



HUMBOLDT COUNTY LOCAL BEHAVIORAL HEALTH BOARD

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HUMBOLDT COUNTY BEHAVIORAL HEALTH BOARD 2011/2012 ANNUAL REPORT TO THE BOARD OF SUPERVISORS

Dear Humboldt County Board of Supervisors:

The Humboldt County Behavioral Health Board saw four members depart during the last year. Vincent Feliz, David Arivett, Rick Wedge and Cody Hoyt all departed the Board in 2012. The Board's membership now stands at 9 members in 2012. The Board continues to actively recruit Family members and consumers to join the Board. The Mental Health Branch has gone through changes as well over the last year. Karolyn Rim Stein left the position of Mental Health Branch Director in July 2011, with Barbara LaHaie, DHHS Assistant Director serving as Interim Mental Health Director until May 2012. The Behavioral Health Board was involved in the interview for the new Mental Health Director. In May 2012, Asha George, Ph.D. was named as the Mental Health Branch Director.

Some of the internal items the Board has been dealing with over the last year included continuing membership recruitment to fill vacant positions on the Board. In February 2012 the Board of Supervisors approved the consolidation of duties of the Alcohol and Drug Advisory Board into the Mental Health Board, the name change to the Local Behavioral Health Board and the adoption of Bylaws of the consolidated Local Behavioral Health Board. The Board held their annual retreat in September 2011 and formed of the AOD/Dual Recovery Committee and restarted the Children's /TAY Committee. The Board also participated in May is Mental Health Month Activities in May 2012. The election of new officers took place in June 2012.

The Board received presentations from staff over the last year on the following topics Medical Staff overview, AB109/Jail, Mobile Engagement Vehicles (MEV), DHHS Evidenced Based Practices (EBPs), AOD Treatment and Services and the HART Program DUI 30 month program.

The Board also received regular monthly reports/updates during the year. DHHS Director Phillip R. Crandall and Barbara LaHaie DHHS Assistant Director reported monthly on the state budget cuts and the impact on DHHS. Deputy Branch Director Asha George updated the Board on the progress on the start up of the AB109/Community Corrections program. Social Services Branch Director Kathy Young and Children and Family Services Deputy Director Shelley Nilsen have updated the Board monthly on the Integration of Children and Family Services Mental Health with the Children's Services at the Social Services Branch. Rochelle Trochtenberg of HCTAYC and other HCTAYC members have reported monthly on the start up of the TAY Division which is an integrated program at the Children and Family Services Branch. Helene Barney, Senior Program Manager and Mike Goldsby, Senior Program Manager also updated the Board monthly on the AOD Services and MHSA Prevention activities.

In February 2010 the Alcohol and Drug Advisory Board voted in favor of consolidation of its duties with the Mental Health Board. In March 2010 the Mental Health Board approved the initiation of a committee to review and set up bylaws for the proposed consolidation of the two Boards. The Bylaws committee consisted of two members from the Alcohol and Drug Advisory Board and Mental Health Board. The Bylaws committee began meeting in February 2011 and approved the draft bylaws in June 2011. In December 2010 the four members of the Alcohol and Drug Advisory Board were introduced as new members to the Mental Health Board after resigning membership from the Alcohol and Drug Advisory Board.

In February 2012 the agenda item was presented to the Board of Supervisors in recognition and support of the value of consolidating the Alcohol and Drug Advisory Board duties into the Mental Health Board. This reflects the Department of Health and Human Services philosophy of integrated services as up to 80% of the clients benefit from integrated mental health and substance abuse services. A new committee of the Board, the AOD/Dual Recovery committee was formed to specifically address this reality. The Board monitored the AB109 Implementation and the AOD/Dual Recovery committee and eventually the entire Board will be considering recommendation to the CCP Committee on an Evidence Based Practice for Dual Diagnosis Residential treatment for AB109 clients.

In September 2011 the Board held its annual retreat and received presentations on the Adults and Children's/TAY programs. The Board discussed and prioritized the program presentations, priorities and education for 2012, the role of the Board and outlined Committee goals.

