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Humboldt County Behavioral Health Board

Annual Reports 2016/17, 2017/18



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Introduction

This annual report is intended to satisfy one of the requirements of the Bronzan-McCorquodale Act. Section 5604.2 of the Welfare and Institutions Code states in part that the Local Behavioral Health Board shall: Submit an annual report to the County Board of Supervisors on the needs and performance of the County's Behavioral Health System. To put the County-administered portions of the larger system of services available in Humboldt County in context, this report will describe the entire county scope of behavioral health services and other systems that intersect with those services, but will focus on county-administered services and areas where the county and its contract providers are partnering with other programs, departments and agencies.

Behavioral Health Board Responsibilities

In addition to the above charge to prepare an annual report, the Humboldt County Behavioral Health Board (BHB) is responsible for the following:

1. Review and evaluate the community's mental health needs, services, facilities, and special problems.
2. Review any mental health services performance contracts entered into pursuant to Section 5650, a part of the Act that establishes an annual report by the Board of Supervisors to the State.
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
5. Submit an annual report to the governing body on the needs and performance of the county's mental health system.
6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
7. Review and comment on the county's performance outcome data and communicate its findings to the California Health Planning Council.

The Act prescribes the composition of the BHB. The BHB can be comprised of up to 15 members appointed by the Board of Supervisors. One half of the BHB should be either individuals who are consumers or parent, spouse, sibling, or adult child of same. At least 20% of total membership should be consumers and 20% family members. A list of current BHB members is attached as Appendix A. A copy of the BHB's Bylaws are appended as Appendix B.

Description of Crisis Services Programs

DHHS-Mental health has a variety of programs that serve individuals in crisis.

Mobile Response Team:

This program is staffed with four licensed mental health clinicians, a case manager, two peer coach IIs and a supervising clinician.

- Since its inception in 2015, the Mobile Response Team has consistently demonstrated the benefit that comes from upstream interventions in the 5150 process.
- Two clinicians specialize in working with minors and two clinicians specialize in working with adults.
- The Mobile Response Team is dispatched to local Lanterman–Petris–Short (LPS) designated Emergency Departments to evaluate adults and minors who are involuntarily detained on 5150/5585 holds.
- The Mobile Response Team Clinicians provide crisis intervention services and assessments to determine the least restrictive level of care at which services should be accessed.
 - These evaluations ensure that clients who need emergent psychiatric treatment proceed to an appropriate facility while those who do not, get timely and appropriate referrals to County and community based services.
- Mobile Response Team clinicians provide face to face assessments, develop crisis treatment plans, connect to ongoing support services and/or other community resources, and coordinate with current service providers. The hire and actuation of the teams is ongoing.

Mobile Intervention Services Team (MIST):

The MIST program is staffed with one mental health clinician, a mental health case manager, a community health outreach worker and three peer coaches.

The MIST teams are co-response teams including Mental Health and law enforcement personnel. MIST teams focus on homeless individuals either in crisis or having behavioral issues in the community. The goal is to engage the individual, address the person's needs and behavior and help them obtain services and modify behavior. MIST teams are active in Arcata and Eureka.

Crisis Stabilization Unit (CSU):

This program is staffed by a director of nursing, a supervising psychiatric nurse, psychiatric nurses, licensed psychiatric techs, mental health workers and mental health clinicians.

- The CSU is located at the main Mental Health Campus at 720 Wood St
- The CSU works closely with a variety of local agencies including law enforcement, Humboldt County Sheriff's office, the Humboldt County Correctional Facility, local hospital emergency departments, and many other community resources.

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Program Summary: Crisis Services

- The CSU provides crisis intervention and crisis stabilization services seven days a week, 24 hours a day.
- The CSU is available to anyone in Humboldt County who is experiencing a mental health crisis.
- CSU provides outpatient treatment in a secure setting to clients who are experiencing a crisis whether on a voluntary or involuntary 5150 basis.
 - This includes an evaluation, nursing and psychological assessments, medication evaluation and support, and short-term (less than 24 hours) stabilization of the mental health crisis situation.
- CSU provides services for up to four clients for every one licensed staff. Licensed staff include registered nurse, licensed vocational nurse, licensed psychiatric technician and mental health clinician.

Sempervirens:

This program is staffed with psychiatrists, nurse practitioners, psychiatric registered nurses, licensed clinical social workers, licensed vocational nurses/psychiatric technicians, an activity therapist and support staff.

- Sempervirens is the only inpatient psychiatric unit in the region, and is a federally certified psychiatric health facility (PHF).
- Sempervirens is a 16-bed, locked psychiatric health facility that provides acute, short-term treatment in a non-medical health facility setting. The facility is intended to serve adults 18 years of age and older.
- Clients may be admitted to Sempervirens on a voluntary basis or on a legal hold.
- Sempervirens provides a safe environment for people who meet the criteria outlined in Section 5150 of the California Welfare and Institutions Code.
 - These individuals are considered to pose an imminent danger to themselves or others, or they are gravely disabled (unable to provide their own food, clothing and shelter, due to a mental illness).
- Upon admission, staff develop a multidisciplinary treatment plan with the patient, identifying the problem that led to the hospitalization and individualized goals to support recovery.

Sempervirens hospital staff provide psychiatric assessment, medication, counseling (individual and family), and rehabilitative activities to assist individuals in learning new ways to cope with mental illness and participate in their own recovery.

Description of Adult Mental Health System of Care Programs

The adult system of care includes a large variety of mental health services for adults experiencing serious mental illness; staff of these programs strive to provide services with care, empathy and in a culturally appropriate and respectful manner.

Facilities:

The majority of Adult Mental Health service facilities can be found at the 720 Wood Street Campus in Eureka.

The Different Programs in the Adult Mental Health System of Care are:

Adult Outpatient Clinic:

The Adult Outpatient Clinic is housed at 720 Wood Street downstairs from the Hospital and the Crisis stabilization Unit. This program works with clients to promote behavioral health, wellness and recovery for adults.

This program is staffed with a supervising clinician, mental health clinicians I/II and case managers.

Adult Outpatient staff provide the following services:

- Counseling for clients
- Helping clients connect with local community services
- Providing mental health assessments
- Crisis intervention
- Crisis stabilization as needed. and
- Case management.

Community Corrections Resource Center (CCRC):

The CCRC houses an interagency collaborative program providing correctional supervision, substance abuse and mental health assessment and treatment, and vocational services, as well as linkages to community-based services.

This program is staffed with a supervising clinician, mental health clinician, senior substance abuse counselor, substance abuse counselors, psychiatric nurse, case managers, and a part time psychiatric physician.

- The intent of this program is to reduce barriers to accessing needed services in order to reduce an offender's likelihood to commit a new offense, thereby increasing public safety and order.
- The following services are provided to promote self-reliance, reduce recidivism and provide case management to access services required for reintegration into the community:
 - Psychiatric evaluation and medication support
 - Mental Health counseling and referrals
 - Substance use disorder screening and treatment programs

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Program Summary: Adult Mental Health System of Care

- Limited case management to provide advocacy and referral services with a focus on linkage to medical care, health benefits and housing.

Comprehensive Community Treatment (CCT):

This program is staffed by a supervising clinician, mental health clinician I/II, psychiatric nurse, case manager, crisis specialist, case managers and peer coaches.

The Community Comprehensive Treatment (CCT) program serves Full Service Partners (FSP). FSP are people with serious chronic mental illness who are at risk for psychiatric hospitalization, incarceration, homelessness or placement in restrictive facilities. CCT provides intensive mental health services and community support to assist clients in their recovery.

Services include:

- Access to housing
- Help receiving medical services as needed
- Help enrolling in educational programs
- Help with social interaction issues
- Help obtaining vocational services
- Help with obtaining other needed community services

Hope Center:

The Center is a peer-run facility guided by the recovery pathways: Hope, Choice, Empowerment, Recovery Environment and Spirituality (purpose/meaning). The center provides many resources including classes, self-advocacy education, peer support, system navigation, and linkage to community services. Outreach efforts are made by Center staff and volunteers to people with a mental health diagnosis. Hope Center goals include:

- Building on dimensions of wellness
- Incorporating wellness pathways
- Validation of strengths and development of skills so people can realize their full potential
- Building sustainable living skills
- Community engagement
- Development of self-advocacy
- Maintenance of a safe environment for all
- Modeling interdependency to help guide individuals towards independency
- The recovery environment fostered at the Center helps people discover their own strengths and use their own voice.
- Participants and staff are encouraged to be actively involved in the decision-making process to develop curriculum for classes to ensure group and individual goals are met.

Humboldt County Correctional Facility (HCCF):

This program (mental health services in the jail) is staffed by a supervising clinician, a psychiatric physician, mental health clinicians I/II, psychiatric nurse, substance use disorder counselor and a case manager. Psychiatrists are provided via a contract with a forensic medical group and another company that provides contract psychiatrists to the county. The staff provide a variety of services for HCCF inmates and the soon-to-be released. In addition to mental health evaluation assessment and referral, the following services are provided:

- Development of treatment plans and follow up progress reports to the court for individuals deemed incompetent to stand trial
- Psychiatric nursing services for medication and psychiatric follow up
- Linking people to community resources and facilitating reentry with a warm handoff to CCRC services
- Ensuring that inmates leaving custody have benefits including resumption of their disability income
- Coordination of transfers to the Crisis Stabilization Unit and/or Sempervirens
- Suicide prevention and intervention assessments
- Participation and facilitation of annual mental health and suicide prevention and intervention training for Correctional Officers
- Substance Use Disorder (SUD) program provides in the jail:
 - Group Treatment
 - Assessment
 - Referral Information about on-going treatment

Outpatient Medication Support:

This program is staffed by a director of nursing, supervising nurse, psychiatrists, psychiatric nurses, nurse case managers, and a medical office assistant.

