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Evaluation of Humboldt County’s MHSOAC Three Year Expenditure Plan

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Review of Planning Process

The following identifies issues for potential oversight by the Commission, specific questions regarding Humboldt County CSS plans to be addressed by Humboldt County or the Department of Mental Health, and comments intended to inform the continued work of the Commission, Humboldt County and the Department of Mental Health.

The CSS Committee was pleased with Humboldt County’s plan overall. They are enthusiastic about implementing the goals of the Mental Health Services Act. They are ahead of many counties in that they have already merged some of their county departments under one agency, The Department of Health and Human Services under AB 1881. In addition, due to the diverse needs of the county and the limited resources, Humboldt has pre-existing relationships with community based organizations and other government agencies to enable itself to meet its needs. There is significant evidence of collaboration with these agencies and an opportunity to expand collaboration for greater accomplishments for the mental health community in Humboldt County. The OAC commends Humboldt County for taking great effort and for its innovative approach to meet its county’s diverse and unique needs. It is no easy task. With this being said, it should be noted that there are some areas of concern to the OAC. This review will seek to highlight those areas that the commission will be monitoring while Humboldt County implements its plan and when it submits its Three Year Expenditure Plan next year.

Humboldt County went to great lengths to engage various members of its county in the planning process. It provided transportation when needed, consumers assisted other consumers in completing surveys, held meetings regionally and locally to ensure greater participation and provided outreach to consumers who have difficulty accessing services such as the homeless and seniors who are homebound. Furthermore, Humboldt County will be maintaining its MHSOAC Steering Committee to guide the implementation process.

Review of Consumer and Family Involvement

OAC Concerns:

- There was no data collected at the planning meetings to determine adequate representation of all racial and ethnic groups, consumers and family members.

(page 17). *OAC recommends the county collect such information at future meetings to ensure that it receives a broad range of perspective and to ensure that all groups are represented.*

- The plan did not contain an extensive record of community input at public meetings. It appears as if some of this proposal is based upon expanding existing services versus implementing new strategies to provide mental health services throughout the county. *OAC acknowledges that this may be what the community wants and recommends that more information on public input be reflected in the plan.*
- The county admits its shortcomings in data collection however the OAC is concerned that if adequate data is not collected on people of color the county will not be able to ascertain what support people of color need. *OAC encourages Humboldt County to collect more data on people of color to better prepare the county to meet their growing needs.*
- With the exception of some consumers and families, such as the many American Indian mental health clients that utilize United Indian Health Services to receive their mental health services needs, the impact of many in the target population is evident in the plan. Given that UIHS is an established and well known American Indian mental health services provider in the county and noting that these clients prefer, trust and rely on these services and noting that this provider is the most culturally competent provider to serve the American Indian population in the county—*Will the county partner with this provider and thereby support its effort to expand services in line with county goals and objectives under the MHSA? If not, why? The Committee encourages the county to explore opportunities for contracting with CBOs for services.*

Fully Served, Underserved/Inappropriately Served, Unserved

Humboldt County did an adequate job in identifying who is fully served, underserved/inappropriately served and unserved. Their lack of data creates difficulty in determining if this is a correct identification of the population however Humboldt County did as good a job as possible with the resources it had.

Wellness/Recovery/Resilience

Humboldt County clearly understood the concept of full service partnerships. It incorporated all aspects of the services that full service partnerships entail. There is evidence of collaboration with adults and older adults especially with other county agencies such as In Home Support Services, Adult Protective Services and Department of Social Services. The committee commends Humboldt County for its initiative in forming a stand alone agency to address the delivery of culturally competent services.

OAC Concerns:

- There was concern regarding the accessibility of the Wellness Center and the committee was not convinced that this was a transformative approach to mental health services for Humboldt County since much of the county would not have access to reach the Wellness Center. *The OAC will be reviewing the accessibility of the Wellness Center in future plans submitted by the county.*

- Regarding cultural competency, there was limited discussion throughout the plan to address the disparity of services to people of color. There is discussion on training staff to provide more culturally competent services but this did not address how the disparity between the various ethnic groups in accessing services would be decreased.

Education and Training and Workforce Development

Humboldt County has been proactive in providing the foundation to ‘grow their own’ mental health staff as evidenced by their collaboration in the establishment of the Master of Social Work program at CSU Humboldt. There is an emphasis on the needs of rural counties within this program that will serve Humboldt County as well as other surrounding rural counties. Humboldt County has made a commitment to hire many consumers and family members throughout their plan. Many positions are being created for consumers and family members. Additionally, the final work plan (Integrated Program & Planning Support Structures) documents the training that will be available to all staff, including consumer and family members who are hired by the county and by the various community based organizations.

