MENTAL HEALTH SERVICES ACT

HUMBOLDT COUNTY

Recommendations Submitted by Advisory Groups to MHSA Steering Committee

July 25, 2005

Table of Contents

CHILDREN AND YOUTH

Awareness, Outreach, and Access 3
Include Youth Voice....9
Full Spectrum of Services....13
Parent Support 18
Public Awareness and Professional Alignment....21
Quality Data....24
Education and Training....28
Collaboration 33

TRANSITION AGE YOUTH

Transition Age Youth Involvement 39
Transition Support 41
Education and Training....43
Outreach and Access 46

ADULT

Access 49
Collaboration 53
Provide Supportive Services for Clients....60
Prevention and Education 66

OLDER ADULT

Access and Availability of Services....69
Quality, Quantity, and Increased Capacity....73
Education....77
Data Collection and Access 80
Culturally Appropriate Services/Access 83
Services for Dementia 86

APPENDIX

Advisory Groups....89

Children and Youth Advisory Group

Total Number of Recommendations Made by Children and Youth Advisory Group	EIGHT	**Priority Number of this Recommendation**	ONE (TIE)

Provocative Proposition (Describes Preferred Future)	Awareness, Outreach, and Access All children, youth, and families know *what* health and human services—including mental health services—are available, know *where* services are available, know *how* to access services and are able to receive them within their communities in a culturally respectful, safe, affordable, timely and user-friendly manner.

Recommendations: Awareness, Outreach, and Access	1. Outreach to children, youth, and families where they naturally congregate. 2. Provide services outside of the 9—5 workday. 3. Use technology to increase county-wide services. 4. Develop low-cost and free transportation options. 5. Focus on culturally-inclusive outreach.

Children and Youth Advisory Group (continued)

Detailed Recommendations: Awareness, Outreach, and Access	1. Outreach to children, youth, and families where they naturally congregate. Systematically refit and upgrade family and parent outreach efforts and accessibility of children and youth mental health services to align with locations that children and youth gather and locations where families and parents are accustomed to seeing and accessing information. *"Go where the kids are."* Services and/or access to them need to be located where children and youth gather naturally. Natural contact points for this age group include schools, churches, family resource centers, after-school programs, daycare centers, non-profit youth organizations (for example, Boys and Girls Club). Utilization of these natural contact points would include all of the following: access to written literature, access to an informed peer, adult, para-professional, or professional. *"Go where the families and parents are."* Distribute written materials detailing what mental health services are available to children, youth, and families and how to access these services through "non-traditional" but high-traffic areas where people already are accustomed to seeing and accessing other forms of information related to children, youth and families. For example, post fliers or pamphlets at bookstores, coffee shops, restaurants, barbershops, doctor offices, laundromats, bars/nightclubs, the Bayshore Mall, break rooms at private employers, etc. Private businesses regularly are willing to post information or provide space for a stack of fliers related to "public benefit" causes, events, and awareness.

Children and Youth Advisory Group (continued)

Detailed Recommendations: Awareness, Outreach, and Access (continued)	2. Provide services outside of the 9—5 workday. Increase mental health services available to children and youth during non-school hours. Increase evening and weekend services so children and youth do not have to miss classes to receive mental health services and increase parent involvement and participation in treatment due to not having to miss work. Increase options and incentives for line staff to flex their time toward non-9am – 5pm hours. Actively seek out and incorporate input from parents/caregivers related to available service times of mental health treatment and the impact on: 1) the child/youth school attendance, participation in social development and personal enrichment activities (for example, sports, church events, participation in after-school activities) and sharing in family activities; 2) the parent's/caregiver's ability to keep their job and manage appointments within the restrictions of personal leave as dictated by their employers. 3. Use technology to increase county-wide services. Make mental health services accessible in all geographic locations of Humboldt County. Specifically, services for children and youth must be available county-wide, beyond the Fortuna to Arcata, Highway 101 corridor. Increase services to remote areas of Humboldt County through the use of technology (for example, "tele-psychiatrists"). Technology would be used to extend services rather than replace in-person services. Use of technology in providing services would be part of a provider-guided service and treatment plan.

Children and Youth Advisory Group (continued)

Detailed Recommendations: Awareness, Outreach, and Access (continued)	4. Develop low-cost and free transportation options. Provide children, youth, and their families and/or caregivers consistent access to low or no-cost transportation to and from mental health services. • Develop and adopt a county-wide transportation plan that addresses specific needs of children and youth. This plan would include an upfront "transportation needs" questionnaire to be completed by the children, youth and their parent and/or caregiver along with the appropriate caseworker or provider. • DHHS would consistently be "at the table" in regards to county-wide public transportation planning. • Specific no-cost or low-cost transportation resulting from this proposal would be based on individual client needs. Examples include free taxis, discounted bus fares, and public school bus lines. 5. Focus on culturally-inclusive outreach. Every culture has different ways it takes care of its health and human service needs of families and of children and youth specifically. The County Mental Health Department should seek to understand these natural, already-developed networks of care within the local Latino community, Native American community and Hmong community. Partnership within these networks must be established and maintained over time. Consistently, outreach efforts to the general populace must include specific outreach to the Latino, Native American and Hmong communities. Create and distribute informational literature in all locally-relevant, non-English languages (for example,Spanish and Hmong) Have each translation done by a local speaker of the language (as opposed to computer translation) in order to have culturally-relevant terminology and dialect. For all written materials—English and other languages, use terminology that is at the literacy level of the community. Review current materials for exceptions to this and make adjustments as necessary.

How Awareness, Outreach, and Access Relate to AB 1881 Strategic Plan	One of the goals of integrated services is to provide services "where clients and families are located." This proposition and the related recommendations provide direction as to how this goal can be accomplished.

Children and Youth Advisory Group (continued)

How Awareness, Outreach, and Access Relate to MHSA	One of the goals of MHSA is to "increase access to services." This proposition and the related recommendations provide specific suggestions about how to increase access to services. One of the goals of MHSA is to "enhance cultural sensitivity and competence." This proposal and related recommendations will assist in accomplishing this goal.

How Awareness, Outreach, and Access Relate to Community Input	"Availability and Access of Services" was the top prioritized theme in community meetings and the second prioritized theme for stakeholder meetings. Specific comments within these two sets of meetings include "mental health workers should go to youth—youth should not have to go to them," "make mental health services known outside the Eureka area," "provide services where the people are," "obvious access points… conveniently located," and "fast, easy, timely access to services and providers. Related comments found in the Survey themes included "improved accessibility of services… easier access process," "community-based services in outlying areas," and "assistance with unmet needs (childcare, transportation, etc)."

Children and Youth Advisory Group (continued)

Requirements for Successful Implementation of Awareness, Outreach, and Access	Important to successful implementation of *ALL* above recommendations (1-5): 1. Individual providers and/or case managers must continually remember that parents and families are "doing the best that they can do" in regards to attending sessions, implementing behavioral changes and communicating their needs and obstacles. Communications with parents and families regarding such issues as missed appointments and transportation challenges would go better if the provider and/or case worker comes from a place of "how can I work with you and how can I be of assistance in helping you overcome barriers." 2. A child or youth (and family) accessing services is highly dependent upon *already knowing* whom to contact (a safe and trusted person) before a need is present. 3. All efforts related to accessibility and outreach would include the differing perspectives of subsets of our local community: the Latino, Native American and Hmong communities, communities located in the remote areas of the county, and the gay, lesbian, bi-sexual, transgender community.

Existing Programs and Information to Leverage for Awareness, Outreach, and Access	• Family resource centers are natural partners in the implementation of recommendations 1—5. • Engage private businesses and non-profits in outreach and accessibility efforts (for example, Bayshore Mall, local restaurants).

Children and Youth Advisory Group (continued)

Total Number of Recommendations Made by Children and Youth Advisory Group	EIGHT	**Priority Number of this Recommendation**	ONE (TIE)

Provocative Proposition (Describes Preferred Future	Include Youth Voice A child or youth voice is always heard, encouraged and included in decisions regarding individual consumer services and the mental health system. Inclusion of children and youth creates an empowered individual and increases personal "stake" in any agreed-upon health and human services, including mental health services. Youth are treated as equal partners with provider(s) from the start of the relationship.

Recommendation: Include Youth Voice	Launch a system-wide initiative to include youth voice. Launch a short-term (1-2 year) initiative regarding upgrading and increasing the inclusion of the youth and TAY voice and involvement in DHHS—including the Mental Health Branch. Create sustainable practices for involving the youth and TAY voice in all DHHS committees and input processes that involve the public. Providers and administrators understand, appreciate and include youth and TAY as an integral, desirable component of mental health service program development and oversight. Key components of this recommendation include training for adults (for example, providers, parents, and caregivers) on how to incorporate youth voice in an age and developmentally-appropriate manner, and review and upgrade of the current norms in involving children and youth wishes in the development of treatment plans.

Children and Youth Advisory Group (continued)

Detailed Recommendation: Include Youth Voice	1. Launch a system-wide initiative to include youth voice. Create an oversight committee that includes TAY to oversee this initiative. Full implementation of this recommendation would include all of the following: • Measurable objectives and goals for youth and TAY involvement on DHHS committees. • Creation of a pool of youth and TAY who are engaged, willing youth who are interested in mental health services. (Similar to Teen Court.) • Training for providers and parents or parental figures on best practices for increasing children and youth involvement in choosing (and therefore increasing their stake in following) treatment plans. • Development of recommendations of how to involve children and youth in an age-appropriate and developmentally-appropriate manner. • Development of recommendations for a child or youth role at team meetings. Meetings involving multiple adults focused on a child's or youth's mental health services would engage the child/youth as an active participant. Every effort would be made to take the fear out of these meetings s so the child or youth sees them as a positive component of their treatment. The child or youth would know what the meeting is for, what will be discussed, who will be at the meeting, what gets decided at and after the meeting and the process in which they will have input. • Development of a mentorship program that pairs young adults and TAY with children and youth.

How "Include Youth Voice" Relates to AB 1881 Strategic Plan	One of the goals of integrated services is to "see client, family, community, at center of the integrated system of care with holistic view of needs." This proposition and recommendation directly speaks to involving the child or youth client "at the center of the integrated system of care." One of the goals of integrated services is to "focus on positive outcomes." This proposition and recommendation, would create empowered youth clients—a definite positive outcome.

Children and Youth Advisory Group (continued)

How "Include Youth Voice" Relates to MHSA	Goals of MHSA are to "increase involvement of clients and families in community mental health system," "develop and/or enhance housing availability and reduce homelessness," and to "reduce involuntary care." Through implementing this proposition, youth will be more involved. Indirectly, through implementing this proposition, youth and TAY homelessness reduction will likely result, as will a reduction of youth and TAY involuntary care. (Due to the fact that involved youth = empowered youth who are more invested in positive results.