- The Mental Health Outpatient Medication Clinics are located at three sites in Eureka: Adult Medication Support Services, Older Adult Medication Support Services, and Children's Medication Support Services. There is also a Medication Support Clinic in Garberville, with telemedicine services to Garberville and Willow Creek.
- These clinics utilize a team approach to provide ongoing psychiatric support services to assist with clients' stabilization in the community. Each team consists of a psychiatrist and a registered nurse or licensed vocational nurse, and in many cases, a case manager and/or a clinician may also be assigned.
- The Outpatient Medication Clinics work with CCT Staff and offer nurse case management to assist clients with wrap-around care in regards to medication education, monitoring and compliance.
- Mental Health's Medication Support Services Program:
 - Assesses and determines the needs of each client in a collaborative approach
 - Provides medication and symptom management education, referrals as needed
 - Works towards goals identified by individual and their mental health care needs

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Program Summary: Adult Mental Health System of Care

- Assists with supports in the community
- Provides long-acting medications to clients who require assistance with medication stability/consistent ingestion through the Medication Injection Clinic.
- The Outpatient Medication Clinic staff work closely with a variety of community providers to identify clients who have been stable and no longer need specialty mental health services offered by Humboldt County Mental Health. In doing so, the staff assist clients in continuing treatment with primary care providers or Health Clinics.
- Nursing staff also work with primary care providers to coordinate care of existing Mental Health clients who may require collaborative care to treat medical as well as psychiatric concerns.

Same Day Services:

This program is staffed by clinicians, case managers, crisis specialists and mental health workers who provide services to consumers seeking behavioral health treatment or access to other services.

- SDS provides up to 8 hour crisis intervention services 8 a.m. to 5 p.m. Monday through Friday on a walk-in basis as well as by telephone.
- Interventions are time-limited, goal-directed, and solution-oriented.
- Same Day Services is an access point into the county system of mental health care and refers both into inpatient/outpatient programs as well as to community systems under Beacon/Partnership.
- Services include screening, assessment, referral, individual and collateral counseling, and group counseling.

Humboldt Work Opportunity and Responsibility to Kids (HumWORKs):

HumWORKs is located at the Social Services Koster Street campus in Building D. This program offers a safe supportive environment to address barriers to work and to become self-sufficient.

This program is staffed with a supervising clinician, mental health clinicians, a medical office assistant, a senior vocational counselor, case managers and a peer coach.

HumWORKs provides support for CalWORKs participants (very low-income parents and caretakers supported through financial and work supports to achieve self-sufficiency) experiencing barriers to work, such as mental health symptoms, domestic violence and/or substance abuse issues. Services provided include:

- Mental Health assessments
- Individual counseling
- Vocational counseling
- Referrals
- Psycho-educational groups
 - Healthy relationships
 - Work readiness
 - Substance use disorder services

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Program Summary: Adult Mental Health System of Care

- Co-occurring disorders
- Symptom management
- Seeking Safety (a program to address substance abuse and trauma)
- Case management
 - Self-advocacy support
 - Mental Health
 - Housing
 - Legal
 - Medical
 - Money management
 - Credit problems
 - Organizational skills/strategies
 - Time management

Public Guardian's Office:

The Public Guardian's Office is located at 1105 6th St in Eureka.

The Public Guardian serves as the conservator and/or payee for people with various types of impairments.

This program is staffed by the public guardian, an assistant public guardian, deputy public guardians, an auditor controller, a senior fiscal assistant, an office assistant, and fiscal assistant.

The Public Guardian provides conservatorship services which requires being appointed in Superior Court to act as the conservator of person and estate. There are two types of conservatorships: Probate and Mental Health Lanterman-Petris Short (LPS).

The LPS conservatorship allows the office to manage the psychiatric care and treatment of a person with substantial mental health needs; and the Public Guardian's Office works with Mental Health staff to assure people are placed in the least restrictive placement possible. Placement options include (but are not limited to) locked residential facilities, Mental Health Rehabilitation Centers, satellite housing, board and care homes, and independent living.

The Probate conservatorship allows for medical-oriented care and treatment for person unable to make informed medical decisions.

When Public Guardian is appointed the representative payee for people, it is because the Social Security Administration requires that person to have an agency act as the Payee to disburse Social Security benefits and provide money management services.

Accomplishments

- Continued expansion of the use of peer staff across programs. This enhances engagement and promotes wellness and recovery concepts.
- The County has received several grants which will allow an expansion of much-needed mobile response services. The hiring process has begun to staff those programs and develop policies and agreements related to the provision of those services.

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Program Summary: Adult Mental Health System of Care

- Expansion of MIST’s geographic service area.

Challenges

Housing

- There is a lack of local housing and placement across the continuum of care, from independent and supported housing to contracted facilities and locked placements. This significantly impacts the Branch’s ability to support clients at the lowest level of care that is safe and often results in the use of higher cost placement or of hotels which are expensive and do not provide an ideal quality of living or “home-like” setting that all people, MH clients included, desire. The lack of housing or safe and appropriate housing makes maintenance of stability and recovery far more challenging. It likely contributes to or exacerbates substance use disorders and increases use of psychiatric hospital facilities, other crisis facilities, other medical support services and increases the possibility of costly and traumatic interaction with the criminal justice system.

Staffing

- The ability to recruit and retain qualified professionals in most job classes is an ongoing challenge within the Branch resulting in impacts to quality of care, caseloads, coverage for essential services and job satisfaction. Out-patient psychiatric care is provided through a professional services contract. On the positive side the contract provides for flexibility in staffing up to handle fluctuations in the workload. On the negative side, much of the work is done via telemedicine and costs are high. The impact on continuity in provider/client relationship is not known. Even with contract providers psychiatric services are overwhelmed.

Facility space

- Most programs within the Branch are at or beyond the building capacity. This impacts the ability to expand and build new programming and can impact job satisfaction.
- The jail design is outdated.
- Criminal justice: the lack of diverse housing options as well as 24/7 crisis and triage options limit the potential for diversion from the criminal justice system. Civil commitment criteria limits the ability to engage some individuals at risk of violence or criminal activities.

Recommendations

- Conduct a thorough analysis of the housing and placement needs in Humboldt County (from independent to supported to contracted placement).
- Support innovative housing solutions including brick and mortar and supported housing as well as expanded treatment facilities including crisis residential facilities.
- Support facility expansion for growing and new programming including consideration of a consolidation of services in a new county owned and designed facility.

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Program Summary: Adult Mental Health System of Care

- Continue to support a streamlined hiring process and expand employee supports including training, promotional opportunities, flexible hours, and wellness opportunities such as health club membership subsidies.
- The current jail layout is outdated. The mental health acuity of inmates has risen since the current jail was constructed. Conduct a thorough analysis of the current jail with the goal of increasing health and safety for inmates and staff. Due in part to lack of better options, solitary confinement is used as an inmate management and protection strategy for inmates with severe mental illness. Modifications that minimize or eliminate use of that option should be explored as part of that analysis. In addition, modifications that provide inmates access to the out of doors should be explored. Provision of this option would likely improve inmate mental health. The facility now houses some individuals for longer durations than in the past, with no options for spending time outdoors.
- Conduct an analysis of costs for psychiatric services and consider whether an adjustment in compensation similar to the cost of contract psychiatrists might assist in the recruitment and retention of some county-employed psychiatrists. Having a substantial percentage of psychiatric staff directly employed by the county could decrease the amount of telemedicine and increase the amount of face to face services. The use of competitively-paid psychiatric staff in conjunction with contract staff would provide quality long-term therapeutic relationships while at the same time ensuring the ability to address staff turnover, extended leave and changing workload.
- Staff in the Public Guardian's Office have considerable caseloads; compare caseloads to Public Guardian's Offices in other counties and staff at levels that allow staff to manage conservatees in a way that minimizes unnecessary costs in other areas of the support system.
- Consider planning/zoning options that could increase the amount of low-income, high-density and subsidized housing in the county.
- Conduct a thorough analysis of the costs and benefits of implementing Laura's Law in Humboldt County. In addition, assess the willingness and desire of criminal justice partners to begin to utilize this law. Laura's Law or Assisted Outpatient Treatment has been demonstrated to reduce social costs and reduce unnecessary hospitalization and incarceration with the associated impact to society and the individual.

Description of Transition-Age Youth (TAY) Services and Programs

TAY uses the evidence-supported practice known as Transition to Independence Process (TIP). The TIP Model helps to prepare youth to move into adult roles through an individualized process, engaging them in their own futures planning process, as well as providing developmentally-appropriate supports and services. TIP can support youth in becoming self-sufficient in areas such as employment, education, housing, personal relationships, life skills, and creating supportive social networks within their communities. The TAY team is committed to helping youth successfully transition from adolescence into adulthood.

The Transition-Age Youth (TAY) Division was launched in 2011. All services are voluntary. The program serves youth and young adults ages 16 to 26. The TAY Division has three main units which are all co-located: **TAY Behavioral Health**, the **Independent Living Skills program (ILS)** and the **Humboldt County Transition Age-Youth Collaboration (HCTAYC)**. The TAY Division also partners with DHHS Public Health, the Employment Training Division, Alcohol & Other Drug Services for adolescents and adults, juvenile probation and other community partners and organizations.

“Drop-In” hours are every Wednesday from 2 p.m. to 5 p.m. at 433 M Street in Eureka. Individuals can meet staff and/or schedule an appointment with TAY Behavioral Health, ILS, HCTAYC, a TAY peer coach, or a vocational counselor. Twice a month a Public Health nurse is available.

TAY Behavioral Health, Serves youth and young adults ages 16 to 26

The Behavioral Health Unit provides specialty mental health services such as individual and family therapy, case management, referrals for psychiatric services and Intensive Care Coordination for young people. The focus of treatment may include a focus on areas of employment, housing, education, career and personal well-being. Group therapy as well is a recent addition to the program. TAY Behavioral Health has been working with consultants to improve early psychosis intervention services.

Independent Living Skills program (ILS), Serves youth and young adults ages 16 to 21

The Independent Living Skills program is designed to assist current and former foster youth as they transition from the foster care system into independence. Youth who have been in foster care after their 16th birthday are eligible for ILS services until the day before their 21st birthday.

ILS coordinators facilitate a variety of services, including assistance in obtaining a high school diploma or GED certificate, pursuing post-secondary education, career exploration, job placement and retention, daily living skills including financial skills and management, retrieving copies of vital documents, and educational workshops.

