community, or
- Introduces a new application to the mental health system of a promising community-driven practice/approach or a practice/approach that has been successful in non-mental health contexts or settings

Scope of Innovation: Proposed INN projects may have an impact on (for example):

- Administrative/governance/organizational practices, processes or procedures
- Advocacy
- Education and training for service providers (including non- traditional mental health practitioners)
- Outreach, capacity building and community development
- Planning
- Policy and system development
- Prevention, early intervention
- Public education efforts
- Research
- Services and/or treatment interventions

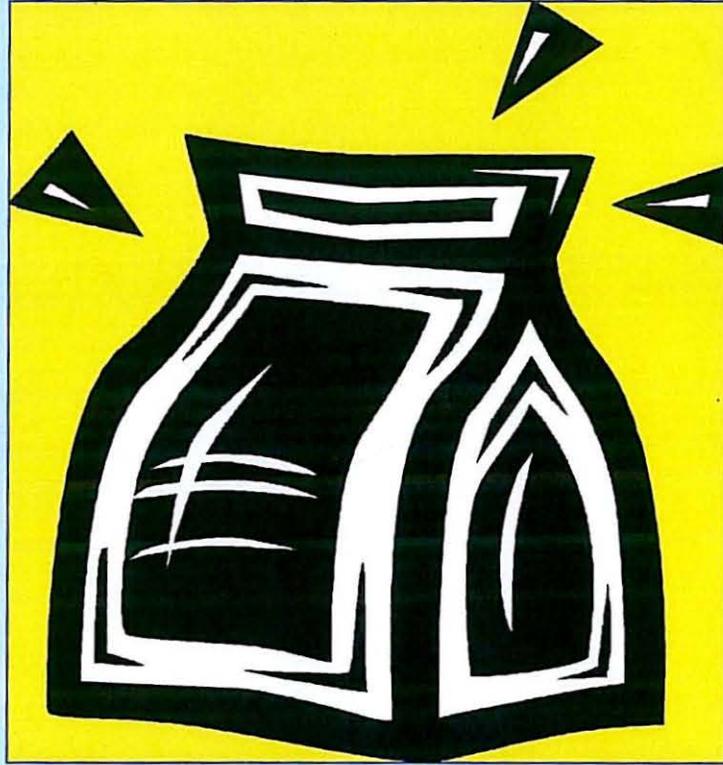
Time Limited: By their nature, INN projects are similar to pilot or demonstration projects and are subject to time limitations to assess and evaluate their efficacy. Since the project takes time to develop and implement, a work plan should be completed within a time frame that is sufficient to allow learning to occur and to demonstrate the feasibility of the project being assessed.

Reporting: Both annual reporting and a final Innovation report that includes an analysis of the effectiveness of the project.

Community Program Planning Process: Including the local review and communicating results.

Attachment B

Monthly MHB Brown Bag Lunch



Topic: Gathering Staff Input for the MHSA Innovation Plan

Rainbow Room
Thursday
January 7, 2010
12:00-1:00

Attachment C



Wednesday
March 3, 2009
12:00-1:00pm
RAINBOW CONFERENCE ROOM
720 WOOD STREET
EUREKA, CA 95501

- I. **Mental Health Board Meeting**
 - A. Call to order
 - B. Roll call, introduction of staff and guests
 - C. Adjustments to the agenda
 - D. Public Hearing:
Mental Health Services Act - Innovation Plan
 - E. Public comments- two minute limit
 - G. Adjournment

Mental Health Services Act
 Innovation Public Hearing
 March 3, 2010

Sign-in

NAME	EMAIL Or mailing address if you like future MHSA notifications
Kellie Josey	KJosey@CO.humboldt.CA.US
Barbara Lattaie	blattaie@CO.humboldt.ca.us
Rob Chittenden	RobChittenden@DISABILITYRIGHTSCA.ORG
Nancy Harrison	1668 C St. Eureka, CA 95501
Mantia Hunt	1668 C Street Eureka, CA 95501
Ruth Needham	gubbyrus@aol.com
JOE BYRER	
Chris Hunt	

Mental Health Services Act
 Innovation Public Hearing
 March 3, 2010

Sign-in

NAME	EMAIL Or mailing address if you like future MHSA notifications
Jaime Arispe	jaimeshart@yahoo.com
John Hill	jh:111950@gmail.com
Tim Ash	3410 Ribeiro Ln Arc. 95521
Mike Goldsby	mgoldsby@co.humboldt.ca.us
Kerlyn Rein Stern	kstern@co.humboldt.ca.us
Melissa Chilton	mchilton@co.humboldt.ca.us
Marianne Pennekamp	mariannp@att.net
Catalyn Albee	calbee@co.humboldt.ca.us

Mental Health Services Act
 Innovation Public Hearing
 March 3, 2010

Sign-in

NAME	EMAIL Or mailing address if you like future MHSA notifications
Rochelle Trochtenberg	rtrochtenberg@co.humboldt.ca.us
CATHERINE HARTRIDGE	3523 Park St. Eureka, CA 95501
Norma Pole-McAdams	Hoopa Valley Tribe P.O. Box 1348 nmadams@hoopa-nsn.gov Hoopa, CA 95546
Constance Ruth Wilson	constancerwilson@gmail.com

