

HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD MEETING

April 22, 2021

12:15-2:15 pm

Meeting via Zoom

Members present:	Tim Doty, Tim Ash, Steve Madrone, Alissa Norman, Madison Flynn		
Members excused:	Tracie Conner		
Guests present:	Debbie Hartridge, Wesley Lu, Michelle Bushnell		
Staff present:	Jack Breazeal, Deputy Director; Sonja Levy –Boyd, Supervising Clinician; Laurel Johnson, Staff Services Analyst; Jeremy Nilsen, Deputy Director; Connie Beck, DHHS Director; Paul Bugnacki, Deputy Director; Sharon Wolff, Legislative Analyst; Gabe Bennett, Senior Program Manager; Joe McManus, Executive Secretary; Cathy Rigby, Program Manager		
TOPIC	DISCUSSION	ACTION/FOLLOW UP	PERSON RESPONSIBLE
1. Call to Order-	Meeting called to order at 12:15 pm by Tim Doty.		
2. Roll Call	All members, staff and guests introduced.		
3. Adjustments to the Agenda	None.		
4. Public Comments	None.		
5. Communications	<p>a) Tim Ash reported he received an email from the CALBHB/C and they are looking for board members from the Superior region to serve on a board representing Hispanic and Tribal communities in Humboldt County.</p> <p>b) Tim Ash reported that he would like to follow up on the TAY recommendations to help them participate in meetings. Tim is asking that Board member review the document that was sent out at the last meeting so they can make some decisions at the May meeting.</p> <p>c) Tim Doty reported that Cathy Rigby has requested that the Board hold the MHSA public hearing on the 2021-22 update at the May meeting. The 30-day comment period will begin on 4/26 and the May meeting is on 5/27.</p>	Tim Ash to work with Alissa Norman and Sonja Levy-Boyd on the TAY recommendations so the Board can vote on them at the May meeting.	Tim Ash Alissa Norman Sonja Levy-Boyd
6.Action Items a) Approval of minutes from the 3/22/21 meeting	a) Minutes from the last meeting on 3/22/21 were submitted for review and approval.	Minutes from the 3/22/21 meeting were unanimously approved. To be posted.	Joe McManus
6. Action Items b) 2020 Data Notebook	a) Tim Ash reported he is working on this, will discuss at the next Executive Committee meeting on 5/5/21.	Informational	

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<p>6. Action Items c) Laura's Law ((AOT)recommendations</p>	<p>a) Tim Ash reported that Emi Botzler-Rodgers gave the BOS a presentation on Laura's Law (AOT) at the April 6th BOS meeting and the BOS asked her to come back to the BOS in May with more details about funding and staff needed. The BOS was in favor of not opting out but did not vote on it at the April meeting. The Behavioral Health Board is voting today on whether to send letter of recommendation to the BOS in favor of AOT or to opt out. Debbie Hartridge who is a NAMI member said NAMI is in favor of AOT and that it may help more people in the community.</p> <p>b) Connie Beck reported that she and Emi have met with the CAO and the BOS to discuss funding for AOT and they have been given a 60-day extension on whether to opt out or opt in for this program. Emi and Connie will be going back to the BOS in May with more details. Steve Madrone reported the BOS had a good discussion on this and got public input along with staff input and that he thinks more clients might be eligible for AOT, but that the funding is a big concern for DHHS. The BOS needs to figure out the funding and support DHHS in this going forward.</p> <p>c) Cathy Rigby reported that there is no funding for AOT in the MHSA 3-year plan. Tim Ash reported that the Board has asked that funding be put aside for AOT. Steve Madrone reported that not having AOT could cost more than implementing it and it could save lives</p>	<p>Tim Ash made a motion that the Behavioral Health Board write a letter of support to opting in Laura's Law (AOT) and send to the BOS. Tim Ash and Tim Doty will write the letter of support.</p>	<p>Tim Ash Tim Doty</p>
<p>7. Presentation a) AB2083</p>	<p>a) Jeremy Nilsen reported he will be giving a presentation on AB203 implementation. The bill requires collaborative partners from different agencies such as Children's Behavioral Health, CWS, Juvenile Probation, local Tribes, First 5, hospitals and the Courts. The goal is to expand services. An MOU was developed to include addressing the establishment of an interagency leadership team and a placement committee. Members of the leadership team would be able to exchange and disclose information on families and clients.</p>	<p>Informational</p>	

