

Nevada County Mental Health Board and Substance Use Advisory Board Minutes

Date:	March 06, 2020
Time:	9:30 a.m. – 12:00 p.m.
Place:	Behavioral Health Department – 500 Crown Point Circle, Grass Valley

STANDING ORDERS

- 1. Call to Order and Introductions** – Self-introductions were made and a sign in sheet was passed around.
- 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. There were no comments.
- 3. Announcements**

The next MHSA Meeting will be scheduled for Early April.
- 4. Mental Health and Substance Use Advisory Board Minutes February 7, 2020.**

Correction on page 2 under Peer Support SPIRIT should be upper case and change peer counselor to peer support. On page 3 under Forensic Task Force change criteria was to criteria were. Page 5 under communication: correct spelling is Lynne DeMartini. On page 4 under MHSA Report change the first sentence in the third paragraph to: Behavioral Health is working with a graphic designer to create a document that will highlight FSP outcomes and the Needs Assessment. Correct numbering. A motion was made by Shera Banbury. The motion was seconded by Lori Malone. All members present were in favor.
- 5. Form for Mental Health and Substance Use Advisory Board Members. Handout.**

There have been some concerns around conflict of interest. WIC Code states: no member of the Board can be an employee of county mental health services, State Department of Health Care Services or an employee or paid member of the governing body of a mental health contract agency. A consumer of mental health services who has obtained employment with an employer described above may be appointed to the board as long as the employee does not hold a position with interest, influence or authority over any financial or contractual matter.

The handout is a Conflict of Interest Form to be completed by Mental Health and Substance Use Advisory Board members. The form is a way for us to ensure we have no conflicts of interest and have enough consumers and family members on the board.
- 6. May Meeting Date Change to May 15th or May 22nd.**

A decision was made to hold the meeting on May 15th. The Crown Point Conference Room is not available. Annette will reserve another conference room at the Nevada County Government Center. Annette will send out an email with the new date and location.

7. Election of Mental Health and Substance Use Advisory Board Vice-Chair.

Lori Malone made a motion to elect Shera Banbury as Vice-Chair. The motion was seconded by Iden Rogers. All members present were in favor. No one was opposed.

8. Peer Support – Michelle Rose.

SPIRIT Peer Empowerment Center group attendance and engagement has been high. A participant recently had an art presentation that relates to his journey with mental health. There were 25 to 30 people who attended the presentation. SPIRIT completed the Cause for Change at Briar Patch that raised just under \$5,000. SPIRIT's annual fundraising letter also did well.

SPIRIT applied for the MHSA PEI Request for Proposals (RFP) for an intentional rest program. It is an evidence-based program called iRest and is based on Yoga Nidra Meditation.

SPIRIT has two new board members. Management and board members attended a CNL Training called Getting to Great. The Emergency Department Peer Support Program has been slow in January and February. For this month's meeting a tour of Heritage Oaks is planned. A Wellness Recovery Action Plan (WRAP) Facilitator training was completed. There were 11 participants who completed the training. Once an individual has completed the Facilitator Training, they can assist people to complete their WRAP Plan and can also teach WRAP level one. SPIRIT is continuing to do community outreach. SPIRIT recently upgraded their computers.

9. Truckee – Anne Rarick, Lori Malone and Phebe Bell.

Anne Rarick announced Sierra Community House is hiring a part time suicide prevention coordinator; funded with Placer/Nevada County MHSA funds. Sierra Community House is a merger of the Family Resource Center, Tahoe Safe Alliance and Project Mana and has a location in Kings Beach, Truckee and Incline. The Emergency Warming Center has been slow. There has not been much snow. The Tahoe/Truckee Community Collaborative is doing a mental health and physical health needs survey. The survey can be taken online on their website.

Lori Malone NAMI is trying to get a theatre for a showing of the movie Bedlam.

Phebe Bell mentioned there have been follow-up meetings with Placer County and Granite Wellness Center regarding the Substance Use Disorder challenges in the Truckee area. Granite Wellness Center is sending staff to Truckee one day per week for group and individual counseling and a second day to meet the needs of those involved in the court system and people in outpatient care. Behavioral Health just closed the recruitment for a part time SUD counselor to supplement what Granite Wellness is doing. Granite Wellness has asked Placer and Nevada County to supplement the cost of providing services in the Truckee area.

Victor Community Services will be bringing wraparound services to the Truckee area.

Behavioral Health is working on the contract amendment. Nevada County and Placer County are working with a realtor to find a house to purchase or master lease that would be used for supportive housing in the Tahoe Truckee area.

