

Nevada County Mental Health and Substance Use Advisory Board Minutes

Date:	March 05, 2021
Time:	10:00 a.m. – 12:30 p.m.
Place:	Zoom and Telephone

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 HNSA@co.nevada.ca.us email address. There were no public comments.

3. **Announcements**

Adjustment to the agenda: swap agenda items #5 and #6.

4. **Suicide Prevention – Toby Guevin. PowerPoint.**

Phebe Bell introduced Toby Guevin, Health Education Coordinator for Public Health. His job duties include suicide prevention and alcohol and other drug use prevention. With COVID-19 Toby also provides COVID-19 information and guidance.

Under Behavioral Health Curtis McMullan's focus is on intervention and postvention.

Toby gave an overview of the suicide prevention work provided through Public Health.

Education and Outreach

Let's Talk Nevada County Campaign – A partnership between Behavioral Health, Public Health and Nevada County. On the website: www.letstalknevadacounty.org there is information, resources, best practices and training information. Schools have been reaching out to Toby for information on suicide prevention and resources for parents and students.

Trainings

Due to Covid-19, we are unable to provide in-person trainings that we traditionally have. All the training that Toby provides are free.

Safe Talk – knowing the signs of suicide, how to connect with someone who is struggling and how to connect them with someone who can help with suicide intervention. This training is through Living Works a company who provides best practices training and suicide prevention. In Fiscal Year 2019/2020 before the pandemic hit, three trainings were provided.

ASIST – Applied Suicide Intervention Skills and Training. It is a best practice on suicide intervention. The training goes into detail on the warning signs of suicide, how to connect with someone, how to do a safety plan and how to do a suicide intervention. In Fiscal Year 2019/2020 one training was provided.

Know the Signs – This training is available virtually. In quarter 1 and 2, there have been 253 people trained in Know the Signs.

There is an upcoming training next week with Community Beyond Violence and their crisis team. Schools have also been training their staff in Know the Signs.

Coalition Work

The Suicide Prevention Task Force meets monthly on the third Friday of the month.

It is a group of organizations and individuals working to reduce suicide. The meetings focus on resources and information sharing. The Task Force has been working on their strategic plan.

The Task Force goals include:

- 1) Increase community awareness of suicide and knowledge of suicide prevention and intervention.
- 2) Increase and improve suicide prevention programs and services.
- 3) Support survivors of suicide and suicide loss through prevention programs and services.
- 4) Build capacity and awareness of the Suicide Prevention Task Force.
- 5) Expand the Suicide Prevention Task Force membership.

The Tahoe Truckee Suicide Prevention Coalition – Includes staff from Placer and Nevada County.

Supervisor Hall mentioned a new group called: Color Me Human that Toby may want to reach out to. There was a question about the number of suicides in Nevada County. Nevada County averages 20 suicides per year. Due to the small sample size it is difficult to draw any conclusions from the data. There was a question about suicides in the senior population.

5. Proposed Budget – Allison Dobbins and Phebe Bell.

Allison Dobbins reviewed the revised fiscal projections received from the State, an update on the current year budget and next year's budget.

Revenue projections (91 realignment and 2011 realignment) are coming in better (not decreasing) than the last report in January. There is no growth projected in 2011 realignment until 2022/2023 and 91 realignment is projected to be flat. It is important to note that our costs are growing; flat revenue with growing costs can mean service reductions. 91 realignment is used for hospitalizations, a cost that increases every year and a cost we have no control over. MHSA revenue is trending higher; there has been minimal impact on high wage earners in California. Medi-Cal revenue is down from what we budgeted for this year. Some of the lower revenue was expected due to the remodeling of Odyssey House, though we did not know when the remodeling would start and the billing for Odyssey House would be turned off. The Crisis Stabilization Unit (CSU) had some months where the Medi-Cal revenue was down. Crisis billing was also low for several months. Our contract providers have been nimble and have been willing to work with us to maintain high Medi-Cal productivity.