Peer Coaches, Serves youth and young adults ages 16 to 26

TAY peer coaches provide outreach and engage young people. They utilize their lived experiences of homelessness, foster care, juvenile justice, and mental health challenges to mentor and

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Program Summary: Transition-Age Youth

empower young people to be their most authentic selves and to support a healthy transition into adulthood.

HCTAYC, Serves youth and young adults ages 16 to 26

The Humboldt County Transition-Age Youth Collaboration was launched in 2008 as a collaboration bringing youth, DHHS, Youth In Mind, California Youth Connection, and the Y.O.U.T.H. Training Project together to improve the services youth receive as they transition into adulthood and become independent.

HCTAYC works to empower youth because it understands young people are experts in the systems that impact them, and this expertise is vital in system transformation. HCTAYC helps to foster and build skills in the areas of youth development, policy change, youth advocacy, community engagement and wellness. It provides training to youth, staff, and community partners related to more effectively engaging youth and developing youth-informed approaches.

Facilities

In July of 2017 TAY moved into their new building at 433 M Street. The site offers a full kitchen for cooking demonstrations and workshops, ping pong and pool table, internet café with the latest in film and music editing software as well as spaces for counseling. The site also includes an event space that can seat 50 people for large and small events and trainings.

Accomplishments overall TAY

- The new building and kitchen enabled TAY begin providing regular cooking workshops.
- The peer coaches continue to engage the community by doing presentations in multiple schools and venues.
- The Youth Advisory Board underwent a vast restructure which has allowed for much more youth involvement, and the YAB have grown to 17 young people.
- The behavioral health unit has initiated a new round of Transition to Independence Process (TIP) training, with a goal of two trainings per quarter.

Trainings:

- Housing First
- ASSIST
- Naloxone
- ADA and Media
- Boundaries
- Brief crisis response

Challenges

- Staffing continues to be a problem at TAY as it is through the county.
- TAY does not have a mechanism to gather demographic information or outcome measurements outside of the Child and Adolescent Needs and Strengths (CANS) tool used by the behavioral health unit.

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Program Summary: Transition-Age Youth

- The new drop-in space has allowed for new opportunities but it has also highlighted a greater need for staffing of that drop-in space to ensure client and staff safety.

Recommendations

- Continue with recruitment and retention efforts to help address the staffing shortages. This is a county-wide challenge. Consider expanding diversity of job titles that might be employed to meet the needs of the TAY program at the existing facility.
- Consider creation of a formally-structured First Episode Psychosis Program to ensure adequate staff resources are consistently available to staff the program and the staffing levels needed to successfully run the program are defined.

Description of Children & Family Services – MH Programs

The Children's Mental Health division of Children & Family Services (C&FS) includes staff and programs serving children, youth, and families from ages 0-18. Children's MH offers the full spectrum of MH interventions including Assessment, Individual/Family therapy, Case Management, Medication Evaluation/Support, Parent Partners, Therapeutic Behavioral Services (TBS), and Intensive Care Coordination (ICC). Current Evidence Based Programs include:

- Functional Family Therapy (FFT) – family therapy for youth ages 11-18.
- Trauma-Focused Cognitive Behavioral Therapy (TFCBT) – trauma treatment for youth ages 4-18 that includes family work.
- Aggression Replacement Training (ART) – groups to increase skills for youth ordered to the Regional Facility program.
- Adolescent Community Reinforcement Approach (ACRA) – substance use/abuse treatment for adolescents.
- Theraplay – therapy model for 0-5 aged children and their parents.

Other programs:

- In November of 2017, C&FS implemented two Crisis Triage grants.
- School-based crisis triage clinicians to serve students experiencing a mental health crisis or at risk of a crisis.
- Children's Mobile Response Team (C-MRT) is an expansion of the program where two Children's clinicians were doing mobile crisis response. This grant will add a case manager and 1.5 clinicians to the team. This team will continue to respond to youth in crisis and can be deployed to emergency rooms, schools and other locations throughout the county to screen for civil commitment criteria with the goal of providing referrals and reducing trauma associated with treatment and assessment at the CSU.

Facilities

Children's MH has staff providing services at the CYFS clinic (1711 3rd Street), 2nd & D Street building (134 D Street), and at the Regional Facility/Juvenile Hall. Staff also have the ability to provide services in the field at family homes, schools, family resource centers, or other locations that meet the needs of the youth and families that are being served.

Accomplishments

- Expansion of services to rural areas and field based work.
- Expansion of parent partner services to support parents.
- Increased use of Child & Family Teams to bring together families, service providers, and natural supports.
- Development of a Family Advisory Board to provide input to DHHS regarding family needs and perspectives.
- Improved coordination and partnering with local schools.
- Deployment of mobile response teams to emergency rooms.

Challenges

- Staffing - especially recruiting and retaining MH clinicians and psychiatrists.
- Implementation and Compliance with additional state mandates such as AB1299, Katie A. lawsuit, Continuum of Care Reform, AB340, etc., as these multiple complex initiatives require training, documentation, coordination, staff time, etc.
- Lack of a children's acute care psychiatric hospital or segregated unit for crisis stabilization services.

Recommendations

- Continue to explore the feasibility of remodeling the existing psychiatric hospital or of partnering with a community hospital to accommodate juveniles in a safe and therapeutic environment.
- Structure specialty mental health programs that are available in our small rural community to ensure they are accessible to youth covered by private insurance as well as Medi-Cal clients.

Description of Programs and Services for Substance Use Disorders (SUD)

Humboldt County Programs for Recovery (HCPR):

This program is staffed by a supervising MH clinician, case managers, substance abuse counselors (SAC), and mental health clinicians.

Primarily a group-based treatment, Programs for recovery offers 15 distinct groups in order to try to meet client needs and interests. Almost every group has both a MH clinician and an SAC affiliated with it. Groups meet from one to four days per week, to provide varying levels of treatment intensity, all at the outpatient level of care.

Treatment is provided using evidence-based treatments and approaches. Treatment is trauma-informed, and many groups are gender-specific. Harm reduction and abstinence are both considered important components of the treatment process. Specific groups and services are provided to people with significant mental health issues

Healthy Moms:

This program is staffed by a supervising clinician, mental health clinicians, substance abuse counselors, childcare workers, and a parent educator.

Healthy Moms serves women with SUD who are either pregnant or parenting at least one child under the age of six years. It provides group treatment at both the Outpatient and the Intensive Outpatient level of care. The program also offers individual mental health services for both adults and young children.

The SUD treatment focuses on trauma recovery, and on strengthening the parent-child relationship.

Adolescent Treatment Program collaboratively working with TAY programs:

Staffing includes substance abuse counselors and a half-time supervising mental health clinician.

The Adolescent Treatment Program (ATP) provides individual and family treatment to youth ages 12 to 17 using the Adolescent Community Reinforcement Approach (A-CRA). A-CRA is a 14 session evidence-based practice with the goals of increased emotional functioning and stability, increased involvement in community and positive social activities, and a healthier home environment to support development and recovery.

Regional Services

This program is staffed by two substance abuse counselors.

During 2017, Mental Health started developing the ability to provide SUD treatment services in Southern and Eastern Humboldt. Services are provided both in the field and in the Garberville office. At this time, services are primarily individual, addressing relapse prevention, wellness, and skill development.

Community Corrections Resource Center (CCRC) collaboratively work with HCPR:

This program is staffed with substance abuse counselors.

The CCRC is a program that integrates Probation, Mental Health, and SUD treatment for the AB109 population (people recently released on parole or probation). The SUD component of CCRC provides three different SUD groups as well as individual sessions for assessment, treatment planning, and discharge planning. These efforts are to help reduce recidivism rates.

Jail Services working collaboratively with HCPR:

This program is staffed with a substance abuse counselor.

The SUD counselor based in the jail provides group treatment, assessments, and referral information about on-going treatment. They provide information to inmates about different clean and sober housing possibilities in the community.

Facilities

The facilities for Healthy Moms are adequate and appropriate. The program is located in a converted home, and therefore has a welcoming feel. The site is able to provide sufficient space for groups, an on-site childcare, and adequate cooking facilities for a breakfast and snack program.

Humboldt County Programs for Recovery is split between two locations, 720 Wood Street and 734 Russ Street. While these two locations are only across the parking lot from each other, the divided location still interferes with program cohesiveness and team-building. In addition, the Wood Street location is on the floor below the hospital, which is not an appropriate location when considered through a trauma-informed lens. Clients sometimes need to wait in the lobby where patients are brought in by law enforcement or on stretchers. They sometimes have their therapeutic space interrupted by violent or distressed sounds from upstairs or from the Same Day Services unit.

The Adolescent Treatment Program is based out of the Juvenile Probation office, which is also not an ideal site for a trauma-informed program. In addition, there is not a group room space available.

The Garberville office is adequate, but there is currently no established office space for Eastern Humboldt.

There are a number of adult outpatient treatment, residential treatment, and transitional living facilities that exist and operate in the county that are not county-staffed.

Accomplishments

- Supervising MH clinicians were hired and trained for Healthy Moms and HCPR.
- The county approached a firm capable of providing medically-assisted treatment for opioid use disorder.
- The new, integrated Humboldt County Programs for Recovery was formed, combined combining the programs which had been known as the Dual Recovery Program (DRP) and

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Program Summary: Substance Use Disorder

the Alcohol and Other Drugs Program (AOD). This newly integrated program reduces confusion for clients, community members, and community partners about which program to access for services, as well as improving services to clients by providing a whole-integrated treatment team.

- SUD services began being offered in the areas outside of Eureka. The regional team worked on developing relationships in new communities and is starting to provide services.
- The Humboldt County Transitional Age Youth Collaboration (HCTAYC) brought important attention to the need for better and more robust treatment and prevention services specifically for TAY-aged people. HCTAYC conducted focus groups and provided policy recommendations to DHHS.
- Progress was made towards the pending Drug Medi-Cal expansion in services, through work with Partnership HealthPlan of California on the Regional Model. The Implementation Plan was approved by the State, and the Fiscal Plan is currently being considered.
- A grant was awarded and program development started on a new Family Wellness Court to serve families involved with Child Welfare Services. This is a joint effort between DHHS, the Yurok Tribe, and the Humboldt Superior Court, with the goal of improving outcomes for families with SUD issues who are involved with Child Welfare.
- One residential treatment and detox facility has applied for CA Department of Health Care Services (DHCS) Drug Medi-Cal certification; several others are working on their certification.

