

**HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD MEETING**

*April 28, 2022*

12:15-2:15 pm

Meeting via Zoom

<b>Members present:</b>	Tim Doty, Laura Montagna, Tim Ash, Alison Tans, Madison Flynn, Isabella Wotherspoon, Alissa Norman, Debbie Hartridge, Colleen Broderick, Danette Kellerman		
<b>Members excused:</b>	None		
<b>Members absent</b>	Steve Madrone, Tracie Conner		
<b>Guests present:</b>	Vernon Price; Katy Wilson, MD; Danny Medina		
<b>Staff present:</b>	Emi Botzler-Rodgers, Director; Jack Breazeal, Deputy Director; Paul Bugnacki, Deputy Director; Nancy Starck, DHHS Legislative Manager; Laurel Johnson, Staff Services Analyst; Sharon Wolff, Legislative Analyst; Laura Coulter, Administrative Secretary, Robert Ward, Housing Manager; Christine Messinger, Staff Services Analyst; Jaclyn Culleton, Program Manager; Raul Torres, Sr. Program Manager; Cathy Rigby, Program Manager; Robert Ward Housing Assistance Coordinator		
<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTION/FOLLOW UP</b>	<b>PERSON RESPONSIBLE</b>
<b>1. Call to Order-</b>	Meeting called to order by Tim Doty at 12:20 pm		
<b>2. Roll Call</b>	All members, staff and guests introduced.		
<b>3. Adjustments to the Agenda</b>	Item 8b. BH Director report will be given after Item 4. Public Comment		
<b>4. Public Comments</b>	Vernon Price thanked BHB for letter regarding the Crisis Residential Facility.		
<b>5. Action Items</b> <b>a) Approval of Minutes from the 3/24/22 meeting</b>	a) Laura motioned to approve minutes. Allison requested change/correction to item 5.f) Conduct a feasibility study on a Sobering Center to ease the burden on SV, CSU, law enforcement and local hospitals. Tim Ash seconded minutes with changes.	Unanimously accepted with Allison's changes.	
<b>5. Action Items</b> <b>b) Approval of Slate of Officers for the election at the May meeting</b>	b) Nominations were made and accepted for: Tim Doty for Chair – nomination accepted Laura Montanga 1st Vice Chair – nomination accepted Alissa Norman 2nd Vice Chair – nomination declined The 3 positions listed, and former chair serve as the Executive Committee works with Chair to set agenda. Meet monthly. Election will be held at next meeting (May). Job descriptions can be found in BHB bylaws.		
<b>5. Action Items</b>	c) Letter is result of report of NIMBY issues on the Crisis Residential Treatment Facility (CRTF) so staff suggested a letter be sent to BOS is	Unanimously approved to send letter to BOS.	

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<p><b>c) Letter to the BOS for overcoming stigma and discrimination</b></p>	<p>to encourages them to recognize the need for the adult Crisis Residential Treatment Facility (CRTF) and destigmatize mental health. Laura Montagna made a motion to send to BOS "ASAP", Colleen Broderick 2<sup>nd</sup> the motion. Vernon Price– Thanked board for approval, it will approve the quality of the community.</p>		
<p><b>6. Presentation: HOME Services</b></p>	<p>Jaclyn Culleton presented to the board on the HOME - Housing Outreach Mobile Engagement program. HOME is an integrated program where some staff use AVATAR and they also use a care coordination platform. Using a "test client," Jaclyn demonstrated how the CARE program works. This platform provides a place for contacts, notes, plans, needs, outreach, etc. "Plans" allows staff to list applications in process or completed for client. The program can launch various tasks which has lists of items to do for the client i.e., assist client with PGE and tasks can be assigned. "Event Alerts" has proven to be very helpful. The alert will appear and whoever is listed as the contact they receive a "ding" on phone and in calendar. Care provider doesn't always have to act on item but having the knowledge of the activity has proven helpful. There is a place to attach and save documents i.e., birth certificates which has greatly reduced items getting lost.</p> <p>Questions: Tim Ash - How are individuals abilities/disabilities factored into the process of finding housing?  Raul Torres: They are considered when housing is found to make sure the location is suitable for the client. If there are items that obviously will not work with client, we discuss with the client up front what the issues are/may be for them at the location. There is a checklist that we go over with the client. If they choose to continue with the lease, the client is aware of possible barrier based on their disability. It's put in writing that the client is aware and has chosen to take a place that might have some barriers for them. Do best to avoid areas that present barriers, but don't single them out, give client options, the client makes the choice.</p>	<p>Share HOME Outcome report with Board members</p>	<p>Teresa</p>

