



Humboldt County Behavioral Health Board Handbook

HUMBOLDT COUNTY
JANUARY 2026

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9. [BHB Annual report to the Board](#) FY 24-25
 - 9.1. [Humboldt County Behavioral Health Board by Month 2022-2024](#)
10. [Best Practices for Local Behavioral Health Boards 2025 \(current as of 11-2025\)](#) (CALBHBC)
11. [Manual for Local Mental/Behavioral Health Boards and Commissions June 2020 \(current as of 11-2025\)](#) (CALBHBC)
12. Behavioral Health Board Outreach Notes

Websites with Multiple Resources and Pages (NOT printed in Manual Binder)

13. DHHS [Behavioral Health Resources](#)
14. DHHS [Cultural Responsiveness Committee](#)
 - 14.1. [Cultural Responsiveness Resources](#)

15. [California Behavioral Health Planning Council \(CBHPC\)](#) (Data Notebooks).
Annually, every county's Behavioral Health Board answers a set of questions on an MH or SUD Topic
16. Cal Poly Humboldt University Library Special Collections, online at [Glady Strobe Mental Health Citizens Advocacy Papers | Library Special Collections & Archives | Cal Poly Humboldt](#)
 - 16.1. [*Glady Strobe's full history of Humboldt County mental health services from 1957 through 1996*](#)

1. Welcome Letter from Behavioral Health Board Chair

Dec. 23, 2025

Dear Board Member,

Welcome, and thank you for your willingness to serve on the Humboldt County Behavioral Health Board. Your appointment reflects both a commitment to public service and a belief that behavioral health systems matter deeply to individuals, families, and the overall health of our community.

The Behavioral Health Board exists to provide oversight, advocacy, and informed guidance on mental health and substance use services in Humboldt County. Our work is shaped by state law, local needs, lived experience, and—most importantly—the voices of those who rely on these services. As a board member, you play a critical role in helping ensure that services are accessible, effective, equitable, and responsive to our community.

This handbook is designed to support you in your new role. Inside, you will find information on the Board's purpose, responsibilities, structure, bylaws, and meeting procedures, as well as an overview of the local behavioral health system and key state mandates. It is intended to be a practical reference as you learn the rhythms of the Board's work and begin contributing your perspective and expertise.

Board service is both meaningful and challenging. You will encounter complex systems, competing priorities, and deeply human stories. You will also find collaboration, learning, and the opportunity to influence real change. Every member brings something valuable to the table, and your voice matters here.

We appreciate your time, your curiosity, and your dedication. We look forward to working alongside you as we continue striving to strengthen behavioral health services in Humboldt County.

Welcome aboard.

Sincerely,

Laura Montagna, Chair

Humboldt County Behavioral Health Board

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2. New Behavioral Health Board Member Checklist

Prior to becoming member

- Attend a couple of meetings (in person or virtual)
- Complete a [BHB Board Member application](#)
- Interviewed by Membership committee

Becoming a member

- Behavioral Health Board votes new member in at the monthly Behavioral Health Board Meeting
- Agenda item goes before the Board of Supervisors (generally about four to six weeks after BHB vote)

New member

- Get a physical new Behavioral Health Board Binder from DHHS-BH Executive secretary
 - (Member may choose to forego binder for electronic option)
- “Meet” all other Board members
 - Brief bio and (optional) photograph emailed by member of BHB membership committee to entire Board
- Assigned a BHB member peer mentor
 - Name: _____
 - Email _____
 - Phone Number(s) _____
- Complete Ethics Training per CA Government Code 53235.1
 - <https://localethics.fppc.ca.gov/login.aspx>
 - Set aside two hours to complete this training. Required every two years. Complete within thirty days of becoming member.
- California Association of Local Behavioral Health Boards and Commissions(CALBHBC)
 - <https://www.calbhbc.org/>
 - The CALBHBC website has a wealth of resources. Members are encouraged to set aside at least one hour of dedicated time to become familiar with the many resources, tools, and examples available.
 - Challenge: tell BHB Board peer mentor something valuable found on the CALBHBC website.
- Bylaws

- Meeting overview
 - Time, Location, history and reasoning of time and location
 - Zoom: attending, watching prior [BHB Board meetings on YouTube](#)
 - Role of Ad Hocs, available Ad Hocs, forming an ad hoc
 - Parliamentary procedure
 - Brown Act Overview
 - Where rules can be found
 - Requesting to participate remotely
- Lifting Up Concerns
 - [Behavioral Health: Concerns and Grievances](#) is a one page document that that discusses multiple options to resolves concerns about services. It is a helpful tool to share if you are contacted by community members with concerns.
 - Get guidance from assigned BHB Board peer mentor, or consult with the BHB Chair, vice-chair, or second vice chair.
 - Remember a member can be removed from Board if they do not conduct themselves in a “professional, courteous or lawful manner in their interactions with fellow board members, or with staff or consumers of services within the county's behavioral health treatment systems, or otherwise fails to be a positive representative of the system.” (Bylaws, Article 3, Section 3.)
- Ad Hoc
 - Go over section in handbook including form
- Sharing information with other members
 - BHB member peer mentor shares process: goes to chair prior to going to the group
- Other:

4.1 History of Behavioral Health Services and the Behavioral Health Board in Humboldt County

A Narrative Overview for Behavioral Health Board Members

1950s–1960s: Foundations

- *1957: Short-Doyle Act passed, prompting Humboldt County to begin planning local mental health services.*
- *1958: Mental Health Committee formed; Mental Health Society established.*
- *1964: First Mental Health Clinic opened in Eureka.*
- *1968: Lanterman-Petris-Short (LPS) Act passed, expanding state funding and requiring counties to provide services.*
- *1969: Sempervirens Psychiatric Health Facility opened.*

1970s: Expansion and Integration

- *1970: Day Treatment Center opened to support outpatient care.*
- *1972: Alcohol and Drug services added.*
- *1976: Mental Health moved into former General Hospital space.*
- *1980: Clark Complex established as centralized location for services.*

1980s: Challenges and Privatization

- *1986–87: Grand Jury reports criticized services; led to consideration of privatization.*
- *1988: Kings View Corporation contracted to manage services.*

1990s: Return to County Control and Growth

- *1991: County resumed control due to fiscal concerns.*
- *1992: Sempervirens certified for Medicare/Medi-Cal billing.*
- *1993: Crisis Stabilization Unit opened.*
- *1995–97: County became Managed Care Plan for Medi-Cal psychiatric services.*

2000s: Integration and Innovation

- *2000: DHHS created by merging Mental Health, AOD, Public Health, and Social Services.*
- *2004: Proposition 63 (MHSA) passed, funding new programs.*
- *2007–08: Crisis Intervention Team (CIT) and Hope Center launched.*

2010–2020: Realignment and Mobile Services

- *2011: AB 109 realignment led to creation of Community Corrections Resource Center (CCRC).*
- *2012: Behavioral Health Board formed from merger of Mental Health and AOD Boards.*
- *2015: Mobile Intervention and Services Team (MIST) launched.*
- *2014–2018: Humboldt had highest overdose and suicide rates in CA.*

2020–Present: COVID-19 and Systemic Reform

- *2020: COVID-19 pandemic prompted telehealth expansion and operational changes.*
- *2021–22: Children and Youth Behavioral Health Initiative (CYBHI) launched.*
- *2023: CalAIM reforms began, including payment model changes and mobile crisis benefits.*
- *2024: Proposition 1 passed, reallocating MHSA funds toward housing and intensive services.*

Laying the Foundation: 1950s–1960s

The story of behavioral health in Humboldt County begins with the passage of the Short-Doyle Act in 1957, which provided state funding to support community-based mental health programs. In response, the Humboldt-Del Norte Health Council formed a Mental Health Committee in 1958, chaired by Gladys Strobe, a passionate advocate for mental health reform.

That same year, the Mental Health Society was founded. It quickly became a hub for public education, hosting lectures and seminars with leading psychologists and psychiatrists—including Dr. B.F. Skinner. After five years of outreach, the Society conducted a countywide survey, receiving over 3,000 responses. The overwhelming consensus: Humboldt County needed a mental health facility.

On July 1, 1964, the Board of Supervisors unanimously approved the creation of the county's first Mental Health Clinic, located in a small upstairs office in Eureka. By 1965, under Dr. Mary Ann Johnson, the county opened its first Outpatient Clinic at Buhne Street and Harrison Avenue.

The Lanterman-Petris-Short (LPS) Act of 1967 further expanded state funding and required counties to provide inpatient services. Humboldt responded by opening Sempervirens, a 16-bed psychiatric facility, in 1969. Named for the redwoods and the Latin phrase “always alive,” Sempervirens quickly became a cornerstone of local mental health care.

Building a System: The 1970s

The LPS Act also mandated the creation of a Mental Health Advisory Board, which was fully appointed by 1970. That same year, the county launched a Day Treatment Center to support individuals transitioning from inpatient care to daily life.

In 1972, the county expanded services to include Alcohol and Drug Abuse Coordination (COADAC). Mental Health inpatient services moved to the former General Hospital at Harris and H Streets in 1976, following the closure of Humboldt Medical Center.

During this decade, the state shifted from institutional care to community psychiatry, emphasizing discharge planning, board-and-care homes and transitional living. Humboldt County mirrored this trend, adapting its services to meet the evolving needs of its residents.