How "Include Youth Voice" Relates to Community Input	Top priorities among community and stakeholder meetings included "Collaboration and Coordination" and "Positive Provider/Consumer Relationship." Inclusion of the youth voice (the focus of this proposition) relates to both of these priorities. The comments "see client as a whole person… and treat them with respect and dignity," and "integrate resources and people through a team approach" are at the core of this proposition and recommendation.

Requirements for Successful Implementation of this Recommendation	1. It is essential that providers treat children and youth with respect and honor their involvement in the mental health systems development. 2. All involvement of children, youth, and TAY would be age and developmentally-appropriate. 3. Coordination with TAY is a requirement of this proposition. (See below.)

Children and Youth Advisory Group (continued)

Existing Programs and Information to Leverage "Involve Youth Voice"	This recommendation talks about a "youth voice, "yet the advisory group realizes that it is individuals who are young adults (or TAY) that likely would become more involved in committees of DHHS. Coordination between TAY-focused initiatives and children and youth-focused initiatives in this regard would make sense. Existing programs and people who have had success in incorporating the youth voice: • Teen court • Kelly Remington, College of the Redwoods • YES (Youth Education Services) at Humboldt State University (HSU) • HSU Service Learning Program

Children and Youth Advisory Group (continued)

Total Number of Recommendations Made by Children and Youth Advisory Group	EIGHT	**Priority Number of this Recommendation**	TWO (TIE)

Provocative Proposition (Describes Preferred Future)	Full Spectrum of Services A full range of options and choices are offered and in place in Humboldt County to meet the mental health needs of all the area's children, youth, and families. Full spectrum services include: 1) comprehensive, accurate assessment and diagnosis; 2) services for all ages and developmental stages of children, youth and their families; 3) a full range of prevention, early intervention, intervention and treatment, high-end services and follow-up services *within our community.*

Recommendations: Full Spectrum of Services	1. Develop local, high-end treatment options for children and youth. 2. Focus on Families. 3. Assure Accurate Diagnoses.

Children and Youth Advisory Group (continued)

Detailed Recommendations: Full-Spectrum of Services	1. Develop local, high-end treatment options for children and youth. The current reality of sending children and youth out-of-county as a result of local gaps in high-end services would change. Develop housing and acute-care facilities (for example, short-term hospitalization) options that are supported by both public agencies private organizations for high-end children and youth. Develop local options for children and youth in need of: 1) substance abuse treatment; 2) treatment for severely and/or chronically ill children and youth; 3) treatment for children and youth with co-occurring issues; and 4) specialized housing and treatment for minor sex offenders. Development of local options for high-end needs children and youth is a large and multi-faceted task. The Children and Youth Advisory Group suggests the following recommendations be considered when developing local, high-end care: • Develop age-appropriate Alcoholics Anonymous and Narcotics Anonymous programs. • Travel to out-of-area facilities to learn and incorporate best-practices in new, local treatment facilities and services. • Work closely with the probation department and local adult facilities to best leverage funding and talents.

Children and Youth Advisory Group (continued)

Detailed Recommendations: Full-Spectrum of Services (continued)	2. Focus on families. A significant component of developing true full-spectrum mental health services would be to incorporate and respond to the interwoven needs of families. A mapping and review of how county-wide mental health services currently respond to the needs of whole-family care would occur, with an additional, five-year implementation plan for increasing family-centered services. Opportunities and gaps identified in the mapping of family-focused services would be sorted into two categories—1) items for medium and long-term implementation and 2) "quick wins." Small changes that are not highly resource-dependant would be made to greatly increase the family-focus of existing services. Development of new and/or the leveraging of existing family-focused services would address the changing needs of families as children grow up. In other words, the needs of a family evolves as a child grows through the stages of 1) pre-natal, 2) infant, 3) pre-school age, 4) elementary-school age, 5) secondary school age, and 6) TAY. Development of a plan for better serving families is a large and multi-faceted task. The Children and Youth Advisory Group suggests the following recommendations be considered when strengthening services to families. • Families of children and youth receiving mental health services would also receive case management services as needed. • Mental health consultation would be available for staff (for example, childcare, home visitors) who could be part of the solution for prevention and early intervention for 0-5 age children. • Coordination and collaboration would occur between OBGYNs, pediatricians, family practice doctors for the prevention of and early treatment of post-partum depression. • Coordination and collaboration between schools, families, and family practice medical providers would occur for the prevention and early intervention of children and youth mental health and/or behavioral issues. • Coordination between youth-focused and TAY-focused programs would be effortless for the client and family as an individual moves from one age group to the next .

Children and Youth Advisory Group (continued)

Detailed Recommendations: Full-Spectrum of Services (continued)	2. Focus on families (continued) • Incorporate alternative treatment options for children, youth and their families. Personal enrichment and pro-social activities (for example, sports, music lessons, church activities, clubs, family outings) all assist in holistic wellness of the individual child/youth receiving services *and* strengthens the family. • Individuals working with a child or youth consumer would have some format for inquiring into the family's needs for ancillary services and a method for referral and follow-up. 3. Assure accurate diagnoses Accurate diagnoses of mental health issues and illness in children and youth are a complex issue. Additional resources (for example., time, money, training and staff) would be focused toward meticulous diagnoses for children and youth clients. Best practices for accurate diagnosis in children and youth would be studied and implemented. Routine inclusion of medical evaluations would be considered. An increase in second opinions and multi-disciplinary assessments and diagnoses would occur.

Children and Youth Advisory Group (continued)

How "Full Spectrum of Services" Relate to AB 1881 Strategic Plan	One of the goals of integrated services is to "commit to implementation and development of strength-based, recovery-oriented, client and stakeholder inclusive treatment, support and prevention system of care, responsive to emerging community needs, inclusive of evidence-based practice consistent with Humboldt County's diverse cultural, ethnic background and values." This proposition and its recommendations are well-aligned with this goal.

How "Full Spectrum of Services" Relate to MHSA	Implementation of this proposition and its recommendations support all seven of the stated goals of MHSA. We feel that this proposition is foundational in addressing all seven MHSA priorities.

How "Full Spectrum of Services" Relate to Community Input	Throughout the top-ranked priorities of community meetings, stakeholder meetings and the written survey results, the theme of Full- Spectrum Services was prominent. Specific comments about services delivered locally, accurate diagnosis and family-focused services were found throughout these three bodies of input.

Requirements for Successful Implementation of "Full Spectrum Services"	1. Inclusion of the child or youth voice in prescribing and modifying treatment plans is essential 2. A complete and updated listing and mapping of the "full spectrum" of treatment options and choices for children and youth. Identification of what already exists 3. An understanding of family needs when designing local, high-end services will be critical. Parents and TAY should be included in this process

Existing Programs and Information to Leverage for "Full Spectrum Services"	• There are steps that can be taken in broadening the range of treatment options that do not require funding. Making all line staff aware of existing treatments and new treatment options as they become available is a way to leverage what already exists. • Children and youth non-Mental Health Branch activities and programs (for example, Rotary, Humboldt Sponsors, Church camps/activities) can all be looked at for "alternative" treatment options.

Children and Youth Advisory Group (continued)

Total Number of Recommendations Made by Children and Youth Advisory Group	EIGHT	**Priority Number of this Recommendation**	TWO (TIE)

Provocative Proposition (Describes Preferred Future)	Parent Support Parents and caregivers of children feel supported and guided by someone they feel comfortable with and can relate to in order to become more able to make informed choices about: 1) mental health services for their children and youth; 2) how to access and interface with other services and agencies; and 3) parent support, services and parenting skills information and education. Families are equal partners with the provider(s) from the start of relationships.

Recommendation: Parent Support	Launch a parent-focused support program. Create a parent and caregiver-focused support program. When implemented, this program would include the following key components: • *NAVIGATOR FOCUSED ON FAMILIES. De*velop a navigator program specifically to work with parents of children/youth who will be or are receiving mental health services. • *PARENT-TO-PARENT SUPPORT*. Develop sustainable parent-to-parent support that includes a Parent Partner Program, Parent Support Groups, and a 24/7 warm-line for parents.

Children and Youth Advisory Group (continued)

Detailed Recommendation: Parent Support	Launch a parent-focused support program. The parent and/or caregiver support program would include all of the following specifics: • An advisory group of parents and caregivers that helps the DHHS develop and implement the navigator program and parent support programs. • Frequent opportunities for individual parents and caregivers to give input and feedback on services for their child or youth. • A "menu" or "multiple paths" approach to services that would allow parents to choose (with the provider) an appropriate course of treatment and services for their child or youth. • Coordination with other health and human services such that the navigator can easily make referrals and assist families in a holistic way. • A defined process (including outreach and recruitment) for training and enabling parents and caregivers to become peer-supports, para-professional supporters to other parents and families. • A 24/7 warm-line for parents and families that provides assistance for low and high-end need situations.

How "Parent Support" Relates to AB 1881 Strategic Plan	One of the goals of integrated services is to "see client, family, community, at center of integrated system of care with holistic view of needs." This proposition and recommendation are aligned with this goal.

How "Parent Support" Relates to MHSA	One of the goals of MHSA is to increase access to services. This proposition and recommendation would increase access to services for both parents and their families. One of the goals of MHSA is to "increase involvement of clients and families in community mental health system. This proposition and recommendation would greatly increase parental involvement in the mental health system.

Children and Youth Advisory Group (continued)

How "Parent Support" Relates to Community Input	Both the community and stakeholder meeting priorities included increased assistance focused on parents and families. Parental/family needs showed up under multiple headings: "Availability and Access to Services, "Outreach," "Full-Spectrum Services," and "Collaboration and Coordination." Emphasis on parental and family involvement cross-theme was pervasive, and shown in comments such as "establish a liaison or navigator to help families through the system from the beginning," a need for "parent services (e.g. support groups)," and "services for family members."

Requirements for Successful Implementation of "Parent Support"	1. Individual providers and/or case managers would continually remember that parents and families are doing the best that they can do in regards to attending sessions, implementing behavioral changes and communicating their needs and obstacles. Communications with parents and families regarding such issues as missed appointments, transportation challenges, would go well if the provider/case worker came from a place of "how can I work with you and how can I be of assistance in helping you overcome barriers." 2. A child or youth (and family) accessing services is highly dependent upon *already knowing* whom to contact (safe and trusted person) before a need is present. 3. All efforts related to accessibility and outreach includes the differing perspectives of subsets of our local community: the Latino, Native American and Hmong communities, communities located in the remote areas of the county, and the gay, lesbian, bi-sexual, transgender communities.

Existing Programs and Information to Leverage	Parental support systems and programs that already exist should be looked at for examples and best practices. In particular, the following program may be of interest: • NAMI Family-to-Family program(s) • Redwood Coast Resource Center, Family Resource Center for Families of Children with Special Needs • Assorted programs of family resource centers.

