

HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD MEETING

February 24, 2022

12:15-2:15 pm

Meeting via Zoom

Members present:	Tim Doty, Laura Montagna, Steve Madrone, Tim Ash, Alison Tans Madison Flynn Isabella Wotherspoon, Alissa Norman,		
Members excused:	Debbie Hartridge Tracie Conner,		
Members absent			
Guests present:	Tiffany Carter, Debbie Hart, Vernon Price, Colleen Broderick, Katy Wilson		
Staff present:	Sonya Levy –Boyd, Supervising Clinician; Jeremy Nilsen, Deputy Director; Joe McManus, Executive Secretary; Emi Botzler-Rodgers, Behavioral Health Director, Cathy Rigby, Program Manager; Jack Breazeal, Deputy Director; Paul Bugnacki, Deputy Director; Kelly Johnson, Senior Program Manager; Nancy Starck, DHHS Legislative Manager; Alex Olivera, Administrative Analyst; Connie Beck, DHHS Director; Laurel Johnson, Staff Services Analyst		
TOPIC	DISCUSSION	ACTION/FOLLOW UP	PERSON RESPONSIBLE
1. Call to Order-	Meeting called to order by Tim Doty at 12:15 pm.	Informational	
2. Roll Call			
3. Adjustments to the Agenda	a) Allison Tans asked if the action items could be moved up on the agenda as she needs to leave at 1:00 pm today and she would like to give an update on the comments on the MHSA Annual report.	Will move up the Action Items after Public Comments on the agenda.	Tim Doty
4. Public Comments	a) Tiffany Carter from Cal Voices reported she has flyers for the Board members on Criminal Justice Workshops and she will send to Joe to send out to the Board. b)Vernon Price reported he would like to know if the ad hoc committee on homelessness sent a letter to the BOS or DHHS? Alissa Norman who is the chair of that ad hoc committee reported she has not written anything up yet. She will send to Joe to share with the Board.	Tiffany to send Joe the flyers to send to the Board members. Alissa Norman to send her report to Joe to share with the Board members.	Joe McManus Alissa Norman Joe McManus
5. Action Items a) Approval of Minutes from the 1/27/22 meeting	a) Minutes from the last meeting on 1/27/22 were submitted for review and approval.	Unanimously approved. To be posted on the web page.	Joe McManus
5. Action Items b) Recording of meetings	a) This is to record the Zoom meetings so others can access this. Would like the meetings to be recorded from beginning to end. An amendment was added to allow that if someone is uncomfortable with recording their comments, they can ask the recording to be stopped while they are speaking. Also, if someone is uncomfortable, they can ask to speak or meet with a board member outside of the meeting.	Unanimously approved. Will record the meetings from beginning to end with the provision that if someone is uncomfortable making comments the recording can be paused and then resumed.	Joe McManus

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5. Action Items c) Behavioral Health Board comments on MHSA Annual report	a) Tim Ash reported that an ad hoc committee was started to review the MHSA Annual report and he met with Allison and Laura last week and they came up with some suggestions. Allison had to leave the meeting early so she cannot give the update on this. Cathy Rigby is having another MHSA meeting on Friday that the Board members can attend also. Tim Doty read some of Allison's recommendations and this item will be forwarded to the next meeting. So, they can get the right comments. Cathy Rigby also noted that the timeline to get her the comments is no later than end of the March meeting.	This item will be forwarded to the meeting agenda for March.	Allison Tans Tim Ash
6. Communications	a) Steve Madrone reported that he received a letter from Mad River Hospital regarding the handling of 5150s and other items. Steve reported that a meeting has been set up with DHHS and Mad River to discuss their concerns. Emi can give an update on this at the next meeting.	Informational	
7. Presentation: b) CIT	a) Tim Ash gave a short history of the CIT program in Humboldt County. Tim has been a member of the CIT committee and has attended a lot of the trainings. b) Kelly Johnson reported she will be giving the Board a presentation on CIT. Crisis Intervention Teams (CIT) are local initiatives designed to improve how law enforcement and the community respond to people having a mental health crisis. The local CIT is a partnership between law enforcement agencies, Probation, NAMI, and local providers. The goals are to improve law enforcement and consumer safety and to redirect people from law enforcement to the health care system. CIT was first started in Memphis in 1987 and the local CIT was started in 2007. There are around 3,000 CIT programs nationally. The core elements of CIT are partnerships, community ownership and policies and procedures. Almost 500 people have been trained locally in CIT since 2007. There are monthly stakeholder meetings, monthly review meetings, ongoing collaboration with partners and the 40-hour trainings are held in October each year. A question-and-answer period followed the presentation.	Informational	

