

## Nevada County Mental Health and Substance Use Advisory Board Minutes

<b>Date:</b>	<b>January 08, 2021</b>
<b>Time:</b>	<b>10:00 a.m. – 12:30 p.m.</b>
<b>Place:</b>	<b>Zoom and Telephone</b>

### STANDING ORDERS

1. **Call to Order and Introductions** – Self-introductions were made.

2. **Public Comment.**

Members of the public may address the board on items not appearing on the agenda. Please understand that no action shall be taken on items not appearing on the agenda. Public Comment can be made during the Zoom Meeting, in the Zoom Chat or on the [HHSA@co.nevada.ca.us](mailto:HHSA@co.nevada.ca.us) email address. There were no public comments.

3. **Announcements**

Bethany Wilkins announced a second successful week of harm reduction which happens every Saturday at the Unitarian Church in Grass Valley. There were six Narcan kits and five mobile kits for the homeless population distributed two weeks ago. This week there were four kits and two mobile kits distributed.

4. **Quality Improvement Committee Report – Phebe Bell.**

Phebe Bell gave an overview of the key quality improvement activities in a PowerPoint presentation. The Final Rule expanded the quantity of reporting and regulation requirements that Behavioral Health Departments are required to adhere to. This added a huge workload to the Quality Assurance Department. When Behavioral Health opted into the Drug Medi-Cal Organized Delivery System this also increased the workload and responsibilities.

The goal of quality assurance is to ensure all our Medi-Cal beneficiaries have access to quality benefits to which they are entitled. Most of Behavioral Health's clients are Medi-Cal beneficiaries and most of the services provided by Behavioral Health are Medi-Cal billable. Behavioral Health is held accountable for Medi-Cal services we provide. We are held accountable for Mental Health Services Act (MHSA) in a different way. Grant funded services also have different requirements.

Key activities are to monitor access to services, make service delivery better and make the quality of care better. Behavioral Health has a Quality Assurance Manager and a clinician who helps with quality assurance work. There are two analysts who help with tasks involving data. There is also a Patient's Rights Advocate. A Quality Improvement Committee meets monthly. There are monthly chart audits of Behavioral Health charts as well as contract providers. There are also site visits to our providers. There are frequent audits from the State. Behavioral Health is also responsible for supporting our contract providers in meeting all the quality assurance standards.

Key Measures of Quality are listed below.

Access: Time and distance.

Network adequacy: Number of providers per beneficiary.

Penetration rates.

Chart audits.

Program Improvement Projects.

Beneficiary protection processes.

Outcome measures: Child and Adolescent Needs and Strengths (CANS) and Basis 24.

The Mental Health Services Act focuses on avoiding negative outcomes: avoiding homelessness, hospitalization and arrest or incarceration.

The most common grievance is a request to change providers. Behavioral Health is almost always able to accommodate these requests.

Nevada County Behavioral Health excels at being able to treat more individuals at the local community level than other counties.

There was a comment that the quality improvement information presented today would be a good fit for the Annual Board of Supervisors presentation if we need topics.

**5. Behavioral Health Budget – Allison Dobbins. PowerPoint.**

Phebe Bell introduced Allison Dobbins, Administrative Services Officer for Behavioral Health. Managing the fiscal part of Behavioral Health is incredibly complex and we are very lucky to have Allison with her experience and fiscal knowledge.

Behavioral Health has three main funding sources: 1991 realignment, 2011 realignment and Mental Health Services Act funding. Behavioral Health receives 1991 realignment on a monthly basis. Social Services and Public Health also receive 1991 realignment. 1991 realignment can only fund mental health services. Due to the impacts of COVID we are expecting decreases in 1991 realignment as Social Services (CalWORKs MOE) has priority in funding over us. Our projections are only as good as the day we received the information and are subject to change due to politics, COVID and other impacts such as decrease in sales tax revenue. 1991 realignment will remain flat for the next four years, while our costs will increase.

2011 realignment goes to support Law Enforcement, Social Services and Behavioral Health. 2011 realignment can fund mental health and substance use disorder services. 2011 realignment will be reduced through fiscal year 2022/2023.

Mental Health Services Act (MHSA) is a 1% tax on income over one million. Behavioral Health receives MHSA monthly. It is calculated as 1.6% of all personal income tax payments. Two years later there is an annual adjustment to true up with actual tax revenue received. MHSA revenue is expected to increase for 2020/21 and 2021/22; then a significant drop in 2022/23. MHSA funds are very volatile, and our goal is to keep 6 months of funding in reserve to prevent funding cuts to programs.