A Time of Turbulence and Transition: 1980s–1990s

The 1980s: Growing Pains and Privatization

By 1980, Humboldt's mental health services were scattered across multiple locations. That year, the county acquired the Clark Complex, consolidating services under one roof. Sempervirens became one of California's first free-standing Psychiatric Health Facilities.

However, the mid-1980s brought challenges. The Grand Jury issued critical reports in 1986 and 1987, prompting the Mental Health Advisory Board to explore privatization. In 1988, the county contracted with Kings View Corporation, transferring all staff and operations to the nonprofit provider.

Kings View introduced new leadership, streamlined operations and enhanced children's services. Yet by 1991, fiscal uncertainties led the county to terminate the contract and resume direct operation of Mental Health, Alcohol, and Drug programs.

The 1990s: Reclaiming Control and Expanding Services

In 1992, Sempervirens received federal certification to bill Medicare and Medi-Cal, generating nearly \$1 million in new revenue. The county opened a Crisis Stabilization Unit in 1993, offering 24-hour crisis services.

By 1995, Humboldt became the Managed Care Plan for Medi-Cal psychiatric services, assuming responsibility for inpatient and, later, outpatient care. The county also hired its first Child Psychiatrist, expanding its clinical capacity.

Integration, Innovation, and Community Engagement: 2000–2019

A New Department for a New Century

In 2000, the Department of Health & Human Services (DHHS) was created, merging Mental Health, AOD, Public Health, and Social Services. Phillip R. Crandall was appointed director in 2001, ushering in a new era of integrated care.

The Mental Health Services Act and Community-Driven Change

In 2004, voters passed Proposition 63, the Mental Health Services Act (MHSA). Humboldt's Mental Health Board held stakeholder meetings in 2005, leading to the creation of:

- The Hope Center (2008): A peer-supported drop-in center for recovery and life skills.
- Crisis Intervention Team (CIT) training (2007): A collaboration with law enforcement to improve crisis response.

Toward a Unified Behavioral Health System

In 2012, the Behavioral Health Board (BHB) was formed by merging the Mental Health Board and the Alcohol and Drug Advisory Board. Leadership transitions included:

- Karolyn Rim Stein (2007–2011)
- Barbara LaHaie (Interim, 2011–2012)
- Dr. Asha George (2012–2016)
- Donna Wheeler (Interim, 2016–2017)
- Emi Botzler-Rodgers (2017–present)

Mobile Services and Mounting Challenges

In 2015, the county launched the Mobile Intervention and Services Team (MIST) to support individuals experiencing homelessness and mental illness. A Children's Mobile Response Team followed.

Despite these innovations, Humboldt faced serious public health concerns. From 2014 to 2016, it had the highest overdose rate in California, and by 2018, it ranked among the top ten counties for suicide rates.

Resilience, Reform, and Rapid Change: 2020–Present

The COVID-19 Pandemic and Its Aftermath

Humboldt confirmed its first COVID-19 case in February 2020. DHHS–BH staff continued in-person services, with Sempervirens remaining open under new safety protocols. Telehealth expanded rapidly, improving access in rural areas.

The Behavioral Health Board praised DHHS’s pandemic response in its 2018–2021 Annual Report, noting the department’s commitment to safety and continuity of care.

New Initiatives and Systemic Reform

- Drug Medi-Cal Organized Delivery System (DMC-ODS) began in 2020, enhancing Substance Use Disorder (SUD) treatment access.
- Children and Youth Behavioral Health Initiative (CYBHI) launched in 2021–22, expanding services for youth.
- Proposition 1, passed in 2024, reallocated MHPSA funds toward housing and intensive services, sparking debate over local flexibility.

CalAIM and the Push for Whole-Person Care

CalAIM, launched in 2022, introduced major reforms:

- Transition to fee-for-service billing in 2023
- Implementation of SmartCare, a new electronic health record system
- Launch of the Mobile Crisis Benefit in 2023

These changes, while promising, created operational challenges for staff and administrators.

A Flood of Reforms and Fiscal Pressures

By 2024, the volume of new initiatives was unprecedented. The California Behavioral Health Directors Association (CBHDA) listed dozens of overlapping reforms, including:

- 24/7 mobile crisis services
- CARE Court implementation
- Housing and homelessness programs
- Documentation, payment and quality reforms
- Infrastructure investments totaling billions

At the same time, fiscal pressures mounted. DHHS–BH, long constrained by state funding structures, now faced reduced flexibility as other DHHS branches also experienced budget shortfalls, reducing the amount of realignment funding available to Behavioral Health.

Conclusion

The history of behavioral health in Humboldt County is one of resilience, innovation, and community commitment. From its grassroots beginnings in the 1950s to the sweeping reforms of the 2020s, the county has continually adapted to meet the needs of its most vulnerable residents.