Children and Youth Advisory Group (continued)

Total Number of Recommendations Made by Children and Youth Advisory Group	EIGHT	**Priority Number of this Recommendation**	TWO (TIE)

Provocative Proposition (Describes Preferred Future)	Public Awareness and Professional Alignment A child or youth (and their family) will be able to say to their friend, co-worker, boss, neighbor or other, that they are getting mental health treatment, and it would be as much of a non-issue as saying that they were taking piano lessons. The terms "mental health" and "mental illness" no longer make people nervous when mentioned in conversation. The mystery surrounding mental health services, in particular those offered by the Mental Health Branch, has all but vanished, resulting in organizations formerly serving as "watch dogs" of DHHS efforts now being able to refocus energy on collaborative efforts within DHHS and the Mental Health Branch. Acceptance of services aimed at prevention and intervention of mental illness is similar to society' acceptance of weight loss programs and treatments for medical diseases.

Recommendation: Public Awareness and Professional Alignment	Develop public awareness and professional alignment. Develop a two-part education and awareness program that aims to de-stigmatize mental health issues. • An intra-system communications effort would bring DHHS providers, organizational providers, and private providers together around the shared concern of public mental health perceptions. • A public awareness campaign would involve the Mental Health Branch, organizational providers and private providers. The public awareness campaign would include "boilerplate" information that was created by the DHHS and used by all providers throughout the region's extended mental health system. Two goals of this recommendation are 1) to increase the level of interest in and discussion about mental health issues within the public; and 2) to engage all mental health providers (DHHS and others) in a common effort that will positively impact all involved.

Children and Youth Advisory Group (continued)

Detailed Recommendation: Public Awareness and Professional Alignment	Develop public awareness and professional alignment. 1. Create a cross-agency, cross-provider task force that identifies key pieces of the message and story to be told. 2. Hold focus groups (including ones in the Latino and Native American communities) to find out more about what creates the current stigma surrounding mental illness. 3. Hold an event for local and state decision-makers that kicks off the public awareness effort. 4. Hire a public relations firm to develop the key message and story into a communications "package" that includes: • 1-page facts sheet—that can be used as talking points for all involved in mental health issues and policy makers. • Public service announcements for television and radio. • Boilerplate information and images that can be used in individual providers' collateral and outreach efforts. This information would be available on-line through password access.

Children and Youth Advisory Group (continued)

How "Public Awareness and Professional Alignment" Relate to AB 1881 Strategic Plan	One of the goals of integrated services is to "create public education and outreach efforts." This proposition and recommendation provides direction as to how to accomplish this goal. One of the goals of integrated services is to "develop cultural and client diversity capacity." This proposition and recommendation, if implemented, will assist in meeting this goal.

How "Public Awareness and Professional Alignment" Relate to MHSA	One of the goals of MHSA is to "increase involvement of clients and families in community mental health system." If clients and families have greater awareness of mental health issues, and the stigma has subsided, greater involvement will result.

How "Public Awareness and Professional Alignment" Relate to Community Input	"Training and Education" was ranked third in the summary of prioritized themes in the community meetings and also the stakeholder meetings. A specific comment under this theme was for the community to have "greater understanding of what mental health means." "Community Characteristics" was the top ranked theme in Surveys. Specific comments under this theme included "less stigma attached to mental illness/addictions," and "community showing care and concern for people" (with mental health issues).

Requirements for Successful Implementation of "Public Awareness and Professional Alignment"	1. Involvement of a true cross-section of mental health stakeholders in message/story development. 2. Education of the media to have them "on board" with this issue. 3. Public awareness and educational efforts that represent the cultural diversity of our area.

Existing Programs and Information to Leverage for "Public Awareness and Professional Alignment"	• Leverage existing resources and materials that are available through national and state public awareness campaigns.

Children and Youth Advisory Group (continued)

Total Number of Recommendations Made by Children and Youth Advisory Group	EIGHT	**Priority Number of this Recommendation**	THREE

Provocative Proposition (Describes Preferred Future)	Quality Data Quality data is an essential component of the change effort in county-wide mental health services. It supports individual choice, program decisions, needs identification, quality assurance and coordination of services.

Recommendations: Quality Data	1. Create a database and delivery system. Create a coordinated, county-wide system including DHHS, nonprofit agencies, and schools to compile meaningful, unduplicated statistics based on a predetermined set of data elements to better analyze services and gaps in services that are delivered to children and youth in Humboldt County. 2. Create an evaluation and feedback system. Create a two-part evaluation and feedback system that would improve the quality of individual client services and the entire mental health system.

Children and Youth Advisory Group (continued)

Detailed Recommendation: Quality Data	1. Create a database and delivery system. Because of the critical importance of up-front buy-in and agreement of objectives from *all involved partners,* a comprehensive Needs Assessment and Participant Charter would be created and implemented at the beginning of such an effort. When implemented, the combination of a needs assessment and charter would align all partners on the structure, language and terminology definitions, funding, processes for updates, processes for the review of data, the decision making process across agencies, and the flow chart for dealing with problems. The database and delivery system would include all of the following specifics: • Adoption of agreed upon definitions of terms and definitions of data elements up front (i.e., everyone would agree upon what a *referral* is, what a *case* is, what a *contact* is). • Up-front agreement on structure, language, funding, processes for updates, processes for review, the charter for participating members, the decision making process, ways to handle problems • Inclusion of and access to data and statistics on fee-for-service (private) providers • A user-friendly, central database would be available on-line and in print. • DHHS and Mental Health Branch Department Managers would have regularly-scheduled meetings to discuss data and processes. Analysts would have regularly-scheduled meetings to discuss data and processes. Information technicians would meet regularly to discuss access to each others' data for collection purposes.

Children and Youth Advisory Group (continued)

Detailed Recommendation: Quality Data (continued)	2. Create an evaluation and feedback system. Create a two-part evaluation and feedback system that would improve the quality of individual client services and the entire mental health system. This would include: • *CLIENT FEEDBACK*. The feedback system would allow all consumers to give feedback to providers in a usable format. • *SYSTEM EVALUATION*. On a regular basis, line staff, administrators, contract providers and key community stakeholders would evaluate the DHHS Mental Health system. The evaluation and feedback system would include all of the following specifics: • All consumers participating in DHHS, private, and nonprofit mental health programs would have the ability to provide feedback about their experiences. • Consumers would have a choice as to whether the feedback is confidential not. • Feedback from consumers would be gathered at periodic intervals over the duration of services, as well as at end of service. • Feedback would be shared with the individual providers of services, as well as with administrators of the evaluated programs. • Processes for reviewing and implementing changes from feedback would be created. • Outcome measurements would be defined so that all providers would measure outcomes in the same manner.

Children and Youth Advisory Group (continued)

How "Quality Data" Relates to AB 1881 Strategic Plan	Goals of integrated services include to "integrate administrative functions of Public Health, Social Services and Mental Health," and to "focus on positive outcomes." This proposition and its recommendations support attainment of these goals.

How "Quality Data" Relates to MHSA	Establishing a database and delivery system and establishing a client and services feedback loop are foundational in achieving *all* of the stated MHSA goals.

How "Quality Data" Relates to Community Input	"Collaboration and Coordination" ranked highly in the prioritized themes of both the community meetings and stakeholder meetings. A database and evaluative process are essential to collaborative efforts. The theme of Provider and Consumer relationships was among the top prioritized themes of the stakeholder meetings. An evaluation and feedback process would support quality provider and consumer relationships.

Requirements for Successful Implementation of "Quality Data"	1. Active solicitation of feedback from clients. 2. Organizational providers, fee-for-service providers, schools, probation and other stakeholder involvement in planning so that they have compatible software. 3. Current, relevant and usable data. 4. Funding for both initial effort and long-term maintenance.

Existing Programs and Information to Leverage for "Quality Data"	• Search out existing software and databases that have been used in other communities for multi-agency data sharing of this nature. • Sustain and build upon existing Humboldt Community Switchboard information and referral database and delivery system.

Children and Youth Advisory Group (continued)

Total Number of Recommendations Made by Children and Youth Advisory Group	EIGHT	**Priority Number of this Recommendation**	SEVEN

Provocative Proposition (Describes Preferred Future)	Education and Training On-going education, training and support are essential components in changing local mental health service delivery, understanding and responding to consumer needs, and positively impacting community perceptions of mental health illness and mental health issues.

Recommendation: Education and Training	Create a DHHS Education and Training Unit and Strategy. Create a sustainable, comprehensive education and training unit within DHHS that is charged with meeting the on-going and evolving training and educational needs of 1) Mental Health Branch providers; 2) organizational providers; and 3) the other key community stakeholders involved in developing and maintaining a high-functioning mental health system in Humboldt County (for example, school and educational partners, probation, medical providers, and private providers Create a county-wide mental health education and training strategy and five-year plan that details training and education objectives for 1) Mental Health Branch providers; 2) organizational providers; and 3) other key community stakeholders—including, but not limited to school and educational partners, probation, medical providers, childcare providers, and private providers.

Children and Youth Advisory Group (continued)

Detailed Recommendation: Education and Training	Create a DHHS Education and Training Unit and Strategy. Training and educational efforts supported by Mental Health Branch staff and detailed in a strategic plan would focus on the following: • Preventative education for children and youth • Education for mental health care providers (for example, front line staff) • Education for medical health care providers • Education for other individuals who regularly work with children and youth (for example, probation, educators, and childcare providers) • Education for parents and caregivers of children and youth Listed below are areas where there is either a significant lack of education or the need far outweighs what is currently available. The areas are grouped by the target audiences. The lists are not exhaustive. 1. Training, Education and Support for Children and Youth: • Education regarding gender and sexual orientation • Peer-to-peer support and training • Suicide prevention • Mental health education in schools, similar to sex education • Life skills education in schools, similar to the ILS training for foster youth • Regular and casual peer education and support where youth hang out • Anonymous question boxes at locations where youth hang out. 2. Training, education, support for mental health providers: • On-going training for the critical initial contact person(s)and caseworkers at the Mental Health Branch, and at other organizational providers that consumers first encounter. • Peer-support groups for providers • Annual updates on the implementation of MHSA and 1881 initiatives • Repeated trainings due to staff turn-over and the inability of agencies and providers to send all staff members at the same time • To enhance prevention and early intervention, ensure line staff understands the community and cultural contexts.

Children and Youth Advisory Group (continued)

Detailed Recommendation: Education and Training (continued)	3. Training, education, and support for medical providers: • Training for pediatric primary care providers and OBGYN providers in post-partum depression (PPD), screening for PPD and referral resources that can be made available to new moms and families • Offer training for medical professionals in how to use mental health consultation. 4. Training, education, support for parents and caregivers: • Adults in how to determine appropriate involvement of children and youth in determining their treatment plans • Involve TAY in sharing their experiences with parents and caregivers of youth and children • Include training on identifying post-partum depression for new moms and dads 5. Training, education and support for other stakeholders: • Train probation staff, school staff and teachers, recreational staff, law enforcement, and childcare workers on how to appropriately document children and youth behaviors for mental health providers.