Accomplishments of the BHB AOD/Dual recovery Subcommittee:

- BHB's AOD/Dual Recovery Committee, after research and meeting, came up with a three-pronged service improvement recommendation:
 - Increase SUD outpatient treatment for adults,
 - Support the continuum of care concept so that clients can move smoothly between detox, residential, outpatient, and transitional living services for greater treatment success and have case management at all levels, and
 - Support having high quality transitional living facilities as part of continuum of care.
- Provided recommendations for minimum expectations of services to be provided at transitional living facilities to the DHHS director and DHHS-MH director.
- Made presentation of the above recommendations to the BOS who committed to support all 3 areas.
- As a result, the Board of Supervisors awarded \$50,000 to A.J.'s Transitional Living Services in McKinleyville to assist with the cost of program operation.
- A copy of the agenda item with recommendations to the Board is appended as Appendix E and the transitional living minimum expectations are appended as Appendix F.

Challenges

- Important gaps in the continuum of care remain, including residential treatment for parents with their children, residential treatment specifically for people with significant mental illness, adequate safe and supportive transitional living environments, residential treatment for those under 18, school-based treatment services for those still in school, and adequate services for the treatment of trauma.
- Misinformation prevalent in the community creates stigma for clients trying to obtain SUD services. This includes the possibility for many in or needing SUD treatment having multiple relapses in their recovery process.
- The facilities for Humboldt County programs for Recovery are at capacity in terms of room for staff as well as groups, and is far from ideal in terms of trauma-informed care.
- Initial efforts to develop TAY-specific SUD groups were unsuccessful. Staff believes that engaging the assistance of TAY peers will be critically important for the success of future efforts.
- The Adolescent Treatment Program does not currently have a dedicated mental health clinician, nor any sites to provide group treatment. Current sites are shared and young people are exposed to adults with substance use disorders or adults with co-occurring disorders. Scheduling can be challenging due to conflicting needs.
- The current job description for substance abuse counselors (SACs) does not permit SACs to transport clients, thus limiting the ability of staff to connect clients to community resources.
- Most SUD services are still centered in Eureka, so rural and remote areas are not well served, which, along with treatment availability gaps, simultaneously increases instances of joblessness, homelessness, and depression/hopelessness.

Recommendations

- Increase Medically Assisted Treatment (MAT) programs, since heroin is now the number two drug in prevalence in Humboldt County (alcohol remains the most prevalent).
- Plan for the provision of residential treatment for parents with their children.
- Create a unit of residential treatment for dual recovery clients.
- Formalize criteria for effective transitional living facilities as part of the County's continuum of SUD care.
- Continue to plan for the provision of residential treatment for minors.
- Utilize Drug Medi-Cal funding in schools to provide outpatient SUD treatment.
- Improve treatment services content to include treatment of trauma.
- Add and standardize case management services at every level of SUD treatment and at transitional living facilities.
- In all parts of the continuum of care, provide transportation to self-help meetings for clients interested in this free and supportive service.
- Increase capacity for counseling offices and group room space for adult and juvenile SUD treatment.
- Dedicate more clinicians to youth treatment.

Humboldt BHB Annual Report
Program Summary: Substance Use Disorder

- Renew the effort to get Transitional Age Youth SUD treatment by involving TAY peers.
- Continue efforts to establish SUD groups for TAY.
- The above challenges section outlines a number of less than optimum conditions related to facilities. Consider the feasibility of remodeling facilities to correct problems and/or developing new facilities designed to create and maintain a cost-effective, safe and therapeutic environment.
- Continue to expand SUD services in the more remote areas of the county.
- Ensure that CCRC SUD groups include one focusing on co-occurring mental illness and substance use diagnoses.
- Provide training to school employees regarding the genesis of substance use disorders and the challenges of addiction to both aid in prevention and reduce stigmatized, judgmental and punitive responses to this illness in the student population.

MH Quality Improvement Team

Mental Health Quality Improvement (QI) monitors services that are provided throughout Humboldt County's Mental Health Plan—including contracted providers—to ensure that state contracts and state and federal regulations are met. QI develops data-driven decisions and processes to continually monitor the quality of care that Mental Health consumers receive. This is accomplished through regular audits, producing annual quality improvement goals and reports, as well as collaborating with providers, consumers, and family and community members to inform performance improvement projects. QI also develops training and other resources to support programs. Additionally, QI maintains knowledge of current federal and state rules and regulations that guide daily operations.

QI activities:

- Facilitated the External Quality Review Organization preparation and review visit in February.
- Conducted monthly clinical documentation trainings for staff.
- Produced and distributed Cultural Competency trainings.
- Completed construction of a new database for client grievances and complaints.
- Conducted monthly clinical chart reviews.
- Monitored and reported on the availability and timely access to outpatient psychiatrist appointments.
- Consolidated consumer input into the Continuous Quality Improvement process.
- Worked to put Measures Of Recover Services outcome data into the electronic health record (Avatar) for clinical use.
- Continued efforts to optimize the electronic health record system (Avatar) for the end users.
- Worked to improve the coordination of care between Mental Health and Primary Care Physicians.

Challenges

- Multiple and overlapping audits are initiated by state and federal agencies resulting in significant amounts of staff resources being expended.

Recommendations

- Approach auditing agencies about the potential for consolidated comprehensive audits. As resources become diminished, opportunities to be efficient should be explored and embraced.

Humboldt BHB Annual Report

Program Information: Mental Health Services Act (MHSA)

Programs funded through Mental Health Services Act (MHSA) funding:

- ROSE/Mobile Outreach
 - See Mobile Response Team entry in the Program Summary: Crisis Services section
- Telemedicine (Outpatient Medication Support)
 - See Outpatient medication Support entry in the Program Summary: Adult Mental Health System of Care section
- Older and Dependent Adults Expansion
 - See Program Summary: Adult Mental Health System of Care section
- MHSA Full Service Partnership
 - See Comprehensive Community Treatment entry in the Program Summary: Adult Mental Health System of Care section
- Rapid Rehousing/Mobile Intervention Services team (MIST)
 - See Mobile Intervention Services Team entry in the Program Summary: Crisis Services section
- Hope Center
 - See the Hope Center entry in the Program Summary: Adult Mental Health System of Care section
- Suicide Prevention and Stigma and Discrimination Reduction
 - All Prevention and Early Intervention (PEI) activities meet an evidence based, promising practice, or practice based evidence standard
 - These programs are housed within DHHS Public Health Healthy Communities Division and use a public health approach following the Spectrum of Prevention model
- TAY Advocacy and Peer Support
 - See Program Summary: Transition-Age Youth section
- Parent Partners
 - Parent partner staff build peer-based alliances by sharing their lived experience as a parent of a youth with mental health issues.
- School Climate Curriculum Plan
 - The School Climate Curriculum Plan engages and trains school personnel in ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness or serious emotional disturbance.
- Workforce Education and Training
 - Workforce Education and Training provides staff development opportunities that promote wellness, recovery, and resilience, culturally competent service delivery, meaningful inclusion of clients and family members, an integrated service experience for clients and their family members, and more
- Information Technology
 - Supported additions and improvements include scanned medical records (Perceptive system), DSM coding updates, HER security, and AVATAR upgrades.

Detailed information on MHSA funding and activities is available in the MHSA Three Year Plan. The plan can be found at: <https://humboldt.gov/ArchiveCenter/ViewFile/Item/1274>

Conclusion

The scope and amount of services provided by the Department of Health & Human Services is considerable; probably much more than most citizens realize. Still, service gaps exist and important community infrastructure is inadequate, particularly housing and transportation and particularly for the most seriously mentally ill who often find themselves homeless or incarcerated due to the symptoms of their treated or untreated illness.

Recruitment and retention continue to be difficult challenges, but some movement has been made to meet these challenges. Compensation, as always, limits our ability to attract and retain talented professionals.

It remains to be seen what impacts the Affordable Care Act, Drug Medi-Cal and a possible waiver of the Institutes of Mental Disease (IMD) exclusion will be. While they may come with attendant challenges, they offer substantial potential for improving our local behavioral health system.

One influence on not only the efficacy of our mental health system, but also the opportunity to bring innovative solutions to our community is the fragmented system of campuses around Eureka in particular. The fragmentation affects communication and efficiency. We suggest an analysis of the feasibility of consolidating facilities, ideally in a single well-designed campus. This effort would include some facilities that could be leased to provide for provision of services like supportive or crisis residential. The details are not within the scope of this report, however, the identification of the need for and advantages of improved infrastructure and siting is.

The Behavioral Health Board (BHB) continues to be challenged by turnover. We were up to 14 members at one point, but are now down to 8. While members have done site visits at various service providers we are continuing to work out a system and scope for documenting the results of visits. The BHB provided input to the BOS, and DHHS on several topics most notable of which was a recommendation that the Board, when allocating resources, fund programs that are transitional between substances use disorder, treatment programs and living independently in the community. As you know the Board of Supervisors had an opportunity to do so and subsequently did fund one such program. We continue to work on a process for reviewing County contracts in the areas of mental health treatment and substance use disorder treatment.

In spite of the gaps and proposed improvements identified in this report, our board is very appreciative of the efforts of all of DHHS in working tirelessly and passionately to try to improve the lives of persons in this county with mental illnesses and substance use disorders. While there is much to do especially in the area of the criminal justice diversion and housing, we continue to see improvements in our system of care. Filling those gaps may require legislation, increased resources and improvements in processes and continued collaboration with community partners.

