

Nevada County Mental Health and Substance Use Advisory Board Minutes

Date:	August 07, 2020
Time:	9:30 a.m. – 12:00 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. Shera Banbury mentioned she has attending several zoom meetings through the California Association of Local Behavioral Health Boards and Commission, Mental Health Services Oversight and Accountability Commission and other organizations. Contact Shera if you are interested in finding out about these meetings. There were no comments in the Zoom Chat or on the behavioral.health@co.nevada.ca.us email address.

3. **Announcements**

Shera Banbury mentioned useful information on the Nevada County Behavioral Health website: <https://www.mynevadacounty.com/430/Behavioral-Health>.

There is a Behavioral Health Network Provider Directory and a Directory that lists Behavioral Health service locations.

4. **Mental Health and Substance Use Advisory Board (MHSUAB) Minutes June 5, 2020.**

A motion was made by Shera Banbury to approve the June 5th minutes. The motion was seconded by Janice Deardorff. All members present were in favor.

5. **Truckee Reports**

Sierra Community House – Anibal Cordoba Sosa.

It has been one year since Sierra Community House was formed with the merging of Project Mana, North Tahoe Family Resource Center, Tahoe Safe Alliance and the Truckee Family Resource Center. Due to the coronavirus, their offices had to shut down in March and they have had to adapt to offering many services virtually. There have been two new additions to their staff a family support advocate and a new homeless outreach coordinator: Brody Dyer.

Sierra Community House continues to offer their existing services and has had to ramp up due to an increase in demand for services. Sierra Community House has been able to provide over \$250,000 in housing related financial assistance such as rent, utilities and services related to housing since mid-March. This is an increase of five times what they have provided last year. Similarly, the demand for food has increased. Before COVID-19 approximately 100 families were provided with food assistance; currently there are over 570 families getting food assistance.

Calls to the 24/7 helpline have increased. There were over 500 calls in the last three months, about half of them were mental health related. The other calls were related to rental/housing assistance, homelessness and assistance in applying for unemployment.

Sierra Community has navigated from in person workshops, classes and activities to virtual formats. Also embedding the message around coronavirus prevention and safety with the families they work with. They have also helped Placer and Nevada Counties with contract tracing efforts with Latino families and individuals who have tested positive. The Promotoras have been outreaching to Latino families about access to resources, information and to provide a connection to those who are isolated.

Church of the Mountains – Cathie Foley.

Cathie Foley presented a PowerPoint on the Emergency Warming Center statistics and a COVID Day Center Pilot. Church of the Mountains is wrapping up its 5th year. The Center was open for 33 nights, with 52 individual guests, 5 dogs and 4 cats. There was an average of 10-12 guests per night. Total nights of shelter in the center 314. A 10% increase over last year. Of the 52 guests served, 34 are chronically homeless.

There is a small building next to the church that has become an annex. Church of the Mountains has been able to provide housing for one staff person, who had previously been a guest at the center. The annex also provided space for a washer and dryer.

Church of the Mountains provided hotel rooms for 6 family groups, total of 8 nights. Two previous guests, who are now sober and housed, visited a few nights and interacted with the guests letting them know anything is possible with hard work and support. Helped 2 chronically homeless neighbors into full time housing outside of the area. Helped 43 individuals with gas or other transportation out of the area. Helped 5 individuals who found themselves homeless after COVID-19 hit when they lost their jobs.

In response to the COVID-19 health emergency when resources (bathrooms, showers and a food resource center) that the homeless use closed, the church started an emergency respite center for day services 3 days per week on March 3rd. The services included vital health checks, warm meals, access to showers and laundry, and other necessities and community. Initially the services were provided in the lower level of the church and the annex. On April 7th the program relocated to the Veteran's Hall in downtown Truckee and was opened 5 days a week through the end of the season, June 30th. There were many people who lost their jobs and did not know how to apply to unemployment or get their stimulus check, who received assistance. Currently the Day Center space is open 3 days a week (Tuesday, Thursday and Friday). As of July 31st, there have been a total of 101 individual guests and 1123 guest visits. The Day Center has also provided guests with access to and support from the Homeless Outreach Coordinator. Fifteen guests worked on collecting their documentation (birth certificate, social security card) in order to apply for housing at the Artist Lofts.

Tahoe Truckee Community Foundation – Alison Schwedner.

Alison Schwedner presented a PowerPoint on the work the Collaborative is doing in the areas of Behavioral Health. The Community Collaborative of Tahoe Truckee is a network of 45 health, education and social service organizations that work to address the needs of seniors, children, families and community members of the Tahoe Truckee region. The Collaborative is not a direct service provider; its focus is on policy and systems level work. There is a Mental Health Awareness Campaign in the summer of 2020.

The Collaborative has been working with the Katz Amsterdam Charitable Trust Foundation.

The Foundation funds Behavioral Health programs and systems work in rural mountain communities. They have provided funding to Sierra Community House, Gateway Mountain Center, The Tahoe Truckee Wellness Centers and other programs.

Data tracking and shared measurement framework survey winter/spring 2020. There are commonalities among mountain communities such as elevated risk, reduced protective factors and difficulty getting the right care at the right time. There are 5 areas to focus improvement: Social Dynamics/Party Culture; Mental Health Knowledge and Attitudes; Provider Capacity; Accessibility and Affordability of Treatment; and Adverse Behavioral Health Outcomes. Residents rate their community highly; however, youth, people of color and low-income residents are less likely to feel part of the community. Young adults, people of color, low income and women report higher levels of loneliness. Latinas are lonelier and rate community life lower than their peers. Drinking is significantly higher than the U.S. average across all ages and is important to social life. Forty two percent indicated three or more days of poor mental health in the past month. Indicators suggest stigma is widespread, residents indicate a willingness to reach out for help. The top reasons why