How Education and Training Relate to AB 1881 Strategic Plan	Establishing a DHHS department, position, and plan dedicated to the training and educational needs of clients, providers, community partners and stakeholders is a foundational element for achieving *all* 1881 stated commitments and goals.

How Education and Training Relate to MHSA	Establishing a DHHS department, position, and plan dedicated to training and educational needs of clients, providers, community partners and stakeholders is a foundational element for achieving *all* MHSA goals.

How Education and Training Relate to Community Input	Training and Education were among the top-ranked themes in both community meetings and stakeholder meetings. Specific comments in both groups talked about training for mental health staff, teachers, law enforcement, clients, and families.

Children and Youth Advisory Group (continued)

Requirements for Successful Implementation of Education and Training	1. Successful training and education efforts would involve the appropriate staff and community members from the Mental Health Branch and all other stakeholder groups. The DHHS Training and Education Unit would "lead the charge" but involve organizational providers, local non-profits, schools, medical professionals, probation and others in the following: 1) coordination of training/education; 2) development of curriculum; 3) delivery of curriculum; 4) after-training support. 2. On-line, web-based training modules to support the use of education beyond the initial training. 3. Release time and/or stipends for Mental Health Branch, medical, non-profit, and probation staff and others that receive training that is built into their duties, rather than added on top of their responsibilities. 4. On-going funding to sustain a DHHS Training and Education Unit. 5. Carefully considered language and cultural considerations for all training and education efforts. 6. Post-curriculum implementation support and clearly communicated expectations regarding training usage for those receiving education. 7. Regularly updated training and education programs. 8. Well-qualified trainers with local experience who are currently practicing in the discipline they are teaching, 9. Agreement of terminology across disciplines

Children and Youth Advisory Group (continued)

Existing Programs and Information to Leverage for Education and Training	• Suicide prevention training has occurred in some schools for staff and/or youth. • Faith-based initiatives should be explored. • Build on the previous model of the Healthy Families Collaborative (sponsored by Public Health for home visitors). • Use family resource centers to leverage decentralized training. • DHHS Training and Education Unit may tie in to the Office of Cultural Diversity currently being created. • Use or modify existing Best Practices training, education and curriculum that has been developed and tested in other areas outside of Humboldt County. • Re-examine character education from 30 years ago as it relates to Life Skills training in schools.

Children and Youth Advisory Group (continued)

Total Number of Recommendations Made by Children and Youth Advisory Group	EIGHT	**Priority Number of this Recommendation**	EIGHT

Provocative Proposition (Describes Preferred Future)	Collaboration Children, youth, and families are supported holistically with fluid communication, collaboration, and coordination between partners.

Recommendation: Collaboration	Focus on three levels of collaboration. In order to truly meet the mental health needs of our community's children, youth and families, develop three types of collaboration:: 1. LEVEL 1: Between adult-focused providers and system and child/youth–focused providers and system 2. LEVEL 2: Between agencies and providers focused on child/youth consumers 3. LEVEL 3: Between persons delivering services to an individual child or youth and their family (Individual Client Focused). For each of these three intersections of people and processes, the Mental Health Branch would lead a cross-partner, cross-agency effort of mapping and upgrading communication, collaboration and coordination. Implementation of this recommendation would provide an integrated family-unit approach to services.

Children and Youth Advisory Group (continued)

Detailed Recommendations: Collaboration	1. Build collaboration between adult-focused and child/youth-focused providers and systems. Coordination between adult-focused and child and youth-focused providers and systems would be broad-based. There would be many opportunities to leverage resources, cross-train employees and upgrade referral mechanisms between these two systems of services. Collaboration between these two groupings would likely take a long time. Our group provides the following two suggestions as a starting point for this process. • Map the current, separate delivery systems of adult-focused and youth-focused services, with attention paid for natural overlaps and connection points between the two delivery systems. • Create a committee of front-line providers to look for and act upon low-risk, low-cost collaboration opportunities. Other assorted, specific recommendations that fall under the larger proposal related to adult and youth collaboration include the following: • When adults begin receipt of mental health services, they would be asked about the presence of children and youth in the home and if these children and youth are in need of assistance. Children and youth needs would be referred and followed up on by appropriate provider(s) • Increased coordination and collaboration with OBGYNs, pediatricians, and family practice doctors for prevention of and early treatment of post-partum depression. • Child Death Review Team for suicides would be expanded to include youth and TAY up through age 21. • More solutions would be sought in how to best utilize funds in a world of "parent as client" and "child as client" as opposed to "family as client" • In existing meetings that are focused on either children and youth services or adult services, all participating individuals would be treated with respect and seen as true partners in the larger goals. • Create crisis response teams that would have the authority and knowledge to work with whole families' needs.

Children and Youth Advisory Group (continued)

Detailed Recommendations: Collaboration (continued)	2. Build collaboration between programs and providers focused on children and youth services. Collaboration between children and youth-focused providers and systems exists and would be built upon. There would be many opportunities to leverage resources, cross-train employees and upgrade referral mechanisms between the Mental Health Branch, non-profit providers and fee-for-service providers of children and youth mental health services. Collaboration, cooperation and coordination would be an ongoing, long-term objective for all stakeholders focused on mental health services for children and youth. The following three suggestions would be essential "next steps" for collaboration among this group: • Create and maintain a matrix of all providers' (for example, DHHS, non-profit, and private) children and youth services, ages served, and geographic emphasis. This information would be gathered and periodically updated. Information would be categorized and made available to provider organizations and individuals administering services, and the community. • Create an on-going advisory group of DHHS providers, organizational providers, private providers and children and youth clients and/or their parents and families to continue leveraging ideas generated out of the MHSA Children and Youth Advisory Committee. • Establish a Mental Health Liaison who would make a focused effort to outreach and involve representatives from ages 0-5, acknowledging the role that these representatives play in preventing mental illness in children and youth.

Children and Youth Advisory Group (continued)

Detailed Recommendations: Collaboration (continued)	3. Build collaboration between persons delivering services to individual children and youth clients. The current use of teams in delivering mental health services to children and youth would be built upon in a manner that contributes to the efficiency and effectiveness of individual client treatment. Increased collaboration among team members would include the following components: • Teams would have the ability to resolve or respond to any conflicting mandates or advice that a children and youth (and their family) receive. • Children and youth participation (voice) on the team would be systematically included and upgraded. • The team model would evolve to include identification of additional resources that an individual children and youth (and their family) doesn't know about or know how to access. • Develop a mechanism that would allow non-traditional adult participants that the child/youth trusts to be included on the team (for example, a pastor, coach, or parental figure who is not a relative) • Use of teams would be used as appropriate throughout the continuum of treatment-not just in the beginning. • Development of a communication "tree" for each client at the beginning of treatment would help solve family problems/issues as they come up during treatment. All involved parties would receive notification and respond to support the child or youth and his or her family (for example, knowing that a child involved in Child Welfare Services had a family member enter alcohol or drug rehabilitation or jail would help to better assist the overall needs of the family unit).

Requirements for Successful Implementation of this Recommendation	1. Collaborative efforts at the line-staff level would require support from the top of all organizations and agencies involved. 2. Communication, collaboration, and coordination take time and money. Adequate financial support would be necessary for all involved parties. 3. There are many aspects of a "team approach" to treatment that would need further clarification. 4. Facilitation of meetings by a neutral party may help collaboration and coordination efforts move forward more efficiently than if facilitated by someone who is from a participating agency.

Children and Youth Advisory Group (continued)

How Collaboration Relates to AB 1881 Strategic Plan	One of the goals of integrated services is to "integrate administrative functions of Public Health, Social Services and Mental Health." This proposition and its recommendations directly align with this goal.

How Collaboration Relates to MHSA	Implementation of this proposition and its recommendations support all seven of the stated goals of MHSA. This proposition is foundational in addressing all seven MHSA priorities.

How Collaboration Relates to Community Input	Collaboration and Coordination" was the top prioritized theme among stakeholder meetings, and among the top themes from community meetings. Top themes from survey results all have elements of collaboration and coordination incorporated.

Existing Programs and Information to Leverage for Collaboration	• Use existing data in compiling a provider matrix and list (for example, North Coast Association of Mental Health Practitioners directory and member list and the Humboldt Community Switchboard data) • Learn from Healthy Moms Program. • Take notice of Humboldt Network (Net) meetings when planning any inter-organizational meetings focused on sharing information and collaboration. • Consider other models (for example, Family unity model, WRAP model, Family-to-Family model, Family resource centers). • Use existing child death review team process (for example, bylaws, members, and staff coordination) to expand suicide and violent death review of TAY through 21 years of age.

Transition Age Youth Advisory Group

Total Number of Recommendations Made by TAY Advisory Group	FOUR	**Priority Number of This Recommendation**	ONE

Provocative Proposition (Describes Preferred Future)	Transition Age Youth Involvement The participation of TAY (Transition Age Youth = ages 16 to 25) in all aspects of Mental Health services and education give youth the ability contribute to increasing culturally sensitive, preventive mental health care in all areas of Humboldt County. Due to TAY involvement, services are timely and effective, especially in early intervention and prevention, resulting in the inclusion of family, permanent relational connections, friends, and community. Such involvement and impact contributes to the stabilization and recovery of TAY clients.

Recommendation: TAY Involvement	Create a TAY Task Force focused on outreach, prevention, and intervention.

Detailed Recommendation: TAY Involvement	Create a TAY Task Force focused on outreach, prevention, and intervention. • A TAY Task Force would focus on outreach, prevention and intervention, empower youth to make changes in their communities, increase youths' self esteem through opportunities to speak out and share ideas, and provide outreach services to a variety of agencies. • A TAY Training Team would provide education, cross-training, and mental health awareness and de-stigmatization training for the public. • A mentoring program using older TAY who have experienced the DHHS system would provide one-on-one support and navigation for younger TAY. • TAY would be involved as members of mobile outreach teams, in employment supports, and in mental health services locations.

Transition Age Youth Advisory Group (continued)

How TAY Involvement Relates to AB 1881 Strategic Plan	A goal of the AB 1881 Strategic Plan is to increase consumer and community stakeholder involvement, and to increase individual and family recovery and self-sufficiency. This proposition directly involves TAY in collaboration with the Mental Health Branch to provide education, treatment and recovery services to the entire community.

Transition Age Youth Advisory Group (continued)

Total Number of Recommendations Made by TAY Advisory Group	FOUR	**Priority Number of This Recommendation**	TWO

Provocative Proposition (Describes Preferred Future)	Transition Support Transition into adulthood is made easier for TAY (Transition Age Youth = ages 16 to 25) due to the provision of culturally sensitive, independent living skills and services that prevent the need for mental health crisis services, homelessness, drug and alcohol dependence, and unnecessary interaction with the judicial system.

Recommendation: Transition Support	Provide support for TAY to transition into adulthood through building relationships, life skills, and other supports.