Attachment D



County of Humboldt Department of Health & Human Services

Mental Health Branch

Karolyn Stein, RN, Branch Director

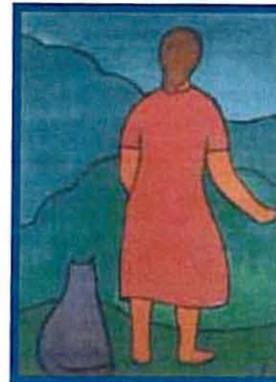


Mental Health Services Act (MHSA)

About The Mental Health Services Act

The Mental Health Services Act (MHSA) provides funding to counties to expand and develop innovative and integrated mental health services for children, youth, adults, and older adults. California voters passed Prop 63 in November 2004 as the result of a grassroots coalition intending to transform public mental health care.

The intent of this website is to inform and invite you to participate in the implementation of the MHSA.



"Maggie and Jane"
Maggie had found a
home
~ Louise Hope ~

- [Full text of the Mental Health Services Act](#)
- [Acta de Servicios de Salud Mental](#)

The Mental Health Services Act addresses a broad continuum of prevention, early intervention, and service needs.

- **Older / Dependent Adult Services** provides co-located, integrated mental health services by a clinician, with the Adult Protective Services (APS) and In-Home Supportive Services (IHSS) Program.
- **Crisis Intervention Services (CIS)** provides the coordination of crisis intervention services in partnership with law enforcement.
- The Alternative Response Team (ART) is an innovative, multi-agency program aimed at those at-risk families that would benefit from early intervention and services.
- **Comprehensive Community Treatment (CCT)** is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness.
- Hope Center is a client and family member center, that provides peer-to-peer education, support, prevention services, wellness activities, and system navigation. To contact the Hope Center, call **(707) 441-3723**.
- Rural Outreach Services Enterprise (ROSE) provides Mental Health, Alcohol and Other Drug, Social Services, and Public Health mobile outreach services to outlying communities.
- Telemedicine services provide medication support to outlying areas.
- Support to Transitional Age Youth (TAY) Organizations.
- The Mental Health Liaison works with families and individuals in the community who have mental health questions, concerns, or need support.

Public Comment! Participate! Be informed!

Mental Health Services Act Plans and Updates are available for a 30-day comment period before they are submitted to the State Department of Mental Health. When a Plan or Update is available for Public Comment it will be located in the **MHSA Documents Open for Public Comment** section.

MHSA Plans or Updates may be obtained in several ways:

- Click on the name of the document below to view or print.
- Click on document below to view and on the last page will be listed the locations hard copies are available during the 30-day Comment Period.
- E-mail or call with your mailing address or email address and request the document.

Submitting a Public Comment during the 30-day Comment Period may be done in several ways:

Click on the document below to view it and on the last page of the document will be listed the locations "MHSA Comment Boxes" are available during the 30-day Comment Period.

- Email: mhsacomment@co.humboldt.ca.us
- Comment line phone number: **(707) 441-3770**
- Toll Free number: **(866) 320-8911**

MHSA Documents Open for Public Comment!

- [DRAFT MHSA Innovation Plan - 02/01/2010](#)

Previous MHSA Documents

2009

- [MHSA Workforce Education and Training Plan](#)
- [MHSA Capitol Facilities & Information Technology \(IT\) Plan and \(IT\) Project Proposal](#)
- [MHSA Fiscal Year 2009-2010 Update](#)
- [Prevention Early Intervention Technical Assistance Request](#)

2008

- [MHSA Housing Assignment Letter](#)
- [MHSA Prevention and Early Intervention Plan](#)
 - [Suicide in Humboldt County 2003-2007](#)
 - [Humboldt County Strategic Prevention Plan](#)
 - [Recommendation Submitted by Advisory groups to MHSA Steering Committee](#)
 - [Integrated Services Initiative 2007-2010 Strategic Plan](#)
 - [California Strategic on Suicide Prevention: Every Californian is part of the Solution](#)
 - [Eliminating Stigma and Discrimination Against Persons with Mental Health Disabilities. A Project of the Mental Health Services Act](#)
 - [Early Intervention for Transitional Age Populations](#)
- [MHSA Prevention and Early Intervention Assignment Letter](#)
- [MHSA Community Services and Supports Fiscal Year 2008-2009 Update](#)

2007

- [Community Services and Supports Implementation Progress Report](#)
- [Community Services and Supports FY05/06 Remaining Funds Plan](#)
- [Community Services and Supports One-Time Augmentation Plan](#)
- [Community Services and Supports Expansion Plan](#)

2006

- [Community Services and Supports Implementation Progress Report](#)

2005

- [Community Services and Supports Plan](#)
- [Executive Summary Community Services and Supports Plan](#)
- [Framework for Community Input](#)
- [MHSA Advisory Group Recommendations](#)