BEHAVIORAL HEALTH BOARD

AUTHORITY: Welfare & Institutions Code Section 5604
 Chapter 1374, Statutes of 1992; and Board of Supervisors' Action of
September 25, 1962 (Microfilm No. 1867)
 Resolution 1885 (August 27, 1963)

APPOINTING POWER: Board of Supervisors

MEMBERS: Fifteen (15)

QUALIFICATIONS: The Board of Supervisors is encouraged to appoint individuals who have experience and knowledge of the mental health system. The membership should reflect the ethnic diversity of the client population in the County. 50% of the membership **shall** be consumers or the parent, spouse, sibling or adult children of consumers, who are receiving or have received mental health services. At least 20% of the total membership **shall** be consumers, and at least 20% **shall** be families of consumers.

One member of the Board of Supervisors shall be on the board.

No member of the board nor his/her spouse shall be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Mental Health, or an employee of, or a paid member of a governing body of, a Bronzan-McCorquodale contract agency.

TERM: Three (3) Years (Terms expire 3 years from date of appointment.)

FUNCTION: Primarily, review and evaluate the community's mental health needs, services, facilities and special problems; and make an annual report to the Board of Supervisors.

DISCLOSURE CATEGORIES: 6 and 7

<u>NAME</u>	<u>APPOINTED</u>	<u>REAPPOINTED</u>	<u>EXPIRES</u>
1. Vacant			
2. Vacant			
3. Vacant			
4. Vacant			
5. Marguerite Story-Baker	03/07/17		03/07/20
6. Eric Thompson*	11/09/04	01/02/07, 01/12/10 12/15/15, 12/4/18	12/31/21
7. Marianne Pennekamp	01/10/89	02/05 02//11, 2/14, 03/17	03/07/20
8. Vacant			
9. Mike Wilson***	01/19/17	02/1/14	02/01/20
10. Vacant			
11. Vacant			
12. Tim Ash **	02/07/06	12/15/15,12/4/18	01/12/22
13. Steven Loreus	12/04/18		12/04/21
14. Art Wilson	01/09/18		01/09/21
15. Monica Rose	03/13/18		03/13/21

*Consumer **Family of Consumer ***Fulfills BOS member requirement TAY – Transition Age Youth

Contact: To contact one of the Behavioral Health Board members by email please email jmcmamus@co.humboldt.ca.us . Or call 707-268-2905

**BYLAWS
OF THE
HUMBOLDT COUNTY
LOCAL BEHAVIORAL HEALTH BOARD**

ARTICLE I
NAME

The name of this organization shall be the Humboldt County Local Behavioral Health Board, hereinafter, called, LBHB.

ARTICLE II
AUTHORITY

The authority, purpose and duties of the LBHB will be those derived from the Welfare and Institutions Code Section 5604.2; the County Board of Supervisors; and other pertinent legislation.

Section 1. Responsibilities & Objectives.

The primary responsibilities and objectives of the LBHB shall be:

- a. Review and evaluate the community's behavioral health needs, services, facilities and special problems.
- b. Receive and review any LBHB committee recommendations and any county agreements entered into pursuant to Welfare and Institutions Code, Section 5650.
- c. Advise the County Board of Supervisors, the Department of Health and Human Services (DHHS) Director and the Local Mental Health Director as to any aspect of the local behavioral health program.
- d. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- e. Submit an annual report to the County Board of Supervisors on the needs and performance of the County's behavioral health system.

- f. Review and make recommendations to the DHHS Director on the selection of the Local Mental Health Director. The LBHB shall be included in the selection process.
- g. Review and comment on the County's performance outcome data and communicate its findings to the State Mental Health Commission (the California Mental Health Planning Council)

ARTICLE III MEMBERSHIP

The membership of the LBHB, as set forth in the Welfare and Institutions Code, Section 5604 is as follows:

Section 1. Composition.

Membership of the LBHB shall consist of 10-15 members, depending on the preference of the County Board of Supervisors. Nothing in this section shall be construed to limit the ability of the County Board of Supervisors to increase the number of members above 15. Members shall be appointed by the County Board of Supervisors and subject to the following conditions:

- a. One LBHB member shall be a member of the County Board of Supervisors.
- b. The LBHB may recommend appointees to the County Board of Supervisors.
- c. The County Board of Supervisors is encouraged to appoint individuals who have experience and knowledge of the behavioral health system.
- d. The LBHB should reflect the ethnic diversity of the client population in the

County.

- e. Fifty percent of the LBHB members shall be consumers or the parent, spouse, sibling, or adult child of consumers who are receiving or have received behavioral health care services. At least twenty percent of the total membership shall be consumers, and at least twenty percent shall be families of consumers.
- f. No member of the LBHB or his/her spouse shall be a full-time or part-time county employee of DHHS, an employee of the State Department of Mental Health or the State Department of Alcohol and Drug Programs, or an employee of, or a paid member of a governing body of a Humboldt County behavioral health contract provider.

Section 2. Term.

The term of each member of the board shall be for three years. The County Board of Supervisors shall equitably stagger the appointments so that approximately one-third of the appointments expire in each year.

Section 3. Removal from Membership.

It will be recommended to the County Board of Supervisors that a member's appointment be terminated if:

- a. Three consecutive absences from the regular LBHB meetings occur during the business year, unless such absence is excused by the LBHB due to illness, absence from the county or extreme weather conditions.
- b. A member accumulates four nonconsecutive absences from regular LBHB meetings during the business year starting July 1, unless such absence is excused by the LBHB due to illness, absence from the county or extreme weather conditions.

- c. In special circumstances, a vote of two-thirds of the members can obviate the necessity for termination.

Section 4. Resignation from Membership.

When it is necessary for a member to resign from the LBHB, that member shall submit a letter of resignation to the County Board of Supervisors and a copy to the LBHB Chair at least thirty days prior to his/her last day of service.

Section 5. Consecutive Appointments.

A member of the LBHB may serve more than two consecutive terms of membership, upon recommendation of a two-thirds vote of the LBHB membership.

Section 6. Leave of Absence.

A member of the LBHB can request a leave of absence. A leave of absence can be granted for a maximum period of three months. A written request must be submitted to the LBHB Chair and contain the following information: name, address, phone number, date of last meeting attended, the length of the leave of absence the member is requesting. The member must also state in the leave of absence request that they agree that if they cannot engage in their responsibilities as a member of the LBHB at the end of their requested and approved leave, they will resign. The request must be signed and dated by the member. The Chair will submit the request to the LBHB for approval. Approval by the LBHB must be given prior to any member being absent from a regularly scheduled meeting. While on a requested and approved leave of absence, the member maintains their good standing and their non attendance will not be considered an absence as defined for in Article III, Section 3 Removal from Membership. Any member of the LBHB not in compliance with Article III, Section 3 of these Bylaws prior to

their request will be denied a leave of absence. Therefore, the member must resign or Article III, Section 3 of these Bylaws will be adhered to and the member will be removed due to the lack of attendance.

ARTICLE IV OFFICERS

Section 1. Term of Office.

A member of the LBHB may serve for a term of one year and may not serve in the same office more than two consecutive terms.

Section 2. Removal.

Officers of the LBHB may be removed from office and relieved of duties by a majority vote of the LBHB membership in executive session.

Section 3. Election.

Officers shall be elected at the May business meeting to take office July 1.

Section 4. Vacancy.

Upon the resignation or removal of an officer, the next officer in line shall ascend to the vacant positions. An election shall be held to fill the remaining vacancy within thirty days after that vacancy occurred. If an officer is unwilling to ascend to fill a vacated position, the position shall be filled by election within thirty days of the vacancy.

ARTICLE V DUTIES OF OFFICERS

Section 1. Chair

- a. Submit the agenda for all meetings.
- b. Call all meetings of the LBHB.
- c. Preside at all meetings of the LBHB.
- d. Insure LBHB participation in the 12-month planning process prior

- to the approval of the County plan.
- e. Serve as an ex-officio member of all standing and special committees except the Nominating Committee.
 - f. Appoint the Chair of all committees.
 - g. Represent the Board at public functions, or appoint a representative to do so.
 - h. Inform the Board of Supervisors and the County Clerk of the Board of any LBHB vacancies.
 - i. Prepare and submit an annual report of LBHB activities to the County Board of Supervisors, the DHHS Director, and the Local Mental Health Director.
 - j. Be in consultation with the DHHS Director and Local Mental Health Director on a regular basis.

Section 2. First Vice Chair.

- a. Shall assume the duties of the Chair in his/her absence.
- b. Carry out tasks delegated by the Chair.
- c. Serve as Chair of the Membership/Nominating Committee.
- d. Arrange for orientation sessions for new members.

Section 3. Second Vice Chair.

- a. Shall assume the duties of the First Vice Chair in his/her absence.
- b. Carry out any tasks delegated by the Chair.
- c. Act as Secretary in the absence of the Staff Secretary

ARTICLE VI
MEETINGS

Section 1. Regular Meetings.

- a. Shall be held once monthly. A minimum of 10 meetings shall be held each year.
- b. All members shall be notified of the time, date, place and agenda of each meeting by phone, or by mail, at least seven (7) days prior to each regular meeting.
- c. Secretary.
 1. A Secretary to the LBHB will attend all meetings of the LBHB and committee meetings when requested.
 2. The Secretary shall maintain a record of all sessions and LBHB attendance.
 3. The agenda for regular meetings shall be prepared and distributed by the Secretary to each LBHB member at least seven (7) days prior to the meeting, and made public in accordance with Brown Act provisions. Copies of the agenda shall be made available at each meeting for the public. The agenda shall allow time for presentation of non-agenda items.
 4. The agendas shall include a standing item for the Alcohol and Other Drug / Dual Recovery Committee.
 5. All matters to be included on the printed agenda must be submitted to the Secretary at least ten (10) days preceding the meeting.

Section 2. Special Meetings.

A special meeting may be called by the Chair, or at the request of the majority of the membership or the Executive Committee. Notice for special meetings shall be given to all members at least twenty-four hours prior to the meeting.

Section 3. Conduct of Meeting.

All meetings of the LBHB shall be subject to the provisions of the Brown Act

relating to the meetings of local agencies. Meetings shall be conducted in accordance with Roberts Rules of Order, current revision.

Section 4. Quorum.

A quorum shall be one person more than one-half of the appointed members.

Section 5. Addressing the Board.