Detailed Recommendation: Transition Support	Transition support provided by TAY, support staff from DHHS branches, from naturally-occurring community agencies and systems would assist TAY consumers in identifying important personal relationships, developing life skills, and connecting with culturally appropriate community resources. • Life skills may include: housing search and access, college preparation, job search and preparation, apprenticeships, job shadowing, use of public transportation, social skills, healthy coping skills, banking and money management, and acquiring documentation such as a driver's license, social security card, birth certificate, or school transcripts. • Resources may be agencies, mentors (TAY navigators), case managers, parents, friends, peers, medical services, substance abuse treatment services, traditional and non-traditional practitioners. • Other supports may include subsidized housing, transportation, bus and gas vouchers, clothing and household items. • A co-occurring, voluntary, residential, treatment facility for TAY.

Transition Age Youth Advisory Group (continued)

How Transition Support Relates to AB 1881 Strategic Plan	This proposition and recommendation addresses the need to decentralize services and develop community partnerships in an effort to prevent acute mental illness episodes, homelessness, unemployment, incarceration, and substance abuse among TAY consumers.

Transition Age Youth Advisory Group (continued)

Total Number of Recommendations Made by TAY Advisory Group	FOUR	**Priority Number of This Recommendation**	THREE

Provocative Proposition (Describes Preferred Future)	Education and Training A customer-driven Office of Mental Health Education, Training and Prevention has been created with staff solely devoted to providing culturally-competent education and training for the public, relevant professionals, and TAY (Transition Age Youth = ages 16 to 25) with mental health issues and their families. This office has decreased the stigma of mental illness and increased the public's skills, understanding, awareness and capabilities of dealing with mental health issues and co-occurring disorders as they affect TAY.

Recommendation: Education and Training	1. Develop a training program for professionals. 2. Develop an educational program for public. 3. Develop a program for consumers that includes peer-support groups for TAY. 4. Develop a program for families. 5. Develop a navigation system.

Transition Age Youth Advisory Group (continued)

Detailed Recommendation: Education and Training	1. Develop a training program for professionals. The Mental Health Branch would identify or develop a culturally-competent program that would train law enforcement, educators, medical staff, and other professionals to readily screen, identify and refer TAY with possible mental health issues to appropriate private, non-profit, and public resources. 2. Develop an education program for the public. Identify or develop a culturally competent public information and social marketing program for the community in general and for school campuses. Conduct a campaign to increase understanding and acceptance of people with mental health issues. 3. Develop a program for consumers that includes peer-support groups for TAY. The Mental Health Branch would identify or develop a culturally competent program that would include peer support groups to help TAY with mental health issues understand their own mental health challenges and recovery opportunities. 4. Develop a program for families. The Mental Health Branch would identify or develop a culturally-competent program to help families understand mental disorders, medication options, alternative therapies, treatment options, the mental health system, the judicial system, and how to access all the available services and resources—including private, non-profit and public. 5. Develop a navigation system. The Mental Health Branch would identify or develop a culturally competent, easily accessible resource and referral system for TAY, families, professionals, and the public. The resource and referral system would use webs sites with links to services, handbooks, brochures, videos, and trainings. This navigation and information system would include practical and easily accessible information on all mental health and related services and systems.

Transition Age Youth Advisory Group (continued)

How Education and Training Relate to AB 1881 Strategic Plan	This proposition and recommendation relates to the strategic plan that addresses the need for public education, and provides support and information to TAY consumers, families, support systems, and community providers.

Transition Age Youth Advisory Group (continued)

Total Number of Recommendations Made by TAY Advisory Group	FOUR	**Priority Number of This Recommendation**	FOUR

Provocative Proposition (Describes Preferred Future)	Outreach and Access Increased access for mental health services for TAY (Transition Age Youth = ages 16 to 25) and their families are available throughout the county in a variety of ways, providing culturally-competent, easily-available support that increases stability, recovery and healthy integration into the Humboldt County communities.

Recommendation: Outreach and Access	1. Create a Mobile Service, Consultation, and Resource Team. 2. Establish Mental Health Annexes in Outlying Areas. 3. Create a Mobile Crisis Team.

Transition Age Youth Advisory Group (continued)

Detailed Recommendation: Outreach and Access	1. Create a Mobile Service, Consultation, and Resource Team. This Mental Health Branch mobile team would include a doctor, registered nurse, clinician, case manager and TAY expert advisor to provide services, consultation and additional resources to outlying areas on a weekly basis. The mobile team would utilize existing community facilities such as clinics, schools, churches, and community centers. 2. Establish Mental Health Annexes in Outlying Areas. Mental Health Annexes would be located in outlying areas (e.g. Orick, Orleans, Weitchpec, Garberville, and Fortuna) and would be staffed several days a week by a psychiatrist, registered nurse, case manager, clinician, and a TAY expert advisor. The Mental Health Annexes would partner with existing clinics, Family Service Centers, and Family Resource Centers to share facilities. 3. Create a Mobile Crisis Team. The Mobile Crisis Team would include members from Psychiatric Services, Same Day Services, as well as a doctor, registered nurse and/or clinician, with optional police officer support. The team would be on-call to respond to crises in emergency rooms, schools, clinics, police stations, and in the community at-large.

How Outreach and Access Relate to AB 1881 Strategic Plan	This proposition would provide decentralized services to all outlying areas of the community, strengthening the partnership between county services and community-based organizations.

Adult Advisory Group

Total Number of Recommendations Made by Adult Advisory Group	FOUR	**Priority Number of This Recommendation**	ONE

Provocative Proposition (Describes Preferred Future)	Access Humboldt County Department of Health and Human Services (DHHS) is a flexible system with multiple portals. Clients enter the system through satellite offices in outlying areas, through the attractive and functional primary facility in Eureka, through offices of community providers, or through intervention by mobile crisis teams. There is no wrong door. The client goes one place and tells their story one time. Services are accessible on demand and available in the client's native language. All providers use a uniform assessment tool and all information is available to everyone involved in the care of the client. The client is automatically screened for all services based on this tool. Client information is readily available to all agencies involved in client care, including community-based organizations. Culturally competent services are provided to all clients regardless of race or ethnicity, social class or sexual orientation. DHHS takes the lead in encouraging human rights issues to be addressed. All providers have programs to encourage cultural diversity. DHHS offers training to employees and other service providers in the philosophy and practice of harm reduction. Harm reduction is a principle advocated and implemented as an initial first step throughout the community, including DHHS. Clients can call for help without fear. A crisis response team is available to respond to calls for help initiated by clients, local law enforcement or other providers.

Adult Advisory Group (continued)

Recommendation: Access	The Department of Health and Human Services (DHHS) would work closely with community providers to improve the access and availability of mental health services to residents of Humboldt County by accomplishing the following: 1. Moderate and remove operational barriers 2. Assist clients in identifying and receiving services 3. Provide respectful engagement of the whole person 4. Emphasize recovery and wellness.

Adult Advisory Group (continued)

Detailed Recommendation: Access	The Department of Health and Human Services (DHHS) would work closely with community providers to improve the access and availability of mental health services to residents of Humboldt County by accomplishing the following: 1. Moderate and remove operational barriers to access. • Decentralize access points into the system • Develop a database system to share records and client information between DHHS and community providers • Create and use a uniform assessment tool that encompasses all services needed by clients such as shelter, food, substance abuse counseling, mental health services, health care, etc. • Implement a cooperative agreement allowing single-entry access throughout the county from multiple entry points, including community providers • Create a psychiatric emergency team (PET) for community outreach, including law enforcement, 24/7. 2. Assist clients in identifying and receiving services they need. • Implement pro-active outreach, go to where the people are, reach out to people that won't utilize storefront or institutional access points • Employ a Patient Navigator/Liaison to guide clients in whom to call • Develop a coordinated, county-wide system of transportation • Create mobile assessment teams to go to outlying communities to help them gain access. 3. Provide respectful engagement of the whole person. • Provide universal training in harm reduction, co-occurring disorders and cultural competency – everyone would be trained in how to deal with diverse clients and clients from special populations • Provide bi-lingual/multi-lingual services • Take people as they are without preconceived bias; make no assumptions about clients based on their history or previous encounters. 4. Emphasize recovery and wellness. • Focus on strength-based systems with an emphasis on recovery and wellness • Acknowledge that people can change through respectful, non-judgmental treatment delivery.

Adult Advisory Group (continued)

How Access Relates to AB 1881 Strategic Plan	This proposition and recommendation address the integrated services goals of developing a single point of entry with services available where clients and families are located, implementation of strength-based and recovery-oriented treatment and support, and development of cultural and client diversity capacity.

How Access Relates to MHSA	This proposition and recommendation relate to the MHSA by increasing access to services, reducing incarceration related to mental illness, and reducing involuntary care.

How Access Relates to Community Input	Access to services and availability was the number one theme of the community meetings and was the second most mentioned theme in the stakeholder meetings.

Requirements for Successful Implementation of Access	1. Development of a uniform assessment tool to be used by all providers in the system. 2. Development and implementation of cooperative agreements between community providers and DHHS that permit free exchange of information and services. 3. Training in the philosophy of harm reduction and recovery, strength-based methods of treatment and support, support for persons with co-occurring disorders and other topics that emphasize wellness and recovery. 4. Development of staff capacity to deliver culturally-competent services in multiple languages. 5. Development of a database system that allows for appropriate sharing of client information to all participants in client support services.

Adult Advisory Group (continued)

Total Number of Recommendations Made by Adult Advisory Group	FOUR	**Priority Number of This Recommendation**	TWO

Provocative Proposition (Describes Preferred Future)	Collaboration For the quality of life of our clients and our community, we collaborate and learn from one another every day. Our commitment to collaboration and learning includes: • Providing on-going mechanisms for education, training, and cross-training; working collaboratively; learning from one another; and, creating a common understanding of the various services, the strengths of those services and the key contacts to access them. These mechanisms include all agencies, public and private, that serve clients • Saving money and leveraging resources by finding common solutions for common problems, for example, transportation • Working across agency boundaries and overcoming agency constraints to serve clients. Because we believe collaboration and learning is critical to our ability to serve our clients effectively… • Our executive managers and managers collaborate with one another and hold one another and their organizations accountable for collaborating, achieving outcomes for clients, and continuing to learn about how best to achieve desired outcomes for clients. • As a part of how we do business, we expect to work with other staff members within and outside DHHS to serve the client as a whole person. Because 70-80% of mental health clients have co-occurring disorders… • DHHS employees from different branches and specialties work together in teams, to provide integrated treatment to address clients with mental health and alcohol and other drug issues. This uses resources more effectively, reduces duplication of efforts, and increases success rates for clients • DHHS assists community providers with training and education so they can effectively integrate their mental health and substance abuse programs.