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7. Presentation a) AB2083	b) The Interagency Leadership Team will provide authority and look at the Children’s System of Care. The MOU outlines responsibilities around data and information, screening, assessments, staff and recruitment and coordination of services. The team will address the system processes, barriers to services and improve collaboration. A question and answer period followed the presentation.	Informational	
8. Reports a) DHHS Director	a) Connie Beck reported that a lot of good work is going on at DHHS and that a Housing Division is being started at DHHS because of the number of rental assistance programs we have, and they don’t want to leave anyone out. This new program should speed up the housing process.	Informational	
8. Reports b) Behavioral Health Director	a) Paul Bugnacki reported that Behavioral Health has been working closely with the local hospitals and Law Enforcement on 5150s and how to improve the process. The MRT team is responding to calls seven days a week now and rescinding 5150s from the EDs. The MDs are now providing consultation with the ERs at hospitals. b) Jack Breazeal reported that the Crisis Residential Facility RFP is moving forward, and the facility will be Willow Glen. This will go to the BOS in May for approval. Willow Glen has many facilities in Northern CA. c) Jeremy Nilsen reported that he is working with a local provider to apply for a grant for a Children’s Crisis Residential facility for the local community.	Informational	
8. Reports c) SUD/DR committee	a) Tim Doty gave an update form the most recent SUD/DR committee meeting. They would like to give the Board a presentation in July. The committee is working with HCTAYC to SUD issues and they are looking for more members from the Board to serve on the committee.	Informational	
8. Reports d) Chair/Vice Chair	a) Tim Doty reported that the bylaws are being reviewed by administration and County Counsel, will have more specifics later. b) Presentations are being planned for the June, July, and September meetings.	Informational	

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8. Reports d) Chair/Vice Chair	c) County Counsel will be giving feedback on how to conduct/monitor meetings. e) Tim Ash reported that the Board usually presents an award to local community member for their work for May is Mental Health Month and if anyone has any ideas on this, they can contact Tim Ash or Tim Doty. Jack Breazeal reported that he will give an update on the May is Mental Health month activities at the next Executive Committee meeting.		
9. Adjournment	Meeting adjourned at 2:15 pm.		
Minutes submitted by: Joe McManus Submitted to: BHB			
ACROYNMS- Updated 4/20/21			
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		
APD	ARCATA POLICE DEPARTMENT		
ART	AGRESION REPLACEMENT THERAPY		
AOD/DR	ALCOHOL AND OTHER DRUG DUAL RECOVERY		
AOT	ASSISTED OUTPATIENT TREATMENT (LAURA'S LAW)		
ASAP	ALLIES FOR SUBSTANCE ABUSE PREVENTION		
ASIST	APPLIED SUICIDE INTERVENTION SKILLS TRAINING		
ASOC	ADULT SYSTEM OF CARE		

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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 FACILITIES
CCRC	COMMUNITY CORRECTIONS RESOURCE CENTER
CFMG	CALIFORNIA FORENSIC MEDICAL GROUP
CMHACY	CA MENTAL HEALTH ADVOCATES FOR CHILDREN AND YOUTH
CBHDA	CALIFORNIA BEHAVIORAL HEALTH DIRECTORS ASSOCIATION
CBH	CHILDREN'S BEHAVIORAL HEALTH
CMS	CENTERS FOR MEDICARE AND MEDICAID SERVICES
CCP	COMMUNITY CORRECTIONS PARTNERSHIP
CCRC	COMMUNITY CORRECTIONS RESOURCE CENTER
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 MEDICAL
DRP	DUAL RECOVERY PROGRAM
EBP	EVIDENCE BASED PRACTICES

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ERMHS	EDUCATIONALLY RELATED MENTAL HEALTH SERVICES
ETD	EMPLOYMENT TRAINING DEPARTMENT
EPD	EUREKA POLICE DEPARTMENT
FFT	FUNCTIONAL FAMILY THERAPY
HART	HUMBOLDT ALCOHOL RECOVERY TREATMENT
HBHDC	HUMBOLDT BAY HOUSING DEVELOPMENT CORPORATION
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
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
MEV	MOBILE ENGAGEMENT VEHICLE

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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
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

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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