10. Forensic Task Force – Iden Rogers and Amanda Wilcox.

NAMI wants to have one or two people at the showing of Bedlam to answer questions. The brief jail mental health screen is collecting more information than what is required for Stepping Up, but it may help to better connect individuals to community resources after release. Jail inmates can ask what they want for a re-entry program after release. They are working on process for referrals to avoid duplication of efforts. Sharing inmate information can be difficult due to HIPAA and Criminal Record Information. The jail has forms that inmates can sign to help with information exchange. Helping inmates at the time of release get medication can be a challenge. The HOME Team has been responsive when asked regarding releases from jail. The Forensic Outreach Worker can also help inmates get access to medication. The problem is there are some inmates who do not want to take the medication. Relationship building and engaging individuals while they are in jail is a very important part of the solution.

There is now a second therapist providing services in the jail and it is having a positive impact. Data collecting for Stepping Up is going well. Mental Health Court has 16-17 participants. There is not much incentive for individuals to participate in Prop 36; especially since Prop 47 has downgraded some felonies. AB 1810 felony pre-trial diversion has had 11 applicants and 8 participants. Competency to Stand Trial Penal Code 1368. Jail based competency treatment locally would be very costly. When an inmate is determined to be incompetent to stand trial, historically they receive treatment through the California Department of State Hospitals. The wait time for a bed can be 12 months. The goal is to bring the inmate to competency, so the inmate can participate in the trial. Shera Banbury would like to see the task force address impulse control. Individuals often end up back in jail due to poor impulse control.

There was discussion of when to ask Sheriff Moon to attend a board meeting and a possible tour of the jail. There are several items booked for the next few months and a June meeting in Truckee. The July Meeting falls on a holiday. Decision made to see if August works for Sheriff Moon.

Amanda Wilcox mentioned there has been some confusion with NAMI Nevada County's phone number. The correct phone number is (530) 648-0178.

11. Continuum of Care – Shera Banbury.

Committees continue to report out. There is a lot of discussion on the needs for housing and land for a safe outdoor camp, but nothing is solidifying due to lack of funding. The youth committee will meet next week.

Phebe mentioned Old Tunnel Road is for 40 units of affordable housing and potentially a navigation center with some shelter beds. The reason the project is stalled is because Nevada County did not win the tax credits and we need more match money on the table to be competitive.

12. Suicide Prevention Task Force – Amanda Wilcox.

Toby Guevin, Suicide Prevention Coordinator was hired by Public Health about one year ago. He is on our list of future speakers. The postvention work is handled by Behavioral Health. The Task Force has been working on a new mission/goals statement. Amanda will share the new mission/goals at a future meeting.

13. Behavioral Health Budget – Phebe Bell. Handout.

It is budget building season at Nevada County. Phebe Bell presented a PowerPoint presentation on the Behavioral Health budget. Last year Behavioral Health increased most contracts for cost of living adjustment that was badly needed. Some slots were added to Victor to make up for the loss from Uplift. Added funding to the crisis contract to add another crisis worker. MHSA funding came in a little higher than expected. Overall, we are on target for our revenue and expenditures. Revenue is difficult to project. Prior Year Actuals is how Fiscal Year 2018/19 ended. Adopted Budget is what we projected for the year. Amended Budget are changes in the budget due to new grants, contracts, or costs being higher than we thought they would be. Year to Date Actuals is money in the door and out the door as of yesterday. Projected Year End is where we think we will end up at the end of the year.

Under Revenues: Fines, Forfeitures and Penalties are court-based fines that we receive a small amount of revenue. Use of Money and Property is interest, primarily MHSA interest. Federal/State Intergovernmental includes Medi-Cal revenue, MHSA, Substance Abuse Block Grant and other grants. In general revenue is coming in a little higher than expected due to grants and an increase in MHSA revenue. Charges for Services are revenue contracts, such as the one we have with Placer County for the use of our triage line. Miscellaneous Revenue is the 1299 presumptive transfer where out of County youth are placed in our County and we can try to bill the County where they came from for the cost of their care. We have not been as successful as we would like. In order to bill we must first have to input data into the Medi-Cal system and wait until we receive the Medi-Cal revenue in order to know what the other County's share of cost is. Other Financing Sources are from 2011 and 1991 Realignment. General Fund Transfers is the Maintenance of Effort that the County is required to contribute.

Under Expenses: Salaries and Benefits, typically there are some savings due to vacancies. Services and Supplies includes most of our contracts. This includes contracts with hospitals; sometimes there are savings when we do not utilize all the hospitals at the capacity we projected. Other Charges includes the costs for having a Health and Human Services Agency (HHS) Director and HHS fiscal staff. It also includes fees for other Departments such as County Counsel, internet fees for each staff and technology fees. Overhead Cost Plan includes building costs, charges if we exceed our allocation for County Counsel time. Other Financing Uses is when we spend realignment funds. Interfund Activity are agreements with other County Departments such as the Suicide Prevention Coordinate position we pay for which is under Public Health. Rollover is at the end of the budget year when we close out for the year, there are some bills that come in after year end. Out of Behavioral Health's budget we project we will end the year with \$263,618.