Key strategies are to reduce reliance on 2011 realignment for mental health services, control substance use disorder costs, shift some costs to MHSA and look at sustainability of grant funded programs.

Challenges are staff recruitment and retention, quality assurance impacts, increase in hospitalizations, COVID-19, and CalAIM.

Phebe Bell asked the Board if they feel Behavioral Health is on the right track or if anyone has any significant concerns as we build this year's budget. There was a comment that the strategies seem reasonable and that funding for substance use disorder has always been so low in California. It is a good strategy that is realistic. Another comment from a member who was happy to see sustainability of grants funds on the list of key strategies.

**6. Mental Health and Substance Use Advisory Board (MHSUAB) Minutes December 4, 2020.**

The minutes will be reviewed at a future meeting.

**7. Behavioral Health Director's Report – Phebe Bell.**

COVID has begun to impact the Behavioral Healthcare System statewide. Phebe Bell has heard from several Behavioral Health directors that have multiple staff out sick with COVID. There have also been PHF and IMDs that have had to shut down due to outbreaks of COVID. That State has been providing counties with a daily list of the status of facilities. It has been a challenge statewide to find placements for people. Locally there have been outbreaks among our providers.

There has been advocacy at the State Level to highlight the needs of the Behavioral Healthcare System and to acknowledge that Behavioral Healthcare has not been looked at in parallel with the Physical Healthcare System. There has been a significant shift at the State level around efforts to add surge capacity for psychiatric care; potentially some treatment facilities for COVID positive psychiatric patients on a 5150 hold. There has been discussion of providing additional funding to substance use disorder residential providers to add additional beds for COVID positive individuals so that they will not have to shut down every time there is a COVID positive individual in a residential facility.

Behavioral Health now has the ability to test for COVID-19 through Color Labs. It is a self-administered PCR test that is shipped to the lab.

The new Quality Assurance Manager starts on Monday. Darryl Quinn, the Adult Services Program Manager retired last week. Behavioral Health is continuing to recruit and interview for the position. Behavioral Health has a new Clinical Supervisor, Kelly Miner-Gann she will be helping with our forensic work.

Phebe Bell and Pauli Halstead met to discuss individuals who cycle through the Criminal Justice System and some of the ways we can address this and some of the things we cannot do. We do not have the same legal tools to address individuals struggling with substance use disorders and criminogenic behaviors: bad decision making and impulsive behaviors as we do for individuals with serious mental illness. There is a Stepping Up Community Meeting next week. Annette LeFrancois will send out an email reminder.

The Mobile Crisis Team is up and running and it is going well. There has been positive feedback from Law Enforcement and community partners.

Project Homekey is a program with funding to purchase hotels. It was a very intensive timeline, identifying a site and getting it through escrow in a very short amount of time. There were many counties who were not successful. Nevada County was able to purchase a hotel and spent the money within the deadline. Some of the renovations have been done. There are additional renovations needed. Ultimately it will have 23 units of housing. It will operate as a short-term place for individuals who are homeless while they receive intensive case management and work toward a longer-term housing plan.

**8. Peer Support – Pauline Abrons.**

Pauline Abrons was able to attend the California Association of Mental Health Peer Run Organizations (CAMHPRO) Conference that focused on equity and peer run organizations. There were some great speakers including Phebe Bell who presented at the conference. An idea that came from the conference is to create a peer network so that peers from other counties can communicate more easily, especially around SB803. If anyone wants to be involved let Pauline know. SPIRIT Peer Empowerment Center is launching their Peer Support Training next Tuesday.

**9. Forensic Task Force – Iden Rogers and Amanda Wilcox.**

There was no meeting last month.

**10. Continuum of Care – Shera Banbury.**

There was a meeting scheduled for Placer and Nevada County to follow up on a statement of interest for the ESG Grant. Gayatri Havighurst mentioned there are many agencies submitting a letter of intention to apply for funding.

**11. Suicide Prevention Task Force – Amanda Wilcox.**

There was a question about what is done to support parents. There are a lot of resources many are provided through the schools and are listed on school websites. There have been trainings specifically for parents. There was a Know the Signs Training in the fall. There will be a Suicide Prevention 101 for parents on January 27<sup>th</sup>. There will also be a Know the Signs Training on January 13<sup>th</sup>, it is free. There are a lot of training offered, if you want to know more about them contact Toby Guevin, Suicide Prevention Coordinator for Nevada County: [toby.guevin@co.nevada.ca.us](mailto:toby.guevin@co.nevada.ca.us) to get on the email list.

There was a spike in suicides in September; as of mid-December, there have not been any since September.

For Mobile Crisis in the first week, there were 16 calls for service with 4 resulting in holds.