Adult Advisory Group (continued)

Recommendation: Collaboration	Better Serve Clients Through Collaboration. 1. Create multi-disciplinary teams. 2. Match authority with accountability. 3. Make the Key Guiding Principle be that "We are all Service Providers." 4. Create Middle Management Teams. 5. Use Community Storefronts. 6. Include Adult Clients as Part of the Team. Reorganize to Support Client Teams. 1. Provide systematic support to multi-disciplinary teams. 2. Enhance creativity and service. 3. Address co-occurring disorders for mental health and alcohol and other drugs. Create a Mission/Outcome-Driven Performance Management System. 1. Create mission/outcome-driven performance management system. 2. Focus on outcomes. Plan for a Smooth Transition. 1. Plan the transition. 2. Build commitment to collaboration.

Adult Advisory Group (continued)

Detailed Recommendation: Collaboration	Better Serve Clients through Collaboration. 1. Create Multi-disciplinary Teams • Create multi-disciplinary teams of both public and private providers to offer services at the front end. The client only reports to one group. • One team would serve groups of clients. For example, a client reports to *one* team for Food Stamps, MediCal/ California Medical Services Program (CMSP), primary medical care, mental health services, public health, and employment services. • By including Food Stamps and MediCal eligibility workers and In Home Supportive Services representatives on the multi-disciplinary teams, the professionals like public health nurses, case managers, Child Welfare Services. social workers, and clinicians could intervene at earlier stages—before the client's behavior has deteriorated to the level of in-patient mental health services, prison, or jail. • Consider clients as part of the team. 2. Match Authority with Accountability. • In order for such collaboration to work, multi-disciplinary teams would need the ability and authority to make decisions to better serve clients (for example, continuing education and training, collaborative work, attending meetings, sharing branch staff, job enrichment opportunities, and logistical support). • Streamlining the decision making process would better serve the collaborative work. 3. Make the Key Guiding Principle be that "We are all Service Providers." • The multi-disciplinary teams and administrators would hold themselves mutually accountable to this principle. In other words, they would ask themselves and one another, "Does this action or decision match our guiding principle?" • This collaboration would recognize the acquired wisdom of team members.

Adult Advisory Group (continued)

Detailed Recommendation: Collaboration (continued)	Collaboration (continued) 4. Create Middle Management Teams. • Middle managers team meetings would set up ways to find methods to integrate, serve people better, and solve problems. • This would need strong direction from executive management. 5. Use Community Storefronts. • Multi-disciplinary teams would operate out of storefronts all over the county to meet the clients' needs. • Collaboration among team members would be essential to catching problems early in a client's life. Eligibility workers hear about and observe problems at the earliest stages and would be crucial to multi-disciplinary teams. 6. Include Adult Clients as a Part of the Team. • Provide education, support, mentoring, and early intervention to families by empowering adult clients in their parental roles, thereby decreasing future costlier services.

Adult Advisory Group (continued)

Detailed Recommendation: Collaboration (continued)	Reorganize to Support Client Teams. 1. Provide Systematic Support to Multi-Disciplinary Teams. • DHHS would provide consistent and systematic support and resources to multi-disciplinary teams. • DHHS would create an organization where managers and supervisors provide resources and support for multi-disciplinary teams to provide integrated, supportive services to clients. (See Robert K. Greenleaf, et al, Servant Leadership: a Journey into the Legitimate Power and Greatness). 2. Enhance Creativity and Service. • To obtain maximum creativity from multi-disciplinary teams and to enable them to collaborate with others in the various DHHS branches and providers outside DHHS, executives and managers would focus on making sure the teams were able to serve clients. This would entail decreasing supervisory and decision-making layers. • Case managers would be part of the multi-disciplinary teams. The focus would be on the client at all times. 3. Address Co-Occurring Disorders for Mental Health and Alcohol/Other Drugs. • Because 70 to 80% of mental health clients have co-occurring disorders involving mental health and alcohol/other drugs, the multi-disciplinary teams would serve these clients based on a harm reduction model.

Adult Advisory Group (continued)

Detailed Recommendation: Collaboration (continued)	Create a Mission and Outcome-Driven Performance Management System. 1. Create a Mission and Outcome-Driven Performance Management System. • DHHS would develop a performance management system so that it supports achievement of the mission and outcomes at every level. • Executive managers would to commit to collaboration in order to achieve the mission. 2. Focus on Outcomes. • Use evidence-based practice to conceptualize the service plan at the front end and to evaluate programmatic outcomes at the back end. • Focus on outcomes, not activities (for example, the HUD application for homeless dollars has lists of meetings and attendance). Promote the use of quantitative and qualitative data to measure performance. Plan for a Smooth Transition. 1. Plan the Transition. • The transition into a new way of doing business would be smooth, using this initiative as a springboard into the transition. • A group of stakeholders would work as a team to assist with the transition. Hire an external consultant to help plan and implement the transition or, hire an outside/independent evaluator to work with an oversight board. 2. Build Commitment to Collaboration. • Build an internal mechanism to support the notion of organizational collaboration. Collaboration would occur when line staff is vested in the mission.

Adult Advisory Group (continued)

How Collaboration Relates to AB 1881 Strategic Plan	One of the goals of integrated services is to integrate the administrative functions of Public Health, Social Services, and Mental Health. This proposes integrating clinical services as well. Implementing this recommendation would take a significant step towards creating an integrated system of care with a holistic view of needs. This is the second goal of integrated services.

How Collaboration Relates to MHSA	Two of the purposes of MHSA are to "increase access to services" and "increase involvement of clients and families in community mental health system. Implementation of these recommendations would help to accomplish the MHSA purposes.

How Collaboration Relates to Community Input	Collaboration and coordination was ranked highest in the summary of prioritized themes from the stakeholder meetings. The specifics included "better interface between systems" and good inter-department collaboration. This proposition and recommendations speak directly to the stakeholders' desire. Availability and accessibility was ranked number one in the community meetings and number two in the stakeholder meetings. Use of multi-disciplinary teams and "storefronts" would help respond to this desire.

Requirements for Successful Implementation of Collaboration	1. Commitment to collaboration at all levels across DHHS. 2. Memorandums of Understanding between providers and DHHS.

Adult Advisory Group (continued)

Total Number of Recommendations Made by Adult Advisory Group	FOUR	**Priority Number of This Recommendation**	THREE

Provocative Proposition (Describes Preferred Future)	Provide Supportive Services for Clients All providers and clients embrace a guiding philosophy that life is enhanced by individual contribution, responsibility, and the opportunity to learn new ideas and to engage in new experiences, including employment, educational opportunities, social interactions and work activities. Our clients have open access to meaningful employment in integrated work sites within the community. They experience the personal dignity that increases the success associated with the Assertive Community Treatment and the Recovery, Wellness and Discovery treatment models. Due to a system of services and supports determined by the individual served, a quality of life that is complementary to the individual's own life, and which does not intrude upon the person's chosen lifestyle results. Our clients are so empowered as to obtain a life that is made meaningful by loving, being loved, friends and relationships.

Adult Advisory Group (continued)

Recommendation: Supportive Services for Clients	Provide Supportive Services for Clients 1. Create an infrastructure (e.g. people and systems) grounded in the philosophy of harm reduction. 2. Create a system that focuses on supporting persons with mental health and alcohol and other drug issues. 3. Create and maintain an integrated delivery system that promotes timely delivery of primary services and follow-up services through an increased number of case managers. 4. Provide Supportive Services through a community-integration approach that is consumer-centered. 5. Enhance the availability of stable, affordable housing obtained through collaboration with Federal, State, and private funding to permit persons with mental illness to experience security during recovery.

Adult Advisory Group (continued)

Detailed Recommendation: Provide Supportive Services for Clients	Provide Supportive Services for Clients. 1. Create an infrastructure (e.g. people and systems) grounded in the philosophy of harm reduction. • Recruit a culturally diverse staff that would participate in ongoing, joint-training opportunities with all providers that support a professional environment. • The infrastructure would encourage the notion of client education, peer counseling and peer-support groups. 2. Create a system that focuses on supporting persons with mental health and alcohol and other drug issues. The treatment component would utilize: • A harm reduction philosophy (e.g. co-occurring disorders) • Joint training opportunities for all case managers and law enforcement • A culturally diverse staff • Client education and peer counseling • Peer-support groups (e.g. anger management, co-occurring disorders) 3. Create and maintain an integrated delivery system that would promote timely delivery of primary services and follow-up services through an increased number of case managers. • The system would include increased case conferencing regarding clients, case management in jails and for people recently released from prison, the establishment of regular meetings between all case managers in the system, including law enforcement and community and school-based traveling case managers. • The system would provide effective, integrated service delivery to all community stakeholders with mental health and alcohol and other drug issues.

Adult Advisory Group (continued)

Detailed Recommendation: Provide Supportive Services for Clients (continued)	4. Provide Supportive Services through a community-integration approach that is consumer-centered. • Clients would be empowered to retain control over their supports and their lives. • Supportive services would be racially and culturally appropriate, flexible as needs change, focused on strengths, able to meet special individual needs, and would be accountable to consumers and their families. • Supportive Services would be "consumer-driven" and provided in "natural and community-based, integrated settings." • All services would focus on the "whole person" supporting strengths and abilities in recovery. The expectation would be that individuals can grow and change. The delivery system would recognize the need to be person-centered treatment through the inclusion of: • Collaborative development of affordable housing • Supportive/supported employment • A holistic treatment approach to all of the clients needs (for example, health screening and housing) • Consumer driven services with multiple choices available • Respectful, non-judgmental delivery of services with the acknowledgment that change is possible • Strength-based system based on the Assertive Community Treatment and Recovery, Wellness and Recovery treatment models. 5. Enhance the availability of stable, affordable housing obtained through collaboration with Federal, State, and private funding to permit persons with mental illness to experience security during recovery.

Adult Advisory Group (continued)

How Supportive Services Relate to AB 1881 Strategic Plan	• See client, family, community at the center of an integrated system of care with holistic view of needs; • Commitment to strength-based recovery; • Focus on positive outcomes; • Develop cultural/client diversity capacity for integration into programs and policy development.

How Supportive Services Relate to MHSA	• Enhancement of purposeful activity, employment, vocational training, social and community activities, education; • Development and enhancement of housing availability to reduce homelessness; • Increased access to services; • Reduction of incarceration related to mental illness; • Increased involvement of clients and families in our community mental health system; • Enhancement of cultural sensitivity and competence.

How Supportive Services Relate to Community Input	• Desire for increased availability and access to services; • Desire for increased community outreach; • Desire for increased collaboration and coordination between service providers; • Desire for enhanced case management and the development of a full spectrum of services.

Requirements for Successful Implementation of Supportive Services for Clients	1. Training and implementation of the *Kennedy Axis V* (Kennedy, 2003) tool to assess clients and determine their level of functioning based on evidence-based practice. 2. Establishment of a workgroup of providers to recommend caseload parameters based on evidence-based outcomes developed through the use of the *Kennedy Axis V* indicators. 3. The inclusion of case managers on multi-disciplinary teams comprised of staff from DHHS (SSB, PHB, MHB/AOD) and community providers. <u>Reference</u> Kennedy, James A., MD: *Mastering the Kennedy Axis V, A New Psychiatric Assessment of Patient Functioning*, Washington, DC, American Psychiatric Publishing, Inc., 2003.