Phebe gave an overview of current grants: Grants to Benefit Homeless Individuals, MHSA Innovations, Rural Health Opioid Prevention, Expanding Medication Assisted Treatment in County Criminal Justice Settings, Justice and Mental Health Collaboration, Prop 47, Data Driven Recovery Project, Community Based Transitional Housing, Community Development Block Grant, Community Services Infrastructure Grant.

Looking ahead to 2020-2021 Behavioral Health is projecting growth in revenue.

Budget Priorities

- Continue to support contractors with cost of living increases in the contracts (MHSA CSS).
- For Prevention and Early Intervention contractors it will depend on the RFP results.
- Maintain the Victor Community Support Services and crisis increase.
- Adding a clinical supervisor in adult services.
- Would like to add a substance use disorder personal services coordinator.
- Additional needs for Turning Point.
- Adding Truckee services.

There was a question on homelessness being a top priority and how that fits into the budget. Phebe replied that most the grants we have received have a target population of people who are homeless. Behavioral Health is providing support to people who are homeless through a significant expansion of services: substance use disorder services, outreach and engagement, liaison services with the criminal justice system, supportive housing and recovery residence housing. The Department of Housing and Community Services does infrastructure (purchasing land, building affordable housing).

Budget Considerations

- 1299 presumptive transfer impact on our budget.
- CalAIM Impact – an initiative by Department of Healthcare Services (DHCS) to improve quality of life and health outcomes by implementing broad delivery system, program and payment reform across the Medi-Cal program. The fiscal impacts are unclear.
- Medication Assisted Treatment (MAT) growth in services is unpredictable and it is an entitlement for Medi-Cal beneficiaries. The costs can grow dramatically, and cost is not something we can control.
- Potential increase in SUD rates – most Medi-Cal beneficiaries receive MAT through their physical health plan pharmacy benefit. If this shifted to SUD benefits, costs would increase dramatically.
- SUD rates will increase as it takes more staff to run and Organized Delivery System (ODS) than expected.
- Grant Funds – how to sustain programs.
- Need to enhance clinical skills – eating disorders and transition age youth.

14. Mental Health and Substance Use Advisory Board Goals. Handout.

Postponed until next month.

15. Stepping Up – the role of NCBH in corrections based mental health services.

Postponed until next month.

16. Behavioral Health Directors Report – Phebe Bell.

As of today, March 6th Nevada County has no positive cases of Covid-19. In Seattle Washington, schools are closing, businesses are closing, employees are being told not to report to work and events are being cancelled.

There has not been much testing, so we have no idea how widespread the virus is. Clients who are ill are being asked to reschedule. If there is an urgent need to be seen, the client is asked to put on a mask. The county is working on contingency plans, if we need to limit contact can staff work from home. In Behavioral Health what are critical versus non-critical services. Are we able to use telepsychiatry, can our doctors work from home? For personal service coordinators keeping a distance of 6 feet when they need to see a client in the field. Of concern are the various residential facilities, many of them run by contract agencies. Behavioral Health has been sharing information with contractors on how to best manage if a resident is having symptoms what is the best strategy. Isolation is best, but there are many facilities with shared bathrooms, kitchens and bedrooms. At this time, we are keeping people where they are, but this could change if we need a residence to be used with people who are symptomatic.

17. Mental Health Services Act (MHSA) Report – Priya Kannall.

Priya Kannall reported Behavioral Health received 20 proposals from the Request for Proposal (RFP) Process. Priya thanked panel members for dedicating their time and effort to the process. The process is in the final stages of scoring. Once the scoring is complete, Phebe Bell and Priya Kannall will review the scores and the overall funding availability. There will most likely be some negotiations with the selected providers. Priya hopes to share results from the RFP at the next Mental Health and Substance Use Advisory Board Meeting.

18. Communication – Future Mental Health Board Agenda Items.

Email future agenda items to Annette LeFrancois at annette.lefrancois@co.nevada.ca.us.

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

- a) Client Satisfaction Surveys, Yvonne Foley
- b) Toby Guevin, Suicide Prevention Coordinator
- c) Granite Wellness Center
- d) Medication Issues
- e) Sheriff Shannan Moon
- f) 211/Connecting Point
- g) Project Heart
- h) Lynn DeMartini, PhD

ATTENDANCE:

Members Present: Amanda Wilcox, Iden Rogers, Janice Deardorff, Shera Banbury, Lori Malone, Anne Rarick, Laura Preston.

Excused Absent: Supervisor Hall, Ann Kelley.

BH Staff: Phebe Bell, Annette LeFrancois, Priya Kannall.

Visitors: Pauline Abrons, Rachel Roos, Pauli Halstead, Mali Dyck, JoLynn Haines, Gayatri Havighurst.

Minutes by Annette LeFrancois