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	<p>Allissa Newman- Follow up with an Action Plans and there are specific plans put in place around ADA compatibility. Action plans are put in place to make sure client fully realizes impact on life and how will they address the barrier/issue of the location. It might be necessary to wait a little longer to avoid putting a person into a situation that will not work for them and might be a detriment to their progress.</p> <p>Colleen Broderick – What is priority for housing? How does it look to be a 1, 2 or 3? Does active or suspected active substance abuse drop you to a lower priority? Jaclyn – Questions will be answered in the Outcome report. Substance abuse is not a factor, use the Housing First approach.</p> <p>Tim Doty – How does one get, qualify to get on HOME list? Jaclyn – Behavioral Health clients and experiencing chronic homelessness. Clients don't have to be participating in treatment. Referrals from BH. Outreach workers all over county. Some partner properties have a higher level of eligibility that goes through Coordinated Entry, which is a HUD program. Some of the considerations are hospitalizations, vulnerability, length of homelessness and there is a tenant selection committee.</p> <p>Review of Outcome report. HOME program, outreach workers assist clients with things they need to rent, i.e., driver's license, birth certificate to apply for Section 8, proof of income. When people obtain housing, HOME provides supports and services for them to maintain HOME does not place people. HOME does not place people. HOME does not own or lease property. HOME provides support to obtain and maintain housing. Lease is between client and landlord, not HOME. Jaclyn shared Outcome report, if Board members would like to receive report quarterly, contact Jaclyn.</p>		
<p><b>7. Communications</b></p>	<p>The letter was prepared by Nancy Stark Tim Ash Nominated Alissa for 2<sup>nd</sup> vice chair include for vote</p>		
<p><b>8. Reports</b> <b>a) DHHS Director</b></p>	<p>a) No report.</p>		
<p><b>8. Reports</b> <b>b) Behavioral Health Director</b></p>	<p>b) Emi expressed appreciation for the letter the BHB will be sending to BOS in support of the CRTF and around stigma &amp; discrimination. Update will focus on items related with the Emergency Departments</p>		