Next year's MHSA budget is status quo with some strategic increases as placeholders. Phebe Bell and Priya Kannall will get input from MHSA stakeholders on what we want to do in our County.

Allison Dobbins reviewed County budget expenditures which have dropped from the previous projections. One of the reasons for this is removing additional capacity in placement contracts (hospitalizations) that as the year goes on, Behavioral Health does not end up using the amount budgeted or placing an individual at the facility we contracted with. Some placement contracts were amended to increase them when there were placements that exceeded what was budgeted.

Behavioral Health pays for agency staff; with the Cares Act funding able to cover some of the cost for staff time, there are budget savings to Behavioral Health. There were some placeholders for CalAIM which will change how we provide services in California. Behavioral Health received some revenues owed to us from prior years.

Differences in next year's budget include: Behavioral Health received approval to add a service coordinator position for substance use disorder services. Behavioral Health has had two grant funded positions and this transfers one of the grant positions into a County staff position. Not included in the budget is the General Profession Bargaining Unit contract which ends this year. Bargaining for the new contract has not been completed. The budget will be amended once these costs are known. There have been slight contract increases for outpatient and residential substance use disorder providers. On the mental health side most non-hospital contracts will receive a small cola. Full-Service Partnership (FSP) providers will receive a cola. We are adding two new children's placement contracts. Future hospitalization costs are unknown. Behavioral Health has been unable to find beds at the treatment level needed and may need to place individuals at higher level of care than needed and hope to transfer to a lower level of care once a bed is available. COVID has impacted the availability of beds and individuals may be stuck at a level of care for longer periods of time. There are individuals coming out of the criminal justice system with significant needs. Project Homekey is the Coach n Four Motel currently being remodeled. Services for Project Homekey will be through Behavioral Health contracts, funding will be through Housing and Community Services.

Behavioral Health revenue for current year is expected to be 38.5 million and next year 41.1 million (slight growth in 2011 realignment, assuming higher Medi-Cal productivity and a large MHSA annual adjustment). For expenditures current year is expected to be 39.7 million and 43.5 million for next year. Projections for next year's fund balance is 13.5 million.

Behavioral Health will pay close attention to unknowns. Revenue projections and impacts from the economy. Hospitalization: hard to find placements and more expensive placements. Increase in demand for services. Staff recruitment and retention. Unknown future impacts from COVID. CalAIM changes to how services are provided and how we bill for them. The timeframe for CalAIM implementation is short.

6. Substance Use Disorder Data – Suzanne McMaster. PowerPoint.

Suzanne McMaster introduced herself. She is a Program Manager and oversees the substance use disorder treatment programs. Suzanne presented Fiscal Year 2019/2020 substance use disorder services data from the Department of Health Care Services External Quality Review Organization (EQRO) audit last month. One of the performance measures is the penetration rate. The penetration rate is a comparison to other small counties and the statewide average. In Nevada County, for all age groups the penetration rate is higher than other small counties and the statewide average. The penetration rate for race and ethnicity is also higher than other small counties and the statewide average.

Percentage served by primary diagnosis: The top three primary diagnoses are alcohol use disorder 32%, opioid 32% and other stimulant abuse 29.7%. Statewide percentage for alcohol use disorder is 17.1%. Ariel Lovett from Granite Wellness Center is surprised that the sedative, hypnotic abuse (benzo) is not higher. The rest of the data is consistent with what Granite Wellness Center is seeing.

Suzanne presented a graph which shows American Society of Addiction Medicine (ASAM) Assessments have been increasing every year. In Fiscal Year 2019/2020 ASAM Assessments were 768 and for Fiscal Year 2020/2021 is expected to be around 1000. Residential treatment placements have also been growing. In Fiscal Year 2019/2020 there were 391 residential placements and for Fiscal Year 2020/2021 there are projected to be 450.

Nevada County uses grant funding to support the Recovery Residences Scholarship Program for clients experiencing homelessness and substance use disorder when they leave residential treatment so that they can be successful and stay engaged in treatment while they work on finding a job and housing. In Fiscal Year 2019/2020 Nevada County supported 164 clients in recovery residences for an average stay of 86 days.