The Suicide Prevention Task Force is working on their Strategic Plan and looking into the type of data they want to inform advocacy and evaluate the effectiveness in programs. They are looking to increase membership. They would like to add more youth, people from the disability community, veterans, healthcare community, LGBTQ, firearm owners, first responders and people involved with addiction support services.

There is a need for a Friends for Survival Group. True peer groups are most helpful for those who have lost a loved one to suicide.

**12. Mental Health and Substance Use Advisory Board Goals – Amanda Wilcox.**

Every January the Mental Health and Substance Use Advisory Board Goals are updated. There was a comment on the wording on the top of page 2. Change the wording on the sentence: Annually review data on children’s programming. Suggestion to change the sentence to: Annually review data on children’s mental health services programs, housing and homeless services, and criminal justice related programs. Change wording for: and criminal justice related programs to better describe what the programs are. List a few of the criminal justice programs in parentheses.

On page 1 in the title, change the year to 2021.

On page 3 under B Objective 5 add submit report to CALBHB/C.

Suggested wording: Annually evaluate the Advisory Board’s progress on meeting goals and activities through self-evaluation and by submitting to CALBHB/C as determined by the MHSUAB Chair and the MHSUAB calendar. Review of the annual Advisory Board goals is listed in the calendar for August. The board chair will either establish a subcommittee, work on the report independently or with the vice chair.

Shera Banbury made a motion to approve the goals with the changes made. Ann Kelley seconded the motion.

**13. Update the Mental Health and Substance Use Advisory Board Calendar.**

The Mental Health and Substance Use Advisory Board Calendar follows the Fiscal Year. There was a question as to when the report is due to the CALBHB/C. Shera Banbury will check. The Behavioral Health budget is due on the day of our March meeting, so we may need to move the March staff report on the proposed budget to April. Phebe Bell, Amanda Wilcox and Annette LeFrancois will work on the calendar and bring it back to the Board for approval.

**14. California Association of Local Behavioral Health Boards and Commissions – Shera Banbury.**

**a) CALBHB/C Report**

Shera Banbury reported the CALBHB/C met December 18<sup>th</sup>. There was discussion on congregate care and impacts due to COVID-19. The CALBHB/C received the Data Notebook from 51 of the 58 counties. There was a suggestion that the Data Notebook be formatted as a word document.

CALBHB/C reviewed their annual goals. The Mental Health Board Member Best Practices Notebook is on the CALBHB/C website. Mental Health Board Members should review it.

Workforce – living wage for contractors and peer support specialists.

Crisis care continuum – there is a need for residential care for individuals with chronic conditions. At the State level criteria for people who are gravely disabled is being reviewed with a potential change in wording.

Reduce incarceration, reduce 5150’s and psychiatric hospitalizations.

Legislative Advocacy

Schools – SB224 mental health instruction to educate pupils about all aspects of mental health.

Access to services

Residential care - HR432

Employment

Telehealth – AB32 would expand accessibility.

Someone from San Diego County talked about HUBs as alternatives to psychiatric hospitals.

SB14 is school based mental health.

The California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) has several trainings this month. Anyone can go online at: <https://www.calbhbc.org/> to sign up for trainings.

**15. February Meeting Agenda and Speakers.**

The Behavioral Health Medical Director Aubrey Eubanks, MD will present at the February meeting. Phebe Bell suggested inviting Mobile Crisis.

**16. Communication – Future Mental Health Board Agenda Items.**

Email future agenda items to Annette LeFrancois at [annette.lefrancois@co.nevada.ca.us](mailto:annette.lefrancois@co.nevada.ca.us). Currently we are following the Mental Health and Substance Use Advisory Board Calendar for future presentations and speakers.

Below is a list of future presentations and speakers that Mental Health and Substance Use Advisory Board members have suggested.

- a) Toby Guevin, Suicide Prevention Coordinator
- b) Medication Issues
- c) Sheriff Shannan Moon
- d) 211/Connecting Point
- e) Project Heart
- f) Lynn DeMartini, PhD

**ATTENDANCE:**

**Members Present:** Amanda Wilcox, Iden Rogers, Janice Deardorff, Shera Banbury, Ann Kelley, Donna Tully, Laura Parker.

**Excused Absent:** Supervisor Hall, Anne Rarick, Lori Malone.

**BH Staff:** Phebe Bell, Annette LeFrancois, Allison Dobbins.

**Visitors:** Gayatri Havighurst, Bethany Wilkins, Suzanne Nobles, Rafael Diaz, Sam Sebastian, Pauline Abrons.

Minutes by Annette LeFrancois