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	<p>(ED). To increase capacity at SV to 16 beds, CSU has undergone a “soft closure” of CSU due to staff shortage. “Soft closure” means CSU staff will be reassigned to support SV to get all 16 beds operating. A couple CSU staff will also be moved to support MRT. This will enable us to be timelier in evaluating members of the community that may require a hold. Currently we are at 16 at SV. Reviewing some of the mitigation strategies regarding admission to SV and considering making changes to help support some easier access for hospitals and others. 5150 evals are being done in person at all the hospitals. CSU staff that will support evaluations will primarily be doing re-evaluations for people awaiting placement. MRT will be doing initial evaluations when people come in in crisis to help stabilize and either rescind or uphold the 5150. Have discussed with the EDs possibly allocating BH funds to assist with their staffing issues. BH is struggling with recruitment and retention, therefore if the EDs can fill positions more easily, perhaps we can support those positions financially in some way. Continuing to encourage and support the ED doctors to rescind more holds at the hospitals to clear people more quickly. Reviewing all the ways, including through a recent grant, to co-respond with law enforcement to do stabilization in the community and divert from 5150s instead of sending people to EDs. BH has regular meetings with Mad River and St Joe’s. Meeting have been beneficial for both BH and hospitals. Recently did a walk-through at St Joe’s and met with Mad River. Mad River wants to do deep dive into holds written by law enforcement, they are seeing more holds and are feeling that they may not be accurate or adequate. Our hope is to get more detail so then we can support, educate, and train law enforcement on accurate and appropriate holds. Profound impact of NIMBYism and stigma in the community on current projects. The adult residential facility has a contractor and funding but is having difficulty finding a location. “F” st no longer a viable option, looking forward to other locations. Jack - Willow Glen visited recently and visited some other possible locations. Senator McQuire’s assistant was on the tour as well and hopefully that will help garner some support addressing the NIMBY issues. There was a property in Arcata, but hope is to stay within</p>		
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	<p>Eureka. Starting to see progress in finding viable properties. Architect even visited a site so there is a lot of support and cooperation from the county to get this done. Realtor is also assisting with the search. Need to act quickly, properties go quickly. NIMBYism can be problematic.</p> <p>Questions: Debra Hartridge – Is there more the BHB can do to address the NIMBYism? Emi – Be as vocal and clear in every forum possible to try and legitimize mental illness the same way we legitimize physical illness. The more we can do to destigmatize and normalize mental illness to change culture in community.</p> <p>To address fears, educate the community that there will be staff and services. Perhaps provide examples where other facilities like this works positively in other communities.</p> <p>Suggested to create an ad hoc group on how best to inform and educate the public to overcome the NIMBY issue.</p> <p>Tim Ash – Are holds written by law enforcement not well written or inappropriate? ED staff thinks the person should not have been put on hold. Emi – Understanding is that it's probably both. Staff is doing a deeper dive to identify the issue(s). If it's training on how hold is written vs validity of the hold where other resources or other ways to better engage the individual. Both need to be clarified and strategized around.</p> <p>Tim Ash– Do ED doctors get training? Emi – Yes, ED MDs receive training and certification to both write and rescind holds.</p> <p>Vernon Price – A community forum with service providers &amp; consumers or former consumer of MH services.</p> <p>Laura Montagna – Propose to start an ad hoc to facilitate communications on the NIMBY issue with neighborhoods. EPD has mitigated 83% of 5150s. Need to be careful in using generalized term of "law enforcement." One agency does not represent all agencies.</p> <p>Alissa Norman – If you don't provide services or treatment in your community than you have worsening of issues. By not providing</p>		