Adult Advisory Group (continued)

Total Number of Recommendations Made by Adult Advisory Group	FOUR	**Priority Number of This Recommendation**	FOUR

Provocative Proposition (Describes Preferred Future)	Prevention and Education Due to systematic, effective educational programs delivered throughout the county to all identified communities (e.g., cultural, geographic, economic, etc.), people in Humboldt County treat mental illness like any other illness. They integrate people with mental illness into their communities. Customized programs for specific groups encourage people to seek help early. Due to early detection and intervention, chronic mental illness is decreasing significantly along with the need for acute services, including jail. These early detection and intervention programs save clients and their families from suffering and help keep families healthy and stable. They save the client from having to go through the trauma of a crisis. This leads to faster recovery for the client. Because of this, costs for treatment are decreasing annually as the use of primary prevention services are increasing.

Recommendation: Prevention and Education	Prevention and Education Create a county-wide program targeting prevention and/or early intervention focusing on mental health and alcohol and other drug issues. This program would disseminate specific information to all community stakeholders regarding early identification of mental health and alcohol and other drug issues. It would provide information and assistance as well as encouragement to seek early treatment.

Adult Advisory Group (continued)

Detailed Recommendation: Prevention and Education	Create a system that would focus on educating the populace about mental health and alcohol and other drug issues. The educational outreach would address such issues as: • Types of disorders (for example, Post-Traumatic Stress Disorder, Manic Depression, and Dual-Occurring Disorders) • Early symptom recognition • Information and referrals • Available Resources/Services • How to access all systems • De-stigmatizing mental health and alcohol and other drug disorders and treatment • Continuous trainings The system would provide multi-lingual outreach to all segments of the county. This system would not only disseminate information but would solicit feedback for system improvements. Some of the targeted groups would include: • People in all geographic locations in the county • Specific ethnic/cultural groups • Pre-school to university students • Community service providers • Older adults • Physicians • Hospitals • Clinics • Parents • Clergy • Family Resource Centers

Adult Advisory Group (continued)

Detailed Recommendation: Prevention and Education (continued)	This outreach should be jargon free and occur through a variety of methods including: • A specific web site • On-site presentations • Web-based presentations and trainings • Newspaper, radio and other media • Access to a liaison twenty-four hours a day via phone, e-mail, and in person to gain information regarding access and systems navigation.

How Prevention and Education Relate to AB 1881 Strategic Plan	One of the goals of integrated services is to "create public education and outreach efforts." This proposition and recommendation provides direction and specifics for how to go about doing this for the adult population.

How Prevention and Education Relate to MHSA	One of the goals of MHSA is to "reduce incarceration related to mental illness." Through increased understanding and early intervention, the need for acute services, including jail, will decrease.

How Prevention and Education Relate to Community Input	Training and education was ranked third in the summary of the prioritized themes from the community meetings and the stakeholder meetings. The specifics under each included "greater understanding of what mental health means."

Requirements for Successful Implementation of Prevention and Education	1. People believe prevention and education is important. 2. Form a multi-agency cabinet to facilitate strategic planning and identify training opportunities. 3. Leverage the expertise and experience of the Health Education Specialists in the Mental Health Branch. In other words, use them throughout DHHS.

Older Adult Advisory Group

Preface

Humboldt County has a significantly large aging population that will continue to grow. This is a population that is currently underserved. We recommend that funding allocations should directly correspond to age demographics and economic need.

Total Number of Recommendations Made by Older Adult Advisory Group	SIX	**Priority Number of This Recommendation**	ONE

Provocative Proposition (Describes Preferred Future)	Access and Availability of Services Client-centered services are provided: • In the primary language of the client and are culturally appropriate • In collaboration with their natural support system • In natural settings where older adults are present • By multi-disciplinary teams • In both face-to-face and through tele-technology delivery systems • With transportation supports that meet clients' functional needs.

Recommendation: Access and Availability	Access and Availability of Services Create county-wide mental health services that are accessible and available to older adults. Ensure multi-disciplinary case management and transportation services to and from natural settings (e.g., homes, senior centers, Adult Day Health Care, and board and care facilities) for older adults in all parts of the county. Mental health services for older adults will support agency collaboration and blended programs. Clients and their support systems will have access to mental health services twenty-four hours a day, seven days a week, through face-to-face and tele-technology services.

Older Adult Advisory Group (continued)

Detailed Recommendation: Access and Availability of Services	1. Create a system where mental health services would be blended with other highly-used services and provided in natural settings where older adults are likely to frequent. • Mental health services would be provided in licensed facilities (e.g., board and care, skilled nursing facilities) and on-site at primary care doctors' offices. • Doctors, clinicians, social workers, nurses and case managers would travel to natural settings where older adults are likely to be (e.g., in their homes, senior centers, Adult Day Health Care, and board and care facilities) to do assessments, provide case management and mental health services. • Psychological services (e.g., support groups, one-on-one psychological therapy, short-term counseling) would be available at senior centers and other natural settings. • Blended programs would be supported by eliminating the waiver process. • Existing funding sources would be utilized to provide mental health services and Adult Day Health Care services in the same setting. 2. Ensure transportation supports are aligned with older adults' functional levels and accommodate different levels of ability. This system would include case managers providing transportation to necessary support services, and for daily living activities (e.g., shopping). Low-cost senior vans—like Fortuna model—could be utilized to reach this goal.

Older Adult Advisory Group (continued)

Detailed Recommendation: Access and Availability of Services (continued)	3. Utilize a multi-disciplinary, collaborative, and culturally competent approach to service delivery by: • Integrating public health, mental health, and social services (for example, Adult Protective Services) • Providing a mechanism for team members to share client information (for example, waiver from client) • Having nurses available to dispense medications expediently • Training case managers to recognize 5150s—a "warm person" doing interventions rather than/or in collaboration with a "uniformed person" • Assigning case managers based on the client's primary need • Having mental health clinicians who are bi-lingual/multi-lingual • Considering the use of the former Older Adults Mental Health Program model for in-home services. 4. Develop, or link with existing, tele-support and tele-medicine sites (for example, San Francisco-based "Friendship Line") for clients, family members, and providers that would be toll-free; bi-lingual/multi-lingual; and available twenty-four hours a day, seven days a week. Tele-support/medicine would also provide the following: • A crisis-line that would elicit help with an actual physical response (for example, intervention by a trained professional, police) • A warm-line to help people link to senior resource information and referrals, specific to older adult needs, and to triage mental health concerns • A compassionate, human voice, used to dealing with older adults • A tele-nurse • Tele-support for primary care providers to access a psychiatrist.

Older Adult Advisory Group (continued)

How Access and Availability Relate to AB 1881 Strategic Plan	This recommendation supports the Department of Health and Human Services AB 1881 commitment and goals by providing holistic, integrated programs to clients and families where they are located.

How Access and Availability Relate to MHSA	This recommendation supports the Mental Health Services Act by increasing access to services, involving clients and families in treatment planning, and reducing involuntary care.

How Access and Availability Relate to Community Input	This recommendation echoes the priorities expressed in the community meetings, stakeholder meetings, and surveys.

Requirements for Successful Implementation of Access and Availability of Services	1. More locations—in natural settings—where services are available 2. Memorandums of Understanding or Shared Facility Agreements with collaborating agencies 3. Increased numbers of all service providers (e.g., case managers, health care providers, clinicians, etc.) 4. Tele-medicine and tele-support sites or links with existing tele-medicine providers (e.g., San-Francisco-based "Friendship Line") 5. A trained, culturally-sensitive, and culturally and linguistically diverse staff. 6. Frequent and cheap transportation options for seniors—busses, vans and drivers 7. Investment in case managers' access to agency vehicles to transport clients

Older Adult Advisory Group (continued)

Total Number of Recommendations Made by Older Adult Advisory Group	SIX	**Priority Number of This Recommendation**	TWO

Provocative Proposition (Describes Preferred Future)	Quality, Quantity, and Increased Capacity There are conjoined mental health and primary care services for older adults. Psychiatric care is based on prioritized needs using a universal assessment (e.g., Global Assessment of Functioning and DSM4) in such a manner that trained geriatric specialists meet crises with quick response. The age requirement to receive services is lowered to age 50+ as needed.

Recommendation: Quality, Quantity, Increased Capacity	Quality, Quantity, and Increased Capacity Assure active and regular participation in collaboration between the Mental Health Branch, private health and mental health providers, and the broader community. This on-going exchange of needs, information, and best-practices would enhance the capacity of existing providers, increase the ability to attract additional geriatric providers, and allow older adults access to a broader base of resources, more quickly, and in a variety of settings.

Older Adult Advisory Group (continued)

Detailed Recommendation: Quality, Quantity, Increased Capacity	Quality, Quantity, and Increased Capacity 1. Provide Priority Access. In an effort to ensure quick access to mental health services for older adults, "Golden Tickets," or priority passes to appointments and services, could be issued by primary care physicians, social workers, Adult Day Health staff, and case managers. Using an agreed-upon, universal assessment tool (e.g., Global Assessment of Functioning), care providers would evaluate clients (via phone or in-person) and determine their eligibility for a Golden Ticket. 2. Deliver High-Quality Care. The integrated system would deliver high-quality care by overlapping mental health and primary care needs. Services would be all-inclusive—based on older adults' functional levels—and age requirements to receive services would be lowered to age 50+ as needed. Services would be accessed in a timely manner—within hours for acute episodes, within a week for non-acute episodes. Wellness screening efforts would continue with additional screening for depression and alcohol and other drug use. Great care would be given when labeling clients, as labels will stay with them forever and may impact their future eligibility for services. The former Older Adults Mental Health Services model, as well as the previously designed Walk-in/Same Day Services triage system would serve as good integrated services models.

Older Adult Advisory Group (continued)

Detailed Recommendation: Quality, Quantity, and Increased Capacity (continued)	3. Increase Capacity. More providers, and therefore more provider visits would be available to older adults. More doctors, psychiatrists and family nurse practitioners would accept MediCal. More psychiatrists specializing in older adult mental health issues would work for Mental Health and at least one full-time staff member would do home visits. Mental Health would recruit and retain more providers and geriatric professionals by utilizing our "Rural Underserved" status and by possibly partnering with Humboldt State University to hire providers' spouses. An educational model, similar to the Dental Health Certification program at College of the Redwoods, would educate local people in a local setting and to fill mental health staff positions. A geriatric training program would be linked with the Certified Nursing Assistant, Masters of Social Work and/or Nursing Programs at Humboldt State University. On-going, user-friendly educational opportunities (e.g., Humboldt/Del Norte Consortium for Medical Care) regarding Geriatrics and Geriatric Mental Health would be available for providers; Geriatric Certifications would be available for primary care physicians and Mental Health Branch staff. More funding would be allocated to pay geriatric specialists.