Site Links

- [Comprehensive Community Treatment Program](#)
- [Crisis Intervention Services](#)

Web Links

- [California Department of Mental Health \(MHSA\)](#)
- [California Network of Mental Health Clients \(CNMHC\)](#)
- [National Alliance for the Mentally Ill \(NAMI\)](#)

Attachment E



COUNTY OF HUMBOLDT
DEPARTMENT OF HEALTH AND HUMAN SERVICES

PHILLIP R. CRANDALL, DIRECTOR

MENTAL HEALTH BRANCH

720 Wood Street Eureka, CA 95501-4482
(707) 268-2900 Fax: (707) 476-4049

Administration
(707) 268-2990

Children, Youth & Family Service
(707) 268-2800

Adult/24 Hour Services
(707) 268-2900

Alcohol & Other Drug Programs
(707) 476-4054

February 1, 2010

To whom it may concern,

Humboldt County Department of Health and Human Services is committed to stakeholder participation in the development of Mental Health Services Act programs.

The Mental Health Services Act, legislation passed in 2004, provides opportunities to counties to expand and develop innovative and integrated mental health services.

Currently there are Humboldt County Mental Health Services Act documents available for Public Comment from February 1st through March 2nd.

There will also be a Public Hearing on March 3rd, 2010 from 12:00 -1:00pm at the Department of Health and Human Services Rainbow Room at 720 Wood Street in Eureka.

Enclosed please find a flyer that contains information on where to access these documents and how to make comments.

If possible and appropriate please make these materials available to your staff and the people you serve. Also, please remove the materials after the Public Comment period ends on March 2nd, 2010.

Please contact us with any questions you may have.

Thank you in advance for your help in this effort,

Jaclyn Culleton
Program Manager
Mental Health Services Act
Humboldt County Mental Health Branch
720 Wood Street, Eureka, CA 95501
Phone: 707 268-2923
Email: jculleton@co.humboldt.ca.us



Humboldt County Department of Health and Human Services

Mental Health Services Act

*Provides opportunities to expand and develop innovative
and integrated mental health services*

What do you think?

Public Comment February 1st – March 2nd

Mental Health Services Act

Innovation Plan

Documents are available and comments may be placed in the
"MHSA Comment Box"

- Humboldt County DHHS Professional Building:
507 F Street, Eureka
- Humboldt County DHHS Mental Health Branch
Children Youth and Family Services:
1711 3rd Street, Eureka
- Humboldt County DHHS Mental Health Branch
Garberville Office:
727 Cedar Street
- Humboldt County DHHS Mental Health Branch:
720 Wood Street, Eureka
- Hope Center: 2933 H Street, Eureka
- website: <http://co.humboldt.ca.us/HHS/MHB/MHSA/>
- Humboldt County DHHS Mental Health Branch
Willow Creek Office:
77 Walnut Way

Public Hearing on March 3rd

Humboldt County Department of Health and Human Services Rainbow Room

720 Wood Street in Eureka from **12:00 to 1:00pm**

To request documents be sent to you or to make
a comment please contact us at:

Phone: (707) 441-3770

Toll free: (866) 320-8911

Email: mhsacomments@co.humboldt.ca.us

Address: Department of Health and Human
Services, Mental Health Branch
Attn: Jaclyn Culleton
720 Wood Street
Eureka, Ca 95501

Attachment F

the same
shift the
unpopu-
id's votes
iew, the
ke expen-

issues, including the econo-
my, health care and illegal
immigration. "Dump Reid
and Obama," said one sign.

Carla Montemayor, 61,
from Henderson said she
voted for Obama in 2008
but probably would not do

Obama said of his col-
lege savings remark. "I think
everybody would agree that
the only place people should
spend their college savings is
in college. ... But I under-
stand how hard things have
been here."

At a town hall meeting
Friday outside Las Vegas,
Obama said the Medicare
Advantage plans are get-
ting a "sweet deal" from
the government — over-
payments averaging 13
percent. "All we've been
saying is 'Let's make sure
that there's a competitive
bidding process, and that
we are getting the absolute
best bargain,'" the presi-
dent said.

The Avalere study found
that, for consumers, Medi-
care Advantage is becom-
ing less of a bargain.

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PLEASE REMEMBER TO RECYCLE



Humboldt County Department of Health and Human Services

Mental Health Services Act

Provides opportunities to expand and develop innovative and integrated mental health services

What do you think?

Public Comment

February 1st – March 2nd

Mental Health Services Act

Innovation Plan

Documents are available and comments may be placed in the
"MHTSA Comment Box"

Public Hearing on March 3rd

Humboldt County Department of Health and Human Services Rainbow Room
720 Wood Street in Eureka from

12:00 to 1:00pm

To request documents be sent to you or to make a comment please contact us at:

Phone: (707) 441-3770

Toll free: (866) 320-8911

Email: mhsacomments@co.humboldt.ca.us

Address: Department of Health and Human Services, Mental Health Branch
Attn: Jaclyn Culleton 720 Wood Street Eureka, Ca 95501