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8. Reports a) DHHS Director	No report.		
8. Reports b) Behavioral Health Director	<p>a) Emi Botzler-Rodgers reported that Cal AIM reforms are in progress and they will reform Medi-Cal services and this impacts Behavioral Health. Some of the changes are payment reform, policy changes, documentation standards and trainings to help increase quality of care. There will be more options for providers. There will be more data exchanged between systems to share data. The rate schedule will be changed to be more inclusive and providers will be able to claim for more services.</p> <p>b) Paul Bugnacki reported the final EQRO audit is in and overall, it went well. The Board can get a presentation on this in the future and Paul will send a link to the final report. There are six recommendations from this report. The DHCS Tri Annual audit which is a review of SV every three years is completed and there were zero disallowances this year.</p>	Informational	
8. Reports c) AOT update	a) Jack Breazeal reported AOT is making progress. There was an implementation plan meeting last week that included judges and the Public Defenders office. Jack reported that they are using the Nevada County policy and procedures to get started. EA family services is working on getting started and finding a facility. There is also work being done on training and education and how to make referrals to AOT. There is also working being done to make sure that Medi-Cal can be billed.	Informational	
8. Reports d) SUD/DR committee	No report.		
8. Reports e) Chair/Vice Chair	a) Nancy Starck reported she sent out a written report for the Legislative ad hoc committee that was formed. Tim Ash is leading this ad hoc committee and they will be reviewing bills in March and will report back to the Board.	Informational	

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	b) Tim Doty reported the new member Orientation meeting will be this Saturday at 10:30 am and they will go over the handbook, committees, and goals for the Board this year.		
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8. Reports e) Chair/Vice Chair	c) Debbie Hart asked if there was an update on the IMD exclusion and what is the position on waivers? Tim Doty reported this can be discussed at the next meeting.	Informational	
10. Adjournment	a) Meeting adjourned at 2:15 pm	Informational.	
Minutes submitted by: Joe McManus Submitted to: BHB			
ACROYNMS - Updated 7/23/21			
ACA	AFFORDABLE CARE ACT		
ACES	ADVERSE CHILDHOOD EXPERIENCES		
AFHHA	AFFORDABLE HOMELESS HOUSING ALTERNATIVES		
ADHD	ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADCS	ALCOHOL DRUG CARE SERVICES		
AHP	ARCATA HOUSE PARTNERSHIP		
AIDET	ACKNOWLEDGE INTRODUCE DURATION EXPLANATION THANK YOU		

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APD	ARCATA POLICE DEPARTMENT		
ART	AGRESION REPLACEMENT THERAPY		
AOD/DR	ALCOHOL AND OTHER DRUG DUAL RECOVERY		
ATP	ADOLESCENT TREATMENT PROGRAM		
AOT	ASSISTED OUTPATIENT TREATMENT (LAURA'S LAW)		
ASAP	ALLIES FOR SUBSTANCE ABUSE PREVENTION		
ASIST	APPLIED SUICIDE INTERVENTION SKILLS TRAINING		
ASOC	ADULT SYSTEM OF CARE		
BOS	BOARD OF SUPERVISORS		
CAEQRO	CALIFORNIA EXTERNAL QUALITY REVIEW ORGANIZATION		
CALBHBC	CALIFORNIA ASSOCIATION OF LOCAL BEHAVIORAL HEALTH BOARDS AND COMMISSIONS		
CALFHA	CA HOUSING FINANCE AGENCY		
CANS	CHILD AND ADOLESCENT NEEDS (TRAINING)		
CARF	COMMISSION ON ACCREDITATION OF REHABILITATION FACILITES		
CCRC	COMMUNITY CORRECTIONS RESOURCE CENTER		
CFMG	CALIFORNIA FORENSIC MEDICAL GROUP		
CMHACY	CA MENTAL HEALTH ADVOCATES FOR CHILDREN AND YOUTH		
CBHDA	CALIFORNIA BEHAVIORAL HEALTH DIRETORS ASSOCIATION		
CBH	CHILDREN'S BEHAVIORAL HEALTH		
CMS	CENTERS FOR MEDICARE AND MEDICAID SERVICES		
CCP	COMMUNITY CORRECTIONS PARTNERSHIP		
CCRC	COMMUNITY CORRECTIONS RESOURCE CENTER		