Older Adult Advisory Group (continued)

How Quality, Quantity, Increased Capacity Relate to AB 1881 Strategic Plan	Integrated mental health and primary care services helps to involve the broader community, thereby creating an holistic system of care.

How Quality, Quantity, Increased Capacity Relate to MHSA	This supportive collaboration encourages the involvement of clients, families, and other support systems; reduces stigma; and increases access to services.

How Quality, Quantity, Increased Capacity Relate to Community Input	Community members repeatedly stressed the need for services to be more widely available and integrated.

Requirements for Successful Implementation of Quality, Quantity, and Increased Capacity	1. Development of a common, certified training program to standardize the use of the Global Assessment of Functioning (GAF) Tool 2. Mental Health Branch agreement to accept the GAF score to facilitate priority access to services 3. Cooperation and communication between the Mental Health Branch and community providers (e.g., a Mental Health Administrative Representative on the Community Health Alliance and a Primary Care Providers Representative on the Mental Health Advisory Board

Older Adult Advisory Group (continued)

Total Number of Recommendations Made by Older Adult Advisory Group	SIX	**Priority Number of This Recommendation**	THREE

Provocative Proposition (Describes Preferred Future)	Education There are expanded educational programs regarding geriatric mental health issues in both public and professional venues. Providers and clients mutually better understand mental illness and the services available for treatment, thereby reducing stigma.

Recommendation: Education	Education Create an educational program for all ages (pre-school through older adult) targeting service providers, educators, law enforcement, and community members that will educate people regarding mental health and the older adult population. Use media, including newspapers, TV, web sites, and radio to reduce the stigma associated with mental illness and encourage people to seek help early.

Older Adult Advisory Group (continued)

Detailed Recommendation: Education	1. Community Education Create a speakers bureau that would be available to the general public, community and service groups, service providers, agencies, teachers and caregivers to offer broad-based education and information regarding mental health in an effort to reduce stigma and encourage people to seek care early. Additional educational information and materials would be available via a web site, low-cost TV/internet access, Public Service Channels, radio, and newspapers. Efforts would be made to reach people who cannot use/do not have access to internet services. 2. Service Providers Specific geriatric health and mental health training programs would be developed for doctors and other service providers to help them recognize diminishing capacity associated with aging, as well as other older adult-specific mental health issues (e.g., the distinction between dementia and depression) and resources. The Mental Health Branch would offer and require more Continuing Education Units regarding geriatrics and mental health. 3. Law Enforcement Police officers would receive mental health training through the College of the Redwoods Police Academy curriculum. Efforts would be made to ensure law enforcement and providers communicated via a common language and understanding of services and systems. More case managers would be trained to recognize 5150s and assist police in interventions.

How Education Relates to AB 1881 Strategic Plan	This proposition creates a public education and outreach campaign, and provides a system of prevention, support and treatment for the older adult population.

How Education Relates to MHSA	This proposition increases the community's awareness of services available for the older adult population, thereby reducing stigma and rates of incarceration.

Older Adult Advisory Group (continued)

How Education Relates to Community Input	This proposition relates to the community's desire for increased mental health educational efforts for clients, family members, providers, and the general public.

Requirements for Successful Implementation of "Education"	1. Adequate funding, time, and coordination 2. DHHS and agency stakeholder collaboration and cooperation 3. Identification of a lead agency to coordinate a speakers bureau 4. Allocation of DHHS's training funds towards geriatric health education 5. Establishment of a central management agency in order to collaboratively secure grants and pool funding sources

Older Adult Advisory Group (continued)

Total Number of Recommendations Made by Older Adult Advisory Group	SIX	**Priority Number of This Recommendation**	FOUR

Provocative Proposition (Describes Preferred Future)	Data Collection and Access A multi-tiered database is shared among cooperating agencies upon the client's consent, that increases access to appropriate services in a timely fashion (e.g., a model similar to the Housing and Urban Development Management Information System). The shared database lessens clients' frustrations since they only have to tell their story one time, and repetitious paperwork, duplicated and contra-indicated treatments (e.g., repeated tests, medications) are eliminated. The database system gives clients control over their records and allows them to determine agencies' access to tiered-levels of information. The shared database builds greater inter-agency connections and cultivates professional relationships, thereby improving services for clients.

Recommendation	Data Collection and Access Create a single, centrally-managed, data-collection system that is client-centered and is instantaneously accessible by staff from multiple agencies (e.g., case managers, organizational providers, emergency response services, family support centers, law enforcement, and jails) that involved in clients' lives.

Older Adult Advisory Group (continued)

Detailed Recommendation: Data Collection and Access	1. Database System Create a centrally-controlled, relational database with compartmentalized data (e.g., demographic and socio-economic data; general health overview; mental health history; crisis history/traumas; prognosis and current condition; contagious disease status; medication history; and justice system information) with tiered levels of information and access. Data would be easily edited and quickly updated. 2. Client Control Ensure clients have control over agencies' access to different tiers of data via automated releases of information using a unique identifier/electronic password (e.g., Area Agency on Aging software model). Clients would have the ability to change agencies' information access status quickly; there would be no cumbersome paperwork process. Older adult clients could have their unique identifiers on medi-alert-like bracelets. 3. Inter-Agency Connections Increase agency connections and collaboration by standardizing the criteria for collecting data and sharing information, thus streamlining the service delivery process.

How Data Collection and Access Relate to AB 1881 Strategic Plan	This data collection system contributes to the integration of administrative functions in the Department of Health and Human Services, and also supports the creation of a single point of entry for clients and families.

How Data Collection and Access Relate to MHSA	This data collection system increases timely access to services and reduces incarceration related to mental illness.

How Data Collection and Access Relate to Community Input	This data collection system supports "collaboration and coordination" which was a priority identified at both stakeholder and community meetings. It also increases "availability and accessibility" of services.

Older Adult Advisory Group (continued)

Requirements for Successful Implementation of Data Collection and Access	1. Identification and adoption of a common model/software system. Look at existing models (e.g., Health Care Financing Administration and Sonoma County's Health Management Information System) 2. Department of Health and Human Services maintenance of the database system 3. Establishment of a work group to address confidentiality issues and determine database parameters. 4. Agreement to a standardized intake process for all agencies

Older Adult Advisory Group (continued)

Total Number of Recommendations Made by Older Adult Advisory Group	SIX	**Priority Number of This Recommendation**	FIVE

Provocative Proposition (Describes Preferred Future)	Culturally Appropriate Services/Access The Mental Health Branch provides culturally competent services and approaches each individual uniquely. All clients are served regardless of race, ethnicity, social class or sexual orientation, while recognizing Humboldt County's unique sub-cultures. Human rights issues are identified and addressed. Programs are available to encourage staff development and to recruit diverse individuals that represent populations served.

Recommendation	Culturally Appropriate Services/Access Hire providers that represent different cultural groups and are discreet, using appropriate-age interpreters when necessary. Ensure providers are aware of cultural stigma attached to mental illness and possible fears of the medical community. Providers would investigate clients' medical status thoroughly and honor their cultural values.

Older Adult Advisory Group (continued)

Detailed Recommendation: Culturally Appropriate Services/Access	1. Providers Service providers would be hired to represent different cultural groups in the community. All providers would receive education regarding cultural competency. Providers would use discretion and approach each individual client uniquely, making no assumptions. Providers would recognize the stigma attached to mental illness in many cultures and ensure an accurate diagnosis by completing a thorough medical assessment, using same-age interpreters if necessary (not children or teen family members) to ensure older adult clients' honesty, privacy and accuracy of information. 2. Clients Service providers would recognize the unique Humboldt County sub-cultures (e.g., Vietnam Veterans, homeless, marijuana growers/users) and how their worldviews impact how they access services. Service providers would recognize that in some cultures, clients might hide their mental illness from their family and community. Providers would honor and incorporate clients' choice to visit non-western/traditional healers. Professionals would understand that mental health conditions may mean different things to different cultures (e.g., hearing voices may be seen as a blessing or honor in Asian/Pacific Islander cultures).

How Culturally Appropriate Services/Access Relate to AB 1881 Strategic Plan	Providers would represent and respect older adult clients' diversity and integrate this into policy development.

How Culturally Appropriate Services/Access Relate to MHSA	Culturally sensitive services to diverse older adults would ease and improve access to services.

Older Adult Advisory Group (continued)

How Culturally Appropriate Services/Access Relate to Community Input	This proposition for culturally appropriate and sensitive services matches the input gathered at both community and stakeholder meetings.

Requirements for Successful Implementation of This Recommendation	1. Hire culturally and linguistically diverse staff, representative of the population served, and train current staff to be cultural sensitivity 2. Agencies could assign staff to be on the Human Rights Commission

Older Adult Advisory Group (continued)

Total Number of Recommendations Made by Older Adult Advisory Group	SIX	**Priority Number of This Recommendation**	SIX

Provocative Proposition (Describes Preferred Future)	Services for Dementia Dementia is recognized as a physiological condition and an expanded spectrum of services is available to older adults. A collaborative service provider system exists to ensure accurate diagnoses and access to mental health and other support care for older adults.

Recommendation (Innovative Ways to Create that Preferred Future)	Services for Dementia Create a training program that addresses assessment and treatment issues, and increases caregiver, client, and provider collaboration.

Older Adult Advisory Group (continued)

Detailed Recommendation: Services for Dementia	1. Collaboration A collaborative system between Mental Health, primary care physicians and community-based organizations would serve older adults with dementia—service responsibilities would be shared. Access to support and respite services for family members and primary care givers would be promoted and provided through the collaboration. Dementia education would be offered to providers, recognizing that collaboration substantiates diagnoses. 2. Assessment/Treatment The wellness paradigm would expand to include dementia to ensure that clients with a dementia diagnosis would have access to mental health services. Health professionals would recognize that dementia can co-occur with mental illness or a head injury and that older adults experiencing dementia-related behavioral issues may be served by Mental Health Branch staff. The Mental Health Branch would utilize medical and cognitive testing in order to make an accurate diagnosis; assessment centers in the San Francisco Bay Area and Martinez are available for tele-medicine and could be used.

How Services for Dementia Relate to AB 1881 Strategic Plan	When implemented, this proposal expands the spectrum of services available and puts a positive focus on a significant mental health issue.

How Services for Dementia Relate to MHSA	By reducing involuntary care, this proposal increases access to services.

How Services for Dementia Relate to Community Input	Throughout the community input process, diagnosis and evaluation issues were perceived to impact service access. This proposal expands service access through a collaborative process.

Older Adult Advisory Group (continued)

Requirements for Successful Implementation Services for Dementia	1. Contracts with regional mental health centers to have dementia diagnostic clinics available 2. Mental Health Branch acceptance of multiple diagnoses and diminishment of categorical services 3. Development of an educational consortium for different levels of providers 4. Creation of a blue-ribbon panel to identify funding sources for dementia services