Any person wishing to address the LBHB, when recognized by the Chair, shall give his name for the record. The Chair may limit the amount of time a person may use in addressing the Board.

Section 6. Executive Session.

An Executive Session consisting of LBHB members only may be called by two (2) members of the Executive Committee to address personnel matters.

ARTICLE VII
COMMITTEES

Section 1. Duties and Functions.

- a. Review and make recommendations to the LBHB about programs; assist staff with program development; determine efficacy of programs with regard to meeting the needs of the targeted community or population.
- b. Review and make recommendations to the LBHB about State audits and evaluations.
- c. Each Local Behavioral Health Board member must serve on a Standing Committee.
- d. Committees shall be enriched by involving community members.
- e. Each committee shall consist of at least three members, including at least two (2) LBHB members.
- f. Appointment to committees shall be by the Committee Chair.

- g. Ad Hoc subcommittees may be appointed by Committee Chairs as needed.

Section 2. Standing Committees.

The following shall be standing committees of the LBHB, continuation of which shall be decided annually by the members

- a. The Executive Committee:
 - 1. Shall consist of the current officers, the past Chair and local representatives to State-wide behavioral health organizations when applicable.
 - 2. Shall assist the Chair in preparing the meeting agenda.
 - 3. Shall perform any other duties delegated to it by the Chair of this body.
- b. The Membership/Nominating Committee:
 - 1. Shall consist of four (4) members: the First Vice Chair, 2nd Vice Chair, and two (2) members to be selected at the July meeting and serving one year.
 - 2. Shall solicit prospective candidates for membership for LBHB vacancies.
 - 3. Shall screen all available candidates per LBHB vacancy and submit the names of recommended candidates to the LBHB for approval by a majority vote. Screening shall consist of review of a written application, participation in a minimum of 3 LBHB meetings and an interview. This recommendation will then be submitted to the Board of Supervisors for selection and appointment.

4. Shall assist the Chair in the orientation of new LBHB members.
 5. Shall present a slate of officers to the membership at the April meeting or when requested for a special election.
- c. Alcohol and Other Drug/Dual Recovery Committee
1. Participate in the planning process, and assist in establishing priorities for needs and services.
 2. Advise the County Alcohol and Drug Administrator on policies and goals of the County Alcohol and Other Drugs Programs, and on any other related matters of the Alcohol and Drug Administrator refers to it, or which are raised by members.
 3. Encourage and educate the public to understand the nature of alcohol and other drug abuse, and encourage support throughout the County for development and implementation of effective substance abuse programs.
 4. Review and make recommendations to the LBHB about the State of California audit findings of the community's health and human service needs, as well as services, facilities and special problems pertaining to substance use.

Section 3. Optional Committees

- a. The Public Awareness Committee:
 1. Shall promote public awareness of available behavioral health services, programs and needs.

2. Shall ensure that the public is invited to provide input into all phases of the planning process.
 3. Shall be responsible for community education regarding behavioral health.
- b. Children, TAY and Family Committee:
1. Review and make recommendations to the LBHB about the State of California audit findings of the community's health and human services needs, as well as services, facilities and special problems pertaining to children, TAY and families.
 2. Advise the LBHB as to any aspect of the local behavioral health program for children, TAY and families.
 3. Comprise membership that may include, but is not limited to clients, family members, staff and stakeholders in the services for children, TAY and families.
- c. Adult and Older Adult Services Committee:
1. Review and make recommendations to the LBHB about the State of California audit findings of the community's behavioral health needs, as well as services, facilities and special problems pertaining to adults and older adults.
 2. Advise the LBHB as to any aspect of the local mental health program pertaining to adults and older adults.
 3. Comprise membership that may include, but is not limited to clients, family members, staff and stakeholders in the services for adults and older adults

Section 3. Other Committees.

The membership (by a majority vote) may establish additional committees necessary for the effective operations of the LBHB or to meet the requirements of government agencies or legislation.

Section 4. Amendments.

These Bylaws may be amended by a two-thirds vote of the members present at any regular meeting of the LBHB if notice of intention to amend the Bylaws, setting forth the proposed amendments has been sent to each member of the LBHB not less than ten days in advance of the date set for consideration of such amendment.

CERTIFICATION

We, the undersigned, hereby certify that these Bylaws were duly adopted at the LBHB regular meeting.

Signed: _____
Co-Chair

Date: _____

Signed: _____
1st Vice-Chair

Date: _____

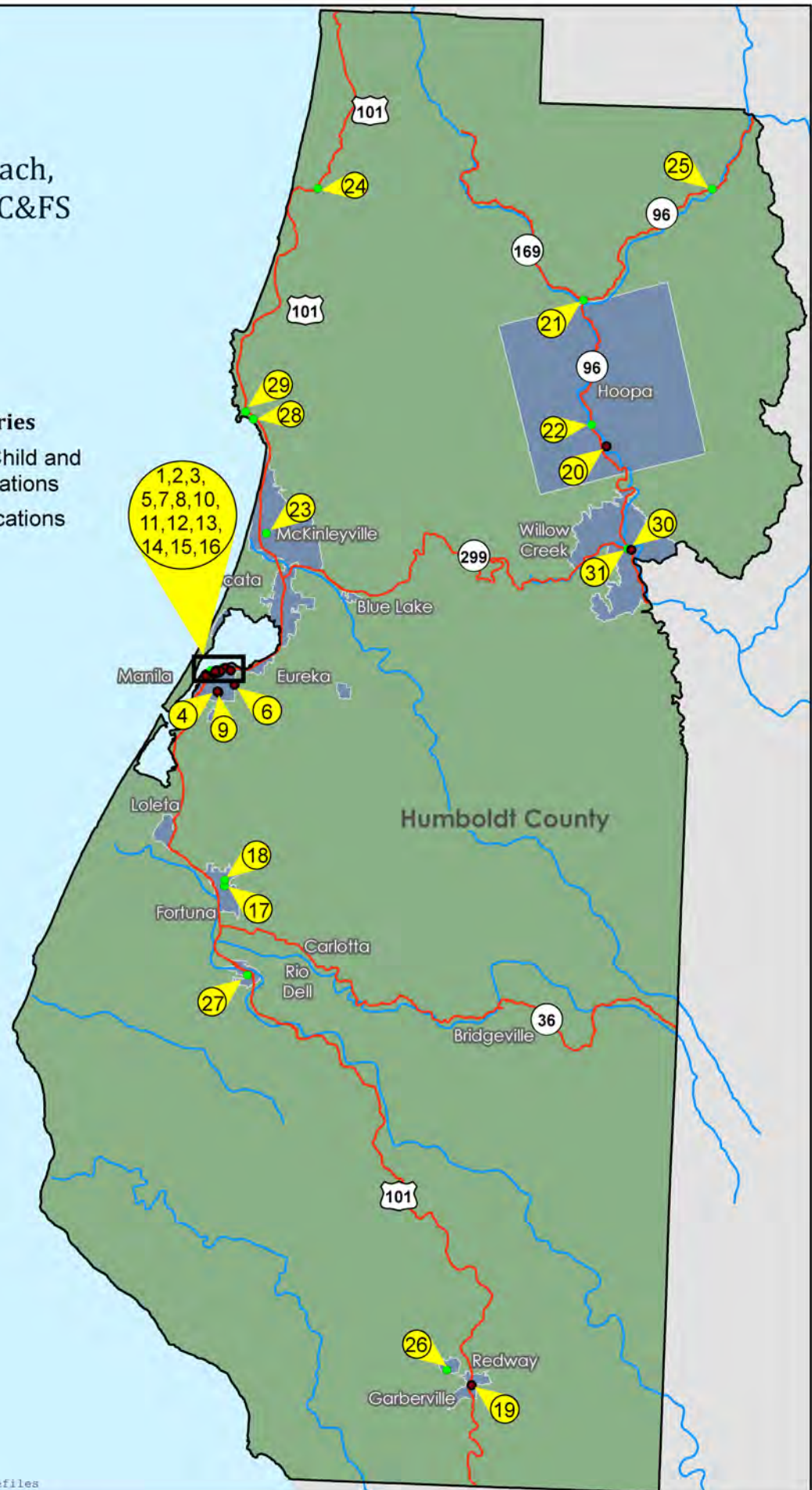
Signed: _____
2nd Vice-Chair

Date: _____



Humboldt County DHHS Mobile Outreach, Mental Health, and C&FS Locations

- Highways
- Major Roads
- Major Rivers
- Locational Boundaries
- Mental Health and Child and Family Services Locations
- Mobile Outreach Locations



Source:
Humboldt County DHHS, Google Maps,
And U.S. Census Bureau Tigerline Shapefiles



DHHS Mobile Outreach, MH, and C&FS Map Location Guide

#	Location	Address	City	Zip	C&FS	MH	PH	SS	MO
Eureka									
1	Community Wellness Center	908 7th Street	Eureka	95501		X	X		
2	Children, Youth, & Family Services	1711 3rd Street	Eureka	95501	X	X			
3	Child Welfare Services	2440 6th Street	Eureka	95501	X			X	
4	MH: Sempevirens, CSU, Outpatient, etc. (Inpatient)	720 Wood Street	Eureka	95501		X			
5	Older Adult Services	808 E Street	Eureka	95501		X			
6	Regional Facility (Inpatient)	2004 Harrison Avenue	Eureka	95501	X				
7	Social Service Main Office	929 Koster Street	Eureka	95501		X		X	
8	Community Corrections Resource Center (CCRC)	404 H Street	Eureka	95501		X		X	
9	Healthy Moms	2910 H Street	Eureka	95501		X			
10	Transition Age Youth	550 I Street	Eureka	95501	X				
11	MH	638 West Clark Street	Eureka	95501		X			
12	Humboldt County Correctional Facility (Inpatient)	901 5th Street	Eureka	95501		X			
13	Public Guardian and Veterans Service Office	1105 6th Street	Eureka	95501		X		X	
14	DHHS Administration	507 F Street	Eureka	95501	X	X	X	X	
15	St. Vincent Dining Facility	35 West 3rd Street	Eureka	95501					x
16	Old Town/Library	1313 3rd Street	Eureka	95501					x
Fortuna									
17	St. Joseph's Pantry Shelf	2292 Newburg Road	Fortuna	95540					x
18	Fortuna Community Services	2331 Rohnerville Road	Fortuna	95540					x
Garberville									
19	WIC & DHHS Garberville Office	727 Cedar Street	Garberville	95542		X	X	X	
Hoopa									
20	K'ima:w Medical Center	535 Airport Road	Hoopa	95546		X		X	
21	Yurok Tribal Offices	CA-96	Hoopa	95546					X
22	Former Ray's Market Parking Lot	12500 CA-96	Hoopa	95546					x
McKinleyville									
23	McKinleyville FRC/SOS	1450 Hiller Road	McKinleyville	95519					x
Orick									
24	Orick CRC	120918 Highway 101	Orick	95555					x
Orleans									
25	Orleans Post Office	38150 Highway 96	Orleans	95556					x
Redway									
26	Redway First Baptist Church	553 Redway Drive	Redway	95560					x