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	<p>treatment you have the behaviors in your backyard that you don't want. By providing treatment you uplift people and therefore more happiness and a well-rounded community. People are letting fears drive them, self-fulfilled prophecy. Would like to join ad hoc committee to help destigmatize mental health in our community. Thankful for the discussion.</p> <p>Katy Wilson– As a court ordered evaluator it is my observation that there is an increasing number of severely ill patients over past few years. Perception is that there aren't too many holds being written, just an increase in severely ill community members.</p> <p>Danette Kellerman - Can services be redirected? Address issue of patients being placed in SV, then sent to ED, back to SV for 24hrs then instructed to go back to ED without any medication. Detour that way of thinking. Emi –Paul Bugnacki will be doing an overview at BOS on May 10<sup>th</sup> on SV and 5150 process that will be an opportunity to hear the process. Revisit after Paul's presentation and perhaps have a member of Paul's staff do a presentation at BHB if necessary.</p> <p>Isabella Wotherspoon – Feasibility of facility being placed in Arcata? Eureka more centralized and accessible for SoHum residents. Emi – Intention and goal is to be located in Eureka. If it's necessary to consider slightly outlying areas in order to complete the project and not postpone indefinitely, we may have to move in that direction.</p> <p>Tim Ash – Have we ever had a quality team that reviews the discharge issue? Clients being discharged without meds, housing. Paul – Every discharged is reviewed. Utilization Review committee meets regularly to review process.</p> <p>Jack Breazeal – When looking for properties we consider what NIMBY issues might be but won't know that until Willow Glen applies for license. Once that happens, public can provide input/feedback and/or object to project. "Best guess" at this point for NIMBY issues. Attempt to find property with least NIMBY issues, speak to City Council and other groups that might be aware of any issues and work on advocacy around the project would be a great help.</p> <p>Tim Ash – Willow Glen should know they have DHHS and BOS support for whatever is ultimately selected. If you have systemic approach for</p>	<p>Paul's presentation date is May 10<sup>th</sup></p>	<p>Teresa</p>
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	<p>reviewing the properties; where you looked, how decision was made and that it's for public good. Prior to purchase, have pre-emptive discussions with City Council and neighbors to show that due diligence was done; ultimately move forward with project. Show that it's a great asset and work with the community. Connection with City Council and landowners upfront is imperative.</p> <p>Tim Doty – Neighborhood outreach. Community engagement. Helpful way to move forward.</p> <p>Debbie Hartridge – Need to address people's fears, people need to buy into greater good</p>		
<b>8. Reports</b> <b>c) AOT update</b>	c) Hope to have finished this week, projecting for 7/1 as a start. Possible outreach prior.		
<b>9. Reports</b> <b>d) Legislative update</b>	d) Tim Ash -Have met and will be meeting again in near future to consider items of legislation that the Board would like to weigh in. Nancy waiting on doodle poll responses to set meeting date. Invite open to all BHB members.		
<b>8. Reports</b> <b>e) Committees</b>	e) No report		
<b>8. Reports</b> <b>f) Chair/Vice Chair</b>	f) Tim Doty – Ask the Board to keep eyes open for the CARE program. NAMI has sent already sent their support. Tim Ash – Clarification and recognize regarding MHSA and public outreach that a tremendous amount of outreach was done. The number of people contacted was significant. Anything missed or to be considered for next time, bring up to the Board and/or inform MHSA.		
<b>9. Unfinished Business</b>	No discussion		
<b>10. Future Items</b>	Nothing added		
<b>11. Adjournment</b>	<b>2:13 pm</b>		
<b>Minutes submitted by: Joe McManus</b> <b>Submitted to: BHB</b>			