There was a question as to what the needs and gaps in services are. More recovery residences are needed as many of the people accessing substance use services are homeless. Recovery residences are not mandated under the Organized Delivery System (ODS). The costs for mandated services are growing rapidly due to the increased demand for substance use disorder services. As costs grow, we must pay for mandated services first before we can spend funding for discretionary services.

Ariel Lovett announced that she is stepping down as the CEO for Granite Wellness Center, the interim CEO is Victoria Blacksmith, PhD. Victoria is the current Clinical Director for Granite.

7. Mental Health and Substance Use Advisory Board (MHSUAB) January 8, 2021 and February 5, 2021 Minutes.

For the January 8th minutes Shera Banbury suggested changes on page 5 under the California Association of Local Behavioral Health boards and Commissions add more detail. The Mental Health Board Member Best Practices Notebook is on the CALBHB/C website, members should review this information. Under the crisis care continuum – there is a need for residential care for individuals with chronic conditions and at the State level are reviewing the criteria for people who are gravely disabled with a potential change in wording. Under Schools – SB224 mental health instruction to educate pupils about all aspects of mental health. Residential care – HR432. Telehealth – AB32 would expand accessibility. Ann Kelley made a motion to approve the January 8th minutes with the above corrections. The motion was seconded by Sam Sebastian. All members present were in favor.

A motion was made to approve the February 5th minutes by Ann Kelley. The motion was seconded by Supervisor Hall. All members present were in favor.

8. Behavioral Health Director's Report – Phebe Bell.

Phebe Bell presented data around COVID and mental health needs. Our data shows that people are doing better than we think they are at this point in time. Things could change and not to say that people are not having a difficult time. The resilience people have shown to make it through this difficult period has been stronger than many of us have expected.

In 2020 there were 21 deaths by suicide in Nevada County. Within the average range for Nevada County. Any death is too many and it is a higher rate of suicide than any of us want to see. In 2018 there were two adolescent deaths by suicide and in 2020 there was one adolescent death.

Another metric is the crisis system, are we seeing more people come into crisis? In Fiscal Year 2019/2020 crisis assessments were down slightly. In Fiscal Year 2020/2021 crisis assessment numbers were average. Adolescent crisis assessments tend to be lower in the summer, which indicates that school is a stressor for many youth. In 2020 crisis assessments for adolescents have been down compared to prior years. Overall adolescent crisis assessments were about the same in 2020 as they were in 2019. Hospitalizations on average are about the same as in prior years. Requests for adult mental health services have been average. Requests for children's mental health services have been down since COVID started, in part this is due to the lack of connectivity to school. Children's Behavioral Health did do more assessments, the acuity was lower than is typically required in part due to available capacity and the concern about how children were doing in the community. Diagnoses of depression and anxiety are down. There are some increases in eating disorders and obsessive-compulsive disorder. Deaths by overdose have gone up dramatically this year. The rise can be attributed to COVID and the arrival of fentanyl in our community. It is unknown what the final outcomes of this difficult year will be.

There is compelling data and research on the need to intervene early and quickly for psychotic disorders. The more time that someone spends in a psychotic state untreated the worse the outcomes are. An early and intensive intervention can make a significant difference. UC Davis has a highly regarded early psychosis program called EDAPT. There is a strong push to have every County in the State have a strong early psychosis program. The MHSOAC put out a grant for existing early psychosis programs to increase standards and get them up to the level of evidence based/best practice programs. There is a second round of funding, awarding two grants. The intention of one of the grants is for a hub and spoke model in order to serve rural communities like ours. Behavioral Health has been meeting with UC Davis and CalMHSA. Nevada County will be applying for one of the grants in conjunction with a few other small Counties with CalMHSA and the administrative hub and UC Davis as the potential clinical hub. Phebe Bell asked the Mental Health and Substance Use Advisory Board if they support our efforts to have an early psychosis program. Board members are in support of applying for this program.