#	Location	Address	City	Zip	C&FS	MH	PH	SS	MO
Rio Dell									
27	Rio Dell Volunteer Fire Department	50 Center Street	Rio Dell	95562					x
Trinidad									
28	Trinidad Rancheria	1 Cher-Ae Lane	Trinidad	95570					X
29	Trinidad Library Park	380 Janis Court	Trinidad	95570					x
Willow Creek									
30	Public Health - Willow Creek Location	77 Walnut Way	Willow Creek	95573		X	X		
31	Willow Creek CRC	135 Willow Road	Willow Creek	95573					x

DHHS MH Contracts as of 2019-02

Contract ID	Contractor Name	Contract Services	Contract Type
MHB000641	Adamson, Rex MD	Medication Support Services at Davis Guest House	Fee for Service
MHB000682	Stars Behavioral Health	Speciality mental health services for adolescents	Mental Health Org Provider
MHB000693	Victor Treatment Centers, Inc.	Children's specialty mental health treatment to eligible medical beneficiaries	Mental Health Org Provider
MHB000694	Mountain Valley Child and Family Services, Inc.	Children's MH services to eligible medical beneficiaries.	Mental Health Org Provider
MHB000681	Remi Vista, Inc.	Speciality mental health, therapeutic behavioral and home base services	Mental Health Org Provider
MHB000687	Changing Tides Family Services	Children's specialty mental health, therapeutic behavioral, home based services	Mental Health Org Provider
MHB000688	Redwood Community Action Agency	Children's specialty mental health treatment for medical beneficiaries	Mental Health Org Provider
MHB000721	Crestwood Behavioral Health	Pathways Specialty MH services to medical beneficiaries. Expires 6.30.21	Mental Health Org Provider
MHB000353	Crestwood Behavioral Health	SV facility evacuation. Active thru 5/31/2020	MOU
MHB000674	Humboldt County Office of Education	Training and support services 1170-477-2609 86.900 K vnh01435	MOU
MHB000479	Oregon Community Health Information Network, Inc.	OCHIN Electronic Data System. Now active thru 11/03/16	MOU
MHB000353	Crestwood Behavioral Health	SV facility evacuation. Active thru 5/31/2020	MOU
MHB000647	Redwood Coast Regional Center	RCRC provides services for children and adults with developmental disabilities	MOU
MHB000605	University of San Francisco	Nurse Placement for Training. Active thru 8/12/21	MOU
MHB000139	CA Dept of Mental Health (see: CDHCS)	Medi-Cal Privacy and Security Agreement; compliance by 2010; no term date	MOU
MHB000493	Humboldt County Mental Health	Mental Health - Housing	MOU
MHB000444	Fortuna Community Services HART Program	AOD Dual Recovery Program (HART.) Auto renewal thru 6/30/2019.	Professional Service Agreement
MHB000716	McKinleyville Community Services District	Address adverse childhood experiences through education and other services	Professional Service Agreement
MHB000711	Redwoods Rural Health Center	Address adverse childhood experiences through education, etc. Expires 6.30.19	Professional Service Agreement
MHB000713	Little Willow Preschool	Address adverse childhood experiences. Expires	Professional Service Agreement
MHB000579	California Psychiatric Transitions	Long Term Psych Care. Active thru 6/30/19	Professional Service Agreement
MHB000570	7th Avenue Center	IMD Residential Services. Active thru 6/30/19	Professional Service Agreement
MHB000572	Mental Health Management 1, Inc., Canyon Manor	MH Resi for Adults 18+. Active thru 6/30/19	Professional Service Agreement
MHB000582	Crestwood Behavioral Health	IMD/Residential Adult Placement Services. Active thru 6/30/19	Professional Service Agreement
MHB000585	Helios Healthcare, LLC	Adult MH placement services. active thru 6/30/19	Professional Service Agreement
MHB000590	Willow Glen Care Center	Adult Placement Services thru 6/30/19.	Professional Service Agreement
MHB000592	Davis Guest Home	MH Adult Placement. Active thru 6/30/19.	Professional Service Agreement
MHB000631	California Institute of Behavioral Health Svcs	EBP Functional Family Therapy Training Phase III	Professional Service Agreement
MHB000648	Preferred Healthcare Registry, Inc.	Temporary Senior Activity Therapist AO1 dated	Professional Service Agreement
MHB000672	Center for Common Concerns Inc. aka: HOMEBASE	Tech assistance 2018 US HUD CoC program funding competition nd in full 10-24-18 Locum Tenens	Professional Service Agreement
MHB000676	Nightingale Nurses LLC		Professional Service Agreement
MHB000677	Ramirez, Michael Ph.D.	WIC 709 and 635.1 Evaluations	Professional Service Agreement
MHB000679	Moor, Kimberly	Speciality mental health services for medical beneficiaries	Professional Service Agreement
MHB000684	Hasket, Tim	Non emergency medical services at Sempervirens	Professional Service Agreement
MHB000685	Traditions Behavioral Health	psychiatrist positions at dhhs mental health facilities	Professional Service Agreement
MHB000691	Stars Behavioral Health	Provide specialty mental health services to eligible medical beneficiaries	Professional Service Agreement
MHB000692	American Telepsychiatrists	Telepsychiatry services to children and adults suffering mental illness	Professional Service Agreement
MHB000696	Gilbert, Mariane NP	Non-emergency medical care services for patients of Sempervirens	Professional Service Agreement
MHB000697	Basch, Corrine V.	Non emergency medical services to patients of Sempervirens	Professional Service Agreement
MHB000699	California Youth Connection	Consultation and technical support re: HCTAYC. Expires 6.30.19	Professional Service Agreement
MHB000701	Cloneys Pharmacy, Inc.	Provide Meds to SV delivery, inspection, replacement and destruction services	Professional Service Agreement
MHB000704	Greenwood, Paul	Crisis Intervention Team Training Services	Professional Service Agreement
MHB000705	Todt, Josh	Crisis Intervention Team Training	Professional Service Agreement
MHB000712	Humboldt County Office of Education	Address adverse childhood experiences.	Professional Service Agreement
MHB000719	Restpadd	Specialty MH services	Professional Service Agreement
MHB000720	Montgomery Consulting	MH & SUD svcs	Professional Service Agreement
MHB000723	Area 1 Agency on Aging	Prevention and early intervention mental health services. Expires 6.30.19.	Professional Service Agreement
MHB000724	Klamath Trinity Joint Unified School District	Prevention and early intervention mental health services. Expires 6.30.2019.	Professional Service Agreement
MHB000725	Humboldt Recovery Center, Inc.	Residential substance use disorder treatment and counseling. Expires 6.30.19.	Professional Service Agreement

