RECOMMENDATION(S):
That the Board of Supervisors receive and file the attached report prepared by Humboldt County Behavioral Health Board member Tim Ash for 2014/15 and 2015/16.

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 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 November 17, 2016 the Humboldt County Behavioral Health Board unanimously approved the 2014-15 and 2015-16 Annual Report to the Board of Supervisors. The Annual Reports summarize the activities and goals of the Behavioral Health Board for the fiscal year starting July 1, 2014 to June 30, 2016

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 Annual Reports for 2014-15 and 2015-16.

ATTACHMENTS:
2. Current Behavioral Health Board roster
Annual Reports for Years 2014-15 and 2015-16
Humboldt County Behavioral Health Advisory Board

The following are reports prepared for the Humboldt County Board of Supervisors by the Humboldt County Behavioral Health Advisory Board (BHB) for fiscal years 2014/2015 and 2015/2016. The reports summarize the activities of the Behavioral Health Advisory Board during those years.

Fiscal Year 2014/2015:

During fiscal year 2014/15, the BHB gained new members and continued the effort to educate both new and incumbent members in the intricacies of behavioral health issues, county programs and funding streams. Most months the board requested presentations from county and community program leaders in an effort to learn enough about the programs to identify and discuss service gaps and possible new services. New programs such as the MIST (Mobile Intervention and Services Team) pilot were discussed as well as initiatives such as Eureka’s social host ordinance and efforts to reduce prescription drug use and abuse.

Board members attended regional MHSA stakeholder meetings as DHHS prepared a three-year review of MHSA services. Presentations regarding ADHD in youth as well as efforts to provide timely services to individuals with first episodes involving psychotic symptoms were received and discussed by the board. Several board members toured the Crisis Stabilization Unit, Same Day Services and Sempervirens, the inpatient psychiatric facility in an effort to better understand how these vital services are provided in the community. Another, larger group toured the Community Corrections Resource Center, an AB 109-funded facility. During the 14/15 FY the BHB also reviewed the Performance Contract between the County and the Department of Health Care Services; the BHB also reviewed the Humboldt County Data Notebook.

Fiscal Year 2015/2016:

During the 2015/2016 fiscal year, the BHB had some turnover, and a new effort to provide training to both new and incumbent members is in the planning phases. The BHB will be discussing its role and trying to agree on what it can realistically accomplish during the 2017/2018 fiscal year. The Humboldt County Grand Jury identified training as an area for potential improvement for the BHB. The BHB will be discussing strategies for gaining more understanding of programs, alternatives, service gaps etc. in order to make informed recommendations to DHHS management and the Board of Supervisors.
During the 15/16 FY the BHB discussed the need to evaluate alternatives to incarceration for individuals with mental health challenges and disabilities, as well as the potential for funding health care for that population using enhanced funding from the Affordable Care Act. Also discussed was the need to aggressively reach out into the community for members of the Latino, Native American and other minority communities who may be interested in joining the BHB and/or its committees.

Once again in the 15/16 FY, the BHB reviewed the Data Notebook and the Performance Contract between the County and the Department of Health Care Services. The BHB heard a presentation and discussed the Children's 0-8 Mental Health Collaborative and the Regional Facility, an innovative and progressive collaboration between juvenile corrections/probation, education and the DHHS Mental Health Branch where incarcerated youth, typically having mental health challenges, receive intensive services and education intended to help them get back on track. The BHB discussed a number of issues including stigma and stigmatizing language and media portrayals of folks with mental illnesses. The BHB also discussed the perceived need for navigators to help folks navigate the complex systems involved with mental health services, Social Security, housing etc. The BHB heard about Parent Partners and Peer Support Specialists who are doing just that.

Also during the 15/16 FY, the Children/Youth/TAY committee started to meet regularly and define goals for future meetings. The BHB has begun to restructure its agendas to reduce the amount of time dedicated to staff updates to allow more time for discussion of important issues. The BHB meetings are quite compressed due to the historic meeting duration of 1.5 hours. There has been some discussion regarding lengthening the meeting, possibly meeting at different hours (the BHB currently meets the third Thursday of each month, from 12:15 to 1:45 p.m.), and possibly meeting in rural areas from time to time either for regular meetings or workshops.

Finally, the BHB has discussed moving from more of a fact-finding mode to actively making concrete recommendations to your board and to the management at DHHS. That effort may result in requests for a higher level of staff assistance than has been requested in the past. Thank you for the opportunity to provide this report. The Behavioral Health Advisory Board is, as always, willing to help solicit stakeholder input and provide advice on any special topics either your Board or DHHS may be interested in.

Sincerely,

Tim Ash Behavioral Health Board Chairman 2014-2016
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-McCorguodale 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

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<td>15. Christina Thompson **</td>
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*Consumer **Family of Consumer ***Fulfills BOS member requirement TAY – Transition Age Youth

Board of Supervisors' Resolution No. 97-113 authorizes Mental Health Department to reimburse Behavioral Health Board members for certain expenses incurred incident to the performance of their official duties.

Contact: Joe McManus
Humboldt County DHHS
Mental Health Branch-CYFS
720 Wood St. Eureka, CA 95501
(707) 268-2990
FAX (707) 476-4049
jmcmanus@co.humboldt.ca.us