1) Future Presentations, Priorities and Board Education

- A) Evidenced Based Practices-Where, How, Why, What
- B) Jail Services
- C) AB109
- D) 12 Step Referrals/System and Description of 12 Step Treatment Program
- E) Substance Abuse Services
- F) How the Mental Health Branch interacts with community services (AA, NAMI, Peer Supports)
- G) Physical Health of Patients-(Low Life Expectancy) and how to get integrated services to patients
- H) Community Partnerships-Outreach and Problem Solving
- I) Presentation on Adult Services
- J) Tribal History and Perspectives in local area
- K) PMU presentation on patient complaints also hear from the PRAs
- L) Training on SV staff for de-escalation of S/R)
- M) PRA/Discharge Planner and Case Managers –what do they do

2) Role of the Board/Main Function of the Board

- A) Representation to the BOS-(What needs to go forward, Tim do future presentation to BOS)
- B) Represent the community to DHHS- a community voice (example: Hope Center, SV, etc.)
- C) Give input on new programs and EBPs (example: HCTAYC).
- D) Be a part of different approaches to looking at issues and programs
- E) Advocacy- (examples: funding of AB109, State and Federal level, Health Care Reform)
- F) How can the Board help DHHS. Committee work is best way to get things done.
Committees can take subjects and get more information.
- G) Role is to collaborate with staff and advocate for mental health needed services.
- H) The Bylaws present broad scope for the Board.
- I) Board should not just report on the negatives, report on the positive things being done and offered.

3) Committee Goals and Purpose: (Children and Family Services Committee)

- A) Define the Structure of Committees
- B) Education about mental health issues for educators
- C) Education for children and TAY (anti stigmatization)
- D) First Break Strategies
- E) Identification of and support of Family Supports
- F) Early Intervention Strategies
- G) Identify services and supports for Care Providers who are struggling
- H) Trauma/Abuse
- I) AOD
- J) Coordination between Committees (no overlaps)
- K) Access to Services
- L) Geographic Outreach
- M) TAY rep on C&FS Committee
- N) Coordination with 12 Step program

4) Committee Goals and Purpose:(Transition Age Youth/TAYCommittee)

- A) First Break Services
- B) AOD
- C) HCTAYC recommendations and collaboration
- D) Juvenile Justice system
- E) Anti Stigmatization
- F) CR and HSU
- G) Vocational Goals
- H) Continued Monitoring of Services
- I) Housing
- J) TAY Division
- K) YTAT linkage and HCTAYC linkage –stay on track
- L) Data and Outcomes for TAY
- M) Designate a liaison for each Committee
- N) Navigation of Systems and information (Peer perspectives)

5) Committee Goals and Purpose: (AOD & Dual Recovery Committee)

- A) Increase Service in Family Recovery Environments
- B) Residential Treatment for Women with Children
- C) Coordinated Recovery Curriculum for SV patients (AOD and SMI)
- D) Expansion of PRA role
- E) Outreach to Special Groups-(Veterans, GLBT, Native Americans/etc.)
- F) Review Adolescent Treatment Program
- G) Law Enforcement Education (with CIT?)
- H) Volunteer Support Teams (use interns from HSU) and Support System for Volunteers and Staff
- I) Early Recovery for Families and Peer Support
- J) Enhanced Detox Services- (Advocate for this)
- K) Community Education by Board members

- 6) **Committee Goals and Purpose: (Adult and Older Adult Committee)**
- A) Medication Management and Education(Education at all levels for Meds)
 - B) Budget Reductions and Services Available
 - C) Family Issues and Support Systems
 - D) Housing
 - E) Hope Center
 - F) SV
 - G) Enhanced Case Management Services
 - H) Navigation, Peer Support and Family Liaison
 - I) Volunteer Programs and Training
 - J) Good Health Practices: (Dental, Exercise, Shopping/etc.)
 - K) Jail Release Policies
 - L) Outreach to Special Needs Populations
 - M) Parolees
 - N) AB109 Discussion: Treatment vs. Jail
 - O) Alternative to Incarceration- Law Enforcement

In February 2012 the AOD/Dual Recovery Committee began discussing the idea of the committee sponsoring a class on AOD issues through the Osher Lifelong Learning Institute (OLLI) at HSU. This is a class focused on interests of an audience ages 50 years old and up. A lecture series utilizing experts and consumers from within the community with a panel format for certain subjects. Some of the topics include RX drug problems in the senior community, and those dealing with dual diagnosis issues. David Young, Chairman of the AOD/Dual Recovery Committee and Bonnie Shand gave regular updates to the Board on the progress of this project .The workshop is scheduled to take place at HSU in the fall semester in 2012.

In May 2012 the Board Chairman Tim Ash, Board member Marianne Pennekamp and NAMI Humboldt president Edith Fritzsche accepted the May is Mental Health Month proclamation from the Board of Supervisors. The proclamation brings awareness to the behavioral health needs in the community and supports the ending of stigma and discrimination for those experiencing behavioral health needs. Other events for May is Mental Health Month that the Board and staff participated in were the Arts Alive presentations and receptions, Mental Health Walk from the Hope Center to the Wellness Center in Eureka and Hope Center sponsored Picnic in Carson Park.

Sincerely,

Tim Ash, Chairman Humboldt County Behavioral Health Board 2011/12

cc: Phillip R. Crandall, DHHS Director
Barbara LaHaie, DHHS Assistant Director
Asha George, Mental Health Branch Director