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<b>ACROYNMS</b> - Updated 4/20/22			
<b>ACA</b>	AFFORDABLE CARE ACT		
<b>ACES</b>	ADVERSE CHILDHOOD EXPERIENCES		
<b>AFHHA</b>	AFFORDABLE HOMELESS HOUSING ALTERNATIVES		
<b>ADHD</b>	ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<b>ADCS</b>	ALCOHOL DRUG CARE SERVICES		
<b>AHP</b>	ARCATA HOUSE PARTNERSHIP		
<b>AIDET</b>	ACKNOWLEDGE INTRODUCE DURATION EXPLANATION THANK YOU		
<b>APD</b>	ARCATA POLICE DEPARTMENT		
<b>ART</b>	AGRESION REPLACEMENT THERAPY		
<b>AOD/DR</b>	ALCOHOL AND OTHER DRUG DUAL RECOVERY		
<b>ATP</b>	ADOLESCENT TREATMENT PROGRAM		
<b>AOT</b>	ASSISTED OUTPATIENT TREATMENT (LAURA'S LAW)		
<b>ASAP</b>	ALLIES FOR SUBSTANCE ABUSE PREVENTION		



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<b>ASIST</b>	APPLIED SUICIDE INTERVENTION SKILLS TRAINING		
<b>ASOC</b>	ADULT SYSTEM OF CARE		
<b>BOS</b>	BOARD OF SUPERVISORS		
<b>CAEQRO</b>	CALIFORNIA EXTERNAL QUALITY REVIEW ORGANIZATION		
<b>CALBHBC</b>	CALIFORNIA ASSOCIATION OF LOCAL BEHAVIORAL HEALTH BOARDS AND COMMISSIONS		
<b>CALFHA</b>	CA HOUSING FINANCE AGENCY		
<b>CANS</b>	CHILD AND ADOLESCENT NEEDS (TRAINING)		
<b>CARF</b>	COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES		
<b>CCRC</b>	COMMUNITY CORRECTIONS RESOURCE CENTER		
<b>CFMG</b>	CALIFORNIA FORENSIC MEDICAL GROUP		
<b>CMHACY</b>	CA MENTAL HEALTH ADVOCATES FOR CHILDREN AND YOUTH		
<b>CBHDA</b>	CALIFORNIA BEHAVIORAL HEALTH DIRECTORS ASSOCIATION		
<b>CBH</b>	CHILDREN'S BEHAVIORAL HEALTH		
<b>CMS</b>	CENTERS FOR MEDICARE AND MEDICAID SERVICES		
<b>CCP</b>	COMMUNITY CORRECTIONS PARTNERSHIP		
<b>CCRC</b>	COMMUNITY CORRECTIONS RESOURCE CENTER		
<b>CCRP</b>	CA CENTER FOR RURAL POLICY		
<b>CCT</b>	COMPREHENSIVE COMMUNITY TREATMENT		
<b>CIT</b>	CRISIS INTERVENTION TRAINING		
<b>CIBH</b>	CALIFORNIA INSTITUTE FOR BEHAVIORAL HEALTH		
<b>CR</b>	COLLEGE OF THE REDWOODS		
<b>CRT</b>	CRISIS RESIDENTIAL TREATMENT		
<b>CSU</b>	CRISIS STABILIZATION UNIT		
<b>CWS</b>	CHILD WELFARE SERVICES		
<b>C&amp;FS</b>	CHILDREN AND FAMILY SERVICES		

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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
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

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<b>IOA</b>	INSTITUTE ON AGING
<b>IDDT</b>	INTEGRATED DUAL DIAGNOSIS TREATMENT
<b>IST</b>	INCOMPENTENT TO STAND TRIAL
<b>LECAH</b>	LAW ENFORCEMENT CHIEFS OF HUMBOLDT
<b>LGHH</b>	LET'S GET HEALTHY HUMBOLDT
<b>LBHB</b>	LOCAL BEHAVIORAL HEALTH BOARD
<b>LGBTQ</b>	LESBIAN GAY BI TRANSGENDER QUEER
<b>MAT</b>	MEDICALLY ASSITED TREATMENT
<b>MEV</b>	MOBILE ENGAGEMENT VEHICLE
<b>MTC</b>	MODIFIED THERAPEUTIC COMMUNITY
<b>MTFC</b>	MULTI –DIMENSIONAL TREATMENT FOSTER CARE
<b>MHSA</b>	MENTAL HEALTH SERVICES ACT
<b>MHSAOAC</b>	MENTAL HEALTH SERVICES ACT OVERSIGHT AND ACCOUNTABILITY COMMISSION
<b>MIST</b>	MOBILE INTERVENTION AND SERVICES TEAM
<b>MRT</b>	MOBILE RESPONSE TEAM
<b>NAMI</b>	NATIONAL ALLIANCE ON MENTAL ILLNESS
<b>NFP</b>	NURSE FAMILY PARTNERSHIP
<b>OLLI</b>	OSHER LIFELONG LEARNING INSTITUTE
<b>OSHDP</b>	OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
<b>OTP</b>	OFFENDER TREATMENT PROGRAM
<b>PBIS</b>	POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS
<b>PEI</b>	PREVENTION AND EARLY INTERVENTION
<b>PIT</b>	POINT IN TIME COUNT
<b>PCIT</b>	PARENT CHILD INTERACTIVE THERAPY
<b>PIP</b>	PERFORMANCE IMPROVEMENT PROJECT
<b>PBIS</b>	POSITIVE BEHAVIORAL INTERVENTION SERVICES
<b>PRA</b>	PATIENT'S RIGHTS ADVOCATE
<b>QPR</b>	QUESTION PERSUADE REFER
<b>RF</b>	REGIONAL FACILITY



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