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CCRP	CA CENTER FOR RURAL POLICY
CCT	COMPREHENSIVE COMMUNITY TREATMENT
CIT	CRISIS INTERVENTION TRAINING
CIBH	CALIFORNIA INSTITUTE FOR BEHAVIORAL HEALTH
CR	COLLEGE OF THE REDWOODS
CSU	CRISIS STABILIZATION UNIT
CWS	CHILD WELFARE SERVICES
C&FS	CHILDREN AND FAMILY SERVICES
DHHS	DEPARTMENT OF HEALTH AND HUMAN SERVICES
DHCS	DEPARTMENT OF HEALTH CARE SERVICES
DMC	DRUG MEDI-CAL
DRP	DUAL RECOVERY PROGRAM
EBP	EVIDENCE BASED PRACTICES
ERMHS	EDUCATIONALLY RELATED MENTAL HEALTH SERVICES
ETD	EMPLOYMENT TRAINING DEPARTMENT
EPD	EUREKA POLICE DEPARTMENT
FFT	FUNCTIONAL FAMILY THERAPY
FURS	FAMILY URGENT RESPONSE SYSTEM
HART	HUMBOLDT ALCOHOL RECOVERY TREATMENT
HBHDC	HUMBOLDT BAY HOUSING DEVELOPMENT CORPORATION
HCPR	HUMBOLDT COUNTY PROGRAMS FOR RECOVERY
HCGJ	HUMBOLDT COUNTY GRAND JURY
HSU	HUMBOLDT STATE UNIVERSITY
HCTAYC	HUMBOLDT COUNTY TRANSITION AGE YOUTH COLLABORATION
HCMH	HUMBOLDT COUNTY MENTAL HEALTH
HHHC	HUMBOLDT HOUSING AND HOMELESS COALITION
HOME	HOMELESS OUTREACH & MOBILE ENGAGEMENT

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HRC	HUMBOLDT RECOVERY CENTER
HSU	HUMBOLDT STATE UNIVERSITY
HVN	HEARING VOICES NETWORK
IEP	INDIVIDUAL EDUCATION PLAN (FOR YOUTH WHO MEET EMOTIONAL DISTURBANCE CRITERIA)
ISP	INDIVIDUAL PLACEMENT AND SUPPORT
IST	INCOMPETENT TO STAND TRIAL
ITFC	INTENSIVE THERAPEUTIC FOSTER CARE
IY	INCREDIBLE YEARS
IHSS	IN HOME SUPPORT SERVICES
IOA	INSTITUTE ON AGING
IDDT	INTEGRATED DUAL DIAGNOSIS TREATMENT
IST	INCOMPETENT TO STAND TRIAL
LECAH	LAW ENFORCEMENT CHIEFS OF HUMBOLDT
LGHH	LET'S GET HEALTHY HUMBOLDT
LBHB	LOCAL BEHAVIORAL HEALTH BOARD
LGBTQ	LESBIAN GAY BI TRANSGENDER QUEER
MAT	MEDICALLY ASSISTED TREATMENT
MEV	MOBILE ENGAGEMENT VEHICLE
MTC	MODIFIED THERAPEUTIC COMMUNITY
MTFC	MULTI –DIMENSIONAL TREATMENT FOSTER CARE
MHSA	MENTAL HEALTH SERVICES ACT
MHSAOAC	MENTAL HEALTH SERVICES ACT OVERSIGHT AND ACCOUNTABILITY COMMISSION
MIST	MOBILE INTERVENTION AND SERVICES TEAM
MRT	MOBILE RESPONSE TEAM
NAMI	NATIONAL ALLIANCE ON MENTAL ILLNESS
NFP	NURSE FAMILY PARTNERSHIP
OLLI	OSHER LIFELONG LEARNING INSTITUTE
OSHPD	OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
OTP	OFFENDER TREATMENT PROGRAM

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PBIS	POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS
PEI	PREVENTION AND EARLY INTERVENTION
PIT	POINT IN TIME COUNT
PCIT	PARENT CHILD INTERACTIVE THERAPY
PIP	PERFORMANCE IMPROVEMENT PROJECT
PBIS	POSITIVE BEHAVIORAL INTERVENTION SERVICES
PRA	PATIENT'S RIGHTS ADVOCATE
QPR	QUESTION PERSUADE REFER
RF	REGIONAL FACILITY
RFQ	REQUEST FOR QUALIFICATIONS
ROSE	RURAL OUTREACH SERVICES ENTERPRISE
RUPRI	RURAL POLICY RESEARCH INSTITUTE
SAPT	SUBSTANCE ABUSE PREVENTION AND TREATMENT
SUD	SUBSTANCE USE DISORDERS
SAMHSA	SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMISTRATION
SDS	SAME DAY SERVICES
SOC	SYSTEM OF CARE
SV	SEMPERVIRENS
TBH	TRADITIONS BEHAVIORAL HEALTH
TIP	TRANSITION TO INDEPENENCE PROCESS
TAY	TRANSITION AGE YOUTH
TFCBT	TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY
UCAF	UNITED ADVOCATES FOR CHILDREN AND FAMILIES
WRAP	WELLNESS RECOVERY ACTION PLAN