DHHS MH Contracts as of 2019-02

Contract ID	Contractor Name	Contract Services	Contract Type
MHB000726	Redwood Community Action Agency	ACES Collaborative. Expires 6.30.19.	Professional Service Agreement
MHB000727	Humboldt County Office of Education	ACES Collaboration. Expires 6.30.19	Professional Service Agreement
MHB000728	Changing Tides Family Services	ACES Collaboration. Expires 6.30.19	Professional Service Agreement
MHB000730	Klamath Trinity Joint Unified School District	ACES Collaboration. Expires 6.30.2019.	Professional Service Agreement
MHB000731	211 Humboldt Information and Resource Center	ACES collaboration. Expires 6.30.19	Professional Service Agreement
MHB000732	Mattole Valley Resource Center	ACES Collaboration. Expires 6.30.19	Professional Service Agreement
MHB000733	Humboldt County Library	ACES Collaboration. Expires 6.30.2019	Professional Service Agreement
MHB000718	Nagy, Lea	Consultation and community liaison services re MH services to clients	Professional Service Agreement
MHB000717	Evans, Jamie Lee	Consultations, tech support and training services re HYTAYC	Professional Service Agreement
MHB000421	Praed Foundation, Inc.	Support re: Child & Adolescent Needs and Strengths Tool. Expires 12.31.19	Professional Service Agreement
MHB000707	Kelly, Kevin	Court ordered competency and psych evals for juveniles	Professional Service Agreement
MHB000640	Transitional Residential Treatment Facilities, Inc	Residential care services	Professional Service Agreement
MHB000678	Humboldt Family Service Center	Case management and therapy services	Professional Service Agreement
MHB000698	Pascoe, Gail RN MFT	Certification Review Hearing Officer in DHHS MH Facilities	Professional Service Agreement
MHB000700	Cloneys Pharmacy, Inc.	Pharmaceutical Consultation services to various MH programs and facilities	Professional Service Agreement
MHB000703	Knopp, Linda LMFT	Certification Review Hearing Officer	Professional Service Agreement
MHB000708	Humboldt Domestic Violence Services	AOD Outreach Substance Use Disorder Counseling renewal of # MHB 584	Professional Service Agreement
MHB000709	Diamond Drugs Pharmacy Services Medical Supply Inc	Pharmaceutical and prescription monitoring services	Professional Service Agreement
MHB000710	David S. Korblum & Associates	Assist in preparation of Medicare Cost Reports. Expires 6.30.20.	Professional Service Agreement
MHB000645	Dimension Reports LLC	Reporting services for behavioral health claims submitted to DHCS	Professional Service Agreement
MHB000633	Ramsey, Jan	Art studio for MH clients to create and show artwork	Professional Service Agreement
MHB000689	Supplemental Health Care	Supplemental nursing personnel to fill various DHHS positions	Professional Service Agreement
MHB000690	trustaff	Supplemental nursing personnel for various DHHS MH positions	Professional Service Agreement
MHB000702	Medical Staffing Solutions, Inc.	Supplemental Nursing Personnel for various DHHS Mental Health Facilities	Professional Service Agreement
MHB000722	Cross Country Staffing, Inc.	Provide supplemental nursing personnel to DHHS MH	Professional Service Agreement
MHB000291	Netsmart Technologies, Inc.	NetSmart-InfoScriber contract :10/25/10-10/25/13 then auto renews up to 10 yrs	Service Agreement
MHB000291	Netsmart Technologies, Inc.	NetSmart-InfoScriber contract :10/25/10-10/25/13 then auto renews up to 10 yrs	Service Agreement
MHB000485	St. Joseph Hospital Eureka	Hospital Services for SV/PES. Active thru 6/30/20	Service Agreement
MHB000485	St. Joseph Hospital Eureka	Hospital Services for SV/PES. Active thru 6/30/20	Service Agreement
MHB000580	North Coast Substance Abuse Council	AOD. Active thru 6/30/19	Service Agreement
MHB000581	Alcohol Drug Care Services, Inc.	AOD Residential and Detox. Active thru 6/30/19	Service Agreement
MHB000714	City of Arcata	Address adverse childhood experiences. Expires 6.30/2019.	Service Agreement
MHB000715	211 Humboldt Information and Resource Center	Address adverse childhood experiences.	Service Agreement
MHB000623	North Coast Health Information Network NCHIIIN	Health Information Exchange Organization Participation Agreement No \$\$	Service Agreement
MHB000602	El Dorado County	Beds as Needed Revenue Agreement. Active thru 2/28/20	Service Agreement
MHB000568	Placer County	Revenue Agreement for Beds as Needed (Regional) 3/31/20	Service Agreement
MHB000291	Netsmart Technologies, Inc.	NetSmart-InfoScriber contract :10/25/10-10/25/13 then auto renews up to 10 yrs	Service Agreement
MHB000484	HSU - Humboldt State University	HSU Student Placement Agreement. Active thru 12/31/2020. NO FEES or costs	Service Agreement
MHB000683	Maxim Healthcare Services, Inc.	Facility staffing agreement to provide supplemental nurses for MH psych health	Service Agreement
MHB000734	Aegis Treatment Centers, LLC	Business Associate Agreement	Service Agreement
MHB000507	Netsmart Technologies, Inc.	Avatar Software License and Support. Active thru 6/30/19 Amended.01,02,03	Software Agreement
MHB000507	Netsmart Technologies, Inc.	Avatar Software License and Support. Active thru 6/30/19 Amended.01,02,03	Software Agreement
MHB000507	Netsmart Technologies, Inc.	Avatar Software License and Support. Active thru 6/30/19 Amended.01,02,03	Software Agreement
MHB000507	Netsmart Technologies, Inc.	Avatar Software License and Support. Active thru 6/30/19 Amended.01,02,03	Software Agreement



OF HUMBOLDT

AGENDA ITEM NO.
cia

For the meeting of: May 22, 2018

Date: April 28, 2018

To: Board of Supervisors

From: Connie Beck, Director *cover for CB*
Department of Health and Human Services-Mental Health Branch

Subject: Behavioral Health Board Alcohol and Other Drug (AOD)/ Dual Recovery Committee Proposal

RECOMMENDATION(S):

That the Board of Supervisors receive and file the attached report prepared by Humboldt County Behavioral Health Board's Alcohol and Other Drug (AOD)/Dual Recovery Committee.

SOURCE OF FUNDING:

N/A

DISCUSSION:

The Humboldt County Behavioral Health Board is a requirement of Welfare and Institutions Code 5604, and was established per the Lanterman-Petris-Short Act of 1967. The County and the Department of Health and Human Services actively support the Behavioral Health Board. The Humboldt County Behavioral Health Board meets monthly and consists of 15 members. Meetings of the Behavioral Health Board are subject to the provisions of the Brown Act. Counties are encouraged to appoint individuals who have experience and knowledge of the mental health system. The Behavioral Health Board should reflect the diversity of the client population in the County. Fifty percent of the membership shall be consumers or the

Prepared by Michelle Thomas CAO Approval *[Signature]*

REVIEW:				
Auditor	County Counsel	Personnel	Risk Manager	Other

TYPE OF ITEM:

Consent

Departmental

Public Hearing

Other

PREVIOUS ACTION/REFERRAL:

Board Order No. _____

Meeting of: _____

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT

Upon motion of Supervisor *Bass* Seconded by Supervisor *Fennell*

Ayes *Bass, Fennell, Sundberg, Bohn, Wilson*

Nays _____

Abstain _____

Absent _____

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: *5/22/18*

By: *[Signature]*

Kathy Hayes, Clerk of the Board

parent, spouse, sibling or adult children of consumers who are receiving or have received mental health services.

At the regular meeting of the Humboldt County Behavioral Health Board on March 15, 2018 the Humboldt County Behavioral Health Board unanimously approved sending the Behavioral Health Board AOD/ Dual Recovery Committee's proposal to the Board of Supervisors.

This proposal was developed over the last six months during the Behavioral Health Board AOD/ Dual Recovery Committee meetings. Developmental meetings included Transitional-Aged Youth (TAY) Advisory Board members and various Department of Health and Human Services (DHHS) staff, as well as community providers of substance use disorder residential services and transitional living housing.

FINANCIAL IMPACT:

There is no financial impact since Behavioral Health Board members volunteer their services.

OTHER AGENCY INVOLVEMENT:

No other agencies are involved.

ALTERNATIVES TO STAFF RECOMMENDATIONS:

The Board could choose not to receive the Behavioral Health Board's AOD/Dual Recovery Committee proposal.

ATTACHMENTS:

1. Behavioral Health Board Alcohol and Other Drug (AOD)/ Dual Recovery Committee proposal to the Board of Supervisors.



HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD

720 Wood Street
Eureka, CA 95501
Behavioral Health Administration (707) 268-2990 Fax (707) 476-4049

Date: May 22, 2018
To: Humboldt County Board of Supervisors
From: Humboldt County Behavioral Health Board's Alcohol and Other Drug/Dual Recovery Committee

The following matter is being forwarded to the Humboldt County Board of Supervisors by the Humboldt County Behavioral Health Advisory Board at the instigation of its Alcohol and Other Drug/ Dual Recovery Committee: The requests submitted for consideration are located at the end of this document.

Humboldt County has a documented high number of residents with substance use disorders. A significant number of these clients have co-occurring mental or physical health conditions, have a criminal record or are homeless, which can make substance use disorder recovery a long process. Many substance use disorder clients cannot safely return to their homes or places of former residence immediately following their course of treatment. DHHS is committed to the wellness and recovery of its substance use disorder (SUD) clients. The National Association of Drug and Alcohol Addiction Counselors' (NADAAC) statistics show that the greatest amount of substance use disorder relapse occurs within the first 30 days following treatment when clients no longer have supportive services.

Humboldt County has licensed and certified residential treatment facilities. The pending Drug Medi-Cal expansion provides the possibility of new funding for qualifying residential treatment facilities.

The American Society of Addiction Medicine has determined that substance use disorder is a chronic medical condition, and current existing research has demonstrated that sustained recovery from SUD, with or without co-occurring disorders, is most successful when clients have completed 12 months of treatment. This should include case management and support groups run by trained, competent and caring counselors at every phase, beginning, if medically indicated, with residential treatment and continuing afterwards with outpatient treatment, and, if necessary, supported by transitional living facilities tailored for those in substance use disorder recovery, the entire sequence is also known in the SUD field as the "continuum of care." Humboldt County has limited funded SUD outpatient treatment for clients completing residential treatment programs and clients evaluated as needing only outpatient services.

We are aware that the Humboldt County Board of Supervisors passed a resolution in March 2016 adopting Housing First for reducing homelessness throughout Humboldt County. Structured, supported transitional housing tailored for those in recovery from substance use disorder aligns with the Housing First approach in that the option is chosen by the client and is not a requirement. Many individuals in substance use disorder recovery need the option to stay in supportive transitional housing as they advance in their recovery and rebuild their lives. Additionally, many individuals who want or need the support of transitional housing for those in substance use disorder recovery may not meet the definition of homeless. The individual may have a home and/or family they can live with, however they need the additional support in order to cement and enhance their recovery.

A limited number of transitional living facilities exist in Humboldt County, though many clients need this service in order to remain clean and sober and pursue employment, educational, or other personal goals to sustain their productive future.

It is respectfully requested for consideration by the Humboldt County Board of Supervisors that

- a.) Support for additional grant and county funding be prioritized for outpatient substance use disorder treatment, particularly to support clients who have successfully completed residential treatment yet still need additional services to maintain their recovery.
- b.) Support for transitional living facilities for those in substance use disorder recovery via grants and county funds be prioritized, particularly for clients who have successfully completed residential or outpatient treatment but cannot safely return to their places of former residence due to those places being high relapse risk environments.
- c.) Support and recognition for the proven concept of the continuum of care to be the criteria adopted for future substance use disorder treatment expansion. The concept of continuous care, or "treatment on demand," involves a complete start-to-finish, unbroken transition from one level of care to another. This continuum of care provides clients with a sense of security and well-being.

To be an effective component of clients' continuum of care, transitional living facilities operating within the continuum of care, need to provide the following minimum requirements:

- Clean and sober, safe housing.
- Food storage and preparation areas.
- Environment that promotes peer to peer support.
- Access to or provide transportation to social services, medical appointments, all substance use disorder treatment including 12 step and other self- help meetings, the Employment Development Department, and organized community service activities.
- Staff should include a salaried on-site live-in house manager.
- The facility should have enforced rules designed to maintain a safe and clean and sober environment, including required participation in random drug and alcohol testing.