

HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD MEETING

May 27, 2021

12:15-2:15 pm

Meeting via Zoom

Members present:	Tim Doty, Tim Ash, Steve Madrone, Alissa Norman, Madison Flynn, Tracie Conner		
Members excused:	None		
Guests present:	Vernon Price, Wesley Lu, Marian Strong, Migdalia Cortez, Debbie Hart		
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, Alex Olivera, Analyst; Emi Botzler-Rodgers, Behavioral Health Director, Christine Messinger, Media Analyst		
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	<p>a) Vernon Price reported that he has sent an email to be forwarded to the Board regarding the Peer Conference on 6/18, the Cal Voices CalAim letter and a support letter for AB236.</p> <p>b) Debbie Hart reported that some community members would like to see AOT (Laura’s Law) started in the county and would like to know what the barriers are to implement it.</p> <p>c) Steve Madrone asked if the Board has taken a stand on AOT? Tim Ash reported at the last meeting on 4/22 the Board approved writing a letter of support to the BOS to opt into AOT.</p>	Informational	
5. Communications from the Board	a) Alissa Norman reported that she would like to start an ad hoc committee titled “Project Mismatch”. This committee could look at the policy and procedures for matching homeless clients with housing		
6. MHSA Public Hearing	<p>a) Cathy Rigby reported she is here today to lead the MHSA public hearing for the Annual update for 2021-22. There is a link to the Demographic form on the chat box. Today’s meeting will close out the public comment period for the annual update. There has been stakeholder meetings, a press release, emails, and messages to local distribution lists about the meeting. Cathy gave a brief history of MHSA.</p> <p>b) The planning process includes meetings with representatives of.</p>		

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May 27, 2021

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6. MHSA Public Hearing	<p>underserved populations. There were ten stakeholder meetings held with over 100 participants. Cathy gave an update on stakeholder data for those attending the meetings. This includes racial, ethnic, age, locations and agency or group data.</p> <p>c) The total funding for all the programs in the plan is \$7.9 million dollars. The plan is divided into four programs: Community Services, Innovation, Prevention and Early Intervention and Workforce and Education. The CCT program gets most of its funding from the Community Services plan. Older Adults and Crisis Residential Treatment are also part of Community Services. Willow Glen will contract for the Crisis Residential Treatment and this is a new program. There will be about nine beds available for this. Residential Engagement and Support Team will be part of the Innovation program and is for those at risk of homelessness. There are seven plans to be funded for PEI and this includes the Hope Center, TAY Advocacy and Peer Support, Suicide Prevention and Parent Partners. The Suicide Prevention hotline is part of the Workforce and Education program. Cathy reported that after the public hearing the plan will go to administration, then to the BOS for approval and then to DHCS and MHSOAC by 6/30/21.</p> <p>d) Cathy took questions from the Board members and public which included there is never enough funding for high needs clients in the community. Who are the clients that are underserved? Concerns for homeless with mental health issues. What is the long term follow up for clients we are treating? Need to prioritize the most vulnerable in the county and to look into who is not being served. Use AOT which has proven results. Other comments included: The Emergency rooms are being overrun with the acutely ill mental health patients and they are taking up all the beds and staying in the ERs for days. Need to communicate with state legislatures and request increased funding or credits, MHSA and counties must do something different with their data. Some counties have approved implementing AOT.</p>		

HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD MEETING

May 27, 2021

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6. MHSA Public Hearing	e) Cathy closed the MHSA Public Hearing and thanked the Board members.	Informational	
7. Action Items a) Approval of minutes from the 4/22/21 meeting	a) The minutes from the last meeting on 4/22/21 were submitted for review and approval. Tim Doty asked that the minutes show that Supervisor Bushnell is the alternate BOS member and is not a voting member when Supervisor Madrone is also at the meeting.	Secretary to make edits and post on the BHB webpage.	Joe McManus
7. Action Items b) 2020 Data Notebook	a) Tim Ash is still working on this and hopes to have it completed by the next meeting.	Tim to have the Data Notebook ready for the next meeting.	Tim Ash
7. Action Items c) TAY recommendations	a) Tim Ash and Alissa Norman have been working with TAY staff on this and prepared a response, but it is not being voted on today so DHHS staff can take time to review the recommendations. This will be deferred to the next meeting. Steve Madrone reported that he has put together an Excel spreadsheet to track these items that have already been implemented and he will send out to the Board members.	The BHB voted to defer this item to the next meeting. Steve Madrone to send out the Excel spreadsheet to the Board members.	Steve Madrone
8. Presentation a) May is Mental Health Month proclamation	a) Jack Breazeal read the Proclamation for May is Mental Health Matters Month to the Board. The Proclamation went to the BOS earlier this month.	Informational	
8. Presentation b) May is Mental Health Month Community Service award nominations	a) Tim Ash reported that he would like to nominate Art and Jeanine Wilson for the award. They ran AJs Transitional Living home in McKinleyville for years and helped to support those with SUD and Behavioral Health needs. They closed the Transitional living home last month.	Informational	
9. Reports a) DHHS Director	No report.		
9. Reports b) Behavioral Health Director	a) Emi Botzler-Rodgers reported that AOT has been discussed for awhile in our county and it went to the BOS in April. The BOS had a long discussion and Emi was tasked to come back to the BOS with a preliminary budget for AOT or similar services. She will be going back to the BOS on 6/8/21 to discuss this further.		

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May 27, 2021

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9. Reports b) Behavioral Health Director	<p>b) Emi reported that Cathy Rigby scheduled the first MHSA community meeting to talk about MHSA and how works and how to become involved. Can the BHB meeting be used for this? There are broader questions about BH services that could us a place for discussion.</p> <p>c) Emi reported that last night on Chanel 7 there was a report on the mental health crisis in the county, what are our roles and how to increase services. MHSA is a small part of the budget. CCT is a full-service partnership program, and there is also SV/CSU for very high need clients. Emi would like to bring staff to meetings to provide more details on the services we have. This would help the BHB understand our services better.</p>	Informational	
9. Reports c) SUD/DR committee	<p>a) Kelsey Reedy reported that Marguerite Story-Baker has resigned from the SUD/DR committee and the Board needs another member on the committee, as there is mostly staff on the committee now. The committee has postponed meetings until they can get some new members. Tim Doty reported that we need to look at the goals for this committee and to recruit more members for the Board. Tim Ash suggested we start an ad hoc committee for this.</p>	Informational	
9. Reports d) Chair/Vice Chair	<p>a) Tim Doty reported that there is a presentation for the EQRO report for June and SUD was supposed to present in July on the youth SUD data. Not sure if we will be getting the SUD presentation since the committee is now on hold. There is also a presentation scheduled for SV/CSU. The Executive committee puts together the agenda for the meetings each month.</p>	Informational	
10. Adjournment	Meeting adjourned at 2:15 pm.		
Minutes submitted by: Joe McManus Submitted to: BHB			
ACROYNMS- Updated 4/20/21			

HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD MEETING

May 27, 2021

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		
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		

HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD MEETING

May 27, 2021

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 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
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

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May 27, 2021

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 DISTIRBANCE CRITERA)
ISP	INDIVIDUAL PLACMENT 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	INCOMPENTENT 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
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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May 27, 2021

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