OAC Concerns:

- Humboldt has an ambitious plan. It is noted that psychiatrists currently carry a caseload of 450 consumers. *Committee would like more information on how the county will seek to decrease the caseloads of these clinicians while expanding services to more community members.*

Collaboration

On page 18 of Humboldt County’s plan there is an extensive list of the stakeholders who participated in the development of the County’s plan. There are many government agencies and community based agencies listed. Additionally, the formation of the Department of Health and Human Services to combine various government agencies such as Public Health, Social Services and Mental Health within one department assists in collaboration.

OAC Concerns:

- This county appears to have a long list of collaborators or partners, but it is not clear what the relationships include. *The Committee would like to see better documentation of what resources each partner brings to the table, how often partners meet, where they could be created, and what this newer more robust relationship will produce.* There are additional relationships that need to be developed with community organizations. This will add to an enriched, consumer-driven system. *Additionally, the Committee would like to see these letters in future plans.*
- Given that United Indian Health Services is an established and well known American Indian mental health services provider in the county and noting that these clients prefer, trust and rely on these services and noting that this provider is the most culturally competent provider to serve the American Indian population in the county- *Will the county collaborate with this provider and thereby support its effort to expand services in line with county goals and objectives under the*

MHSA? If not, why? The Committee encourages the county to explore opportunities for contracting with CBOs for services.

Review of Workplans

#1 Rural Outreach Services Enterprise (ROSE)

The committee thought this was an innovative approach to meeting the diverse needs of Humboldt County's rural population. It is a good step in the right direction and an example of the county being responsive to its community by the addition of two 4 wheel drive vehicles. Strong evidence exists that the county is committed to hiring consumers and family members.

OAC Concerns:

- *The committee would like to see the county link with existing community based organizations within these outlying rural areas to establish a support network for consumers once they are identified. These agencies can serve as a support system for the consumers and monitor them between visits from the rural outreach program.*

#2 Wellness Center

This center will be operated by an existing community based organization that will provide the staff to perform outreach and development services. This center will help parents be better parents and will provide peer counseling to consumers. It is a strength based approach to mental health services.

OAC Concerns:

- *There is a concern with access for consumers. This center will only be accessible to those consumers who live within the area of Eureka. OAC will monitor to see how this program expands and deals with the growing demand for its services.*

#3 Assertive Community Treatment

This is a full service partnership with teams being lead by personnel service coordinators. They will be providing more guidance than the wellness center. Consumers placed out of county will be the highest priority. The OAC commends Humboldt County for the housing component of this plan.

#4 Outpatient Medication Services Expansion

This is a good program and seeks to reach the rural communities of Humboldt County. It is stigma reducing by the fact that consumers are able to access services from the primary care clinics. There is evidence of good collaboration as evidenced by county staff being placed at community based clinics.

OAC Concerns:

- *The OAC would like to know if the county has considered contracting with psychiatrists at the community based clinics to provide services?*

#5 Transition-Age Youth Leadership Representative

This is a unique approach in investing in youth exploring who they will become. This program links to the diagram on pages 29-30 of their plan. Humboldt County will be partnering with the California Youth Connection to implement this program.

OAC Concerns:

- *OAC is not clear on exactly what the county wants to accomplish with this plan, how it will be implemented and what services will be provided. The OAC would like further elaboration on these areas.*
- *The OAC would like to see input from the TAY community on their views of this program. The OAC encourages the county to provide more data within their plan on how specific populations supported workplans.*

#6 The Alternative Response Team Cross-Branch Program Expansion (ART)

This program focuses on the complete family, is innovative and implements a holistic approach to providing mental health services to the family. It is working to keep everyone in the home when possible.

OAC Concerns:

- *The OAC is interested in measuring the outcomes of this program and would like for Humboldt County to get baseline data prior to starting the program so progress can be measured.*

#7 Older and Dependent Adults Program Expansion

This program will provide outreach to isolated adults. There is good linkage with other agencies that currently provide services to older and dependent adults. The establishment of MDT meetings will increase communication between agencies and provide further opportunity for collaboration and exchange of ideas.

OAC Concerns:

- *The OAC would like to know how this program will link with the ROSE program?*

#8 Street Outreach Services (AB2034) Program Expansion

This program will be stigma reducing in that it is providing education to law enforcement. In addition, by having mental health staff accompany law enforcement in the field there will be more opportunity for intervention.

OAC Concerns:

- *The OAC would like more information on how housing will be expanded. There is documentation on the various agencies who will be involved in securing housing but will this be through rent subsidies, master leasing, acute crisis housing etc. What type of housing will be explored?*

#9 Integrated Program & Planning Support Structures

The OAC commends Humboldt County for being proactive in implementing a training component to the expenditure plan. The OAC advises the County to proceed with caution in this area as a standard curriculum has yet to be developed. The OAC will be monitoring this program as it develops through the year and subsequent years there after.

CONCLUSION

Question: The overarching question for the Oversight and Accountability Commission is:” How will the three-year Community Services and Supports plan move your county system toward the standard of comprehensive, timely, appropriate services in the Mental Health Services Act?” **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.