9. Peer Support – Pauline Abrons and Brook Bruning.

Pauline Abrons announced she is stepping down from her position as Director. Pauline introduced Brook Bruning, new Director of SPIRIT Peer Empowerment Center. By the end of the month, SPIRIT is hoping to bring on the Homeless COVID Specialist Position. Eighty-Five percent of SPIRIT's participants are homeless. SPIRIT is working toward increasing services for this population and will train a few peers in social security advocacy. There is a law engagement program and Officer Brown has been attending SPIRIT staff meetings. SPIRIT plans to work on telling people's stories to reduce stigma and humanize homelessness.

There is a WRAP I class on March 25th and 26th, this class is a pre-requisite for becoming a WRAP facilitator. Pauline will be an outreach coordinator and trainer at SPIRIT.

10. Continuum of Care – Shera Banbury and Gayatri Havighurst.

Shera reported the Continuum of Care (CoC) met on February 18th and will not meet in March. The Point in Time Count was reviewed at the meeting and will be finalized next month. The numbers show a slight increase from the last count. More data is available through the HMIS System. There are trainings on the HMIS System, contact Shera Banbury if you are interested. Grant funds of \$207,042 were awarded to the Nevada County CoC.

There is funding from the Federal Government for Project Homekey. The Alliance for Mentally Ill Housing (AMIH) received some grant funding. Nevada County received ESG funds. SB2 funds brought in \$306,319. There will be funding available for addiction prevention. Built for Zero has 84 communities across the country, <https://www.joinbuiltforzero.org/>. There were reports from all the committees: Shelter, Youth, Housing and Best Practices Committee. Shera Banbury is stepping down from the Shelter Committee. If anyone is interested in joining one of the committees contact Shera Banbury. Gayatri Havighurst mentioned a next round in ESG funding will be coming soon.

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

The California Association of Local Behavioral Health Boards and Commissions (CALBHBC) met on February 19th. They are working on the LPS Act, redefining gravely disabled. There is a bottleneck in resources. One CALBHBC member has approached their County Board of Supervisors to extend a 5270 to allow 50 days after 14 days without having to go through conservatorship. It is to address people with chronic mental illness who are homeless. The CALBHBC is willing to send their Director out to do trainings for Mental Health Boards on Policies, Procedures or other topics. The coalition for SB803 (Peer Support Specialist) is forming. They are working to organize the different trainings for State licensing. Legislative advocacy for SB224, and HR432. Reducing disparities with a cultural emphasis is available on the CALBHBC website. There have been several trainings on cultural competency and other topics. The online trainings on the CALBHBC website: <https://www.calbhbc.org/>.

12. April Meeting Agenda and speakers – Amanda Wilcox.

On the calendar for April is a review of housing and homelessness data. Amanda Wilcox asked if there were any speaker requests from our list for April. There were no requests.

16. Communication – Future Mental Health Board Agenda Items.

Email future agenda items to Annette LeFrancois at 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) Medication Issues
- b) Sheriff Shannan Moon
- c) 211/Connecting Point
- d) Project Heart
- e) Lynn DeMartini, PhD
- f) Theresa Comstock – California Association of Behavioral Health Boards and Commissions

ATTENDANCE:

Members Present: Amanda Wilcox, Supervisor Hall, Janice Deardorff, Shera Banbury, Ann Kelley, Laura Preston, Bethany Wilkins, Sam Sebastian, Suzanne Nobles, Iden Rogers, Ann Kelley.

Excused Absent: Lori Malone, Donna Tully, Anne Rarick.

BH Staff: Phebe Bell, Annette LeFrancois, Allison Dobbins, Suzanne McMaster.

Visitors: Gayatri Havighurst, Toby Guevin, Ariel Lovett, Nicola Baldwin, Ernesto Alvarado, Sam Sebastian, Pauline Abrons, Brook Bruning.

Minutes by Annette LeFrancois