As a member of the Behavioral Health Board, your role is vital. This history provides the context needed to understand today's challenges and to help shape the future of behavioral health in Humboldt County.

Sources

- Information from years through 1996 from an original history by Gladys Strobe, "Mental Health Citizens Advocacy Papers-Finding Aid," which can be found in its entirety at the Humboldt State University Library in Special Collections, or online at specialcollections.humboldt.edu/gladys-strobe-mental-health-citizens-advocacy-papers-finding-aid#history.
- AI-Assisted in 2025 edit, especially initial summarization at beginning.

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(HANDBOOK 6.1.4) HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD

AD HOC PROPOSAL

AD HOC CHAIR: _____ DATE: _____

NAME OF AD HOC: _____

GOALS/OBJECTIVES AD HOC WILL CONTRIBUTE TOWARD (WIC5604.2)

1.

2.

PURPOSE OF AD HOC:

-
-

THE WAY THIS AD HOC WILL ACCOMPLISH ITS PURPOSE WILL BE:

-

This AD HOC will:

-
-

PROPOSED MEMBERS FOR AD HOC. CAN USE POSITIONS/ORGANIZATIONS INSTEAD OF NAMES. THREE TO FIVE, WITH FIVE MAXIMUM.

1.

4.

2.

5.

3.

SCHEDULE OF TASKS AND TARGET DATE FOR COMPLETION: _____

-
-
-

APPROVED BY: _____ DATE: _____

COMMENTS: _____

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12. Behavioral Health Board Outreach Notes

How to help promote involvement in and the work of the Behavioral Health Board (BHB)

Key Talking Points and FAQs

- *What is the BHB?*
 - “The Humboldt County Behavioral Health Board (BHB) assists in evaluating community behavioral health needs and makes recommendations to the Behavioral Health Director and Board of Supervisors.”
 - “A group of people who use their professional expertise and/or their lived experience to advise County leadership about behavioral health issues.”
- *Who is in the BHB?*
 - “BHB members are made up of peers, family members of individuals with mental illness, mental health and substance use disorder professionals and other interested community members.”
 - “We’re made up of people who care about how our community addresses mental health.”
 - “We’re volunteers who dedicate some time understanding the system better so we can help improve the system.”
- *What about meetings?*
 - Any member of the public can attend a Behavioral Health Board meeting.
 - Meetings are the Third Thursday of the month at 12:15 and are in person in Eureka and streaming online.
- *What about substance use disorder?*
 - Behavioral Health is a term that covers both mental health and substance use disorder. DHHS-Behavioral Health and the Behavioral Health Board address mental health and substance use including dual-diagnosis.

The Elevator Pitch

You may be encouraging someone to attend meetings to receive information as a community member, or you may be recruiting someone to potentially be a board member. The approach should be similar; it is much better for a person to attend a couple of meetings prior to deciding to apply to be a member.

“This is a good way to have a voice.” If a person has a lot of ideas and opinions, it is helpful to give them a venue to share those opinions with people who have a role in solutions.

“Attending the BHB is a good way to know what’s happening.” It’s easy to critique what we don’t fully understand. Once we learn the ins and outs, we have a much better idea of gaps and what is working well.

“Attending the BHB is a good way to know what’s coming down the pike.” Program changes, legislative changes....in the BHB you can hear about changes early.

“I can help people navigate the system better now.” If you know an advocate, or someone whose job requires linking people to services, a birds-eye vantage can broaden understanding of options and limitations.

“I appreciate being able to use my experience to help others in the future.” People who interact with systems should have a voice in how those systems operate. Lived experience is powerful and valuable.

People have different interests: stigma, adequate provider network, quality of care, holistic care, culturally-informed services, the intersection of mental health services and the criminal justice system, services for different demographic groups, crisis-care, etc. Variety is welcome.

Materials

BHB Specific: The BHB has a **business card** (which has a QR code that goes to the BHB Website) and an 8-1/2” by 11” **flier**. Email BHB@co.humboldt.ca.us to request business cards or fliers. You may write your name and number on the card when handing it out to individuals. The BHB has a branded tablecloth/table skirt that can be used for booths at various events and fairs.

Behavioral Health-related: DHHS-Behavioral Health has many brochures and fliers. For actual trifold brochures, make a request to BHB@co.humboldt.ca.us.

Social Media

[The BHB does have its own webpage.](#)

The Behavioral Health Board does not have its own social media. The Department of Health & Human Services has accounts on all the major platforms. You may want to “follow” the account, as DHHS will post when there is a vacancy on the BHB, for example, and you can share that message with your account. Links: [Web](#) | [Facebook](#) | [Instagram](#) | [X](#)

Reporting Back

If you lead or assist with semi-formal outreach, such as setting up a booth at a health fair, you will want to plan on updating your board member colleagues, whether that is through an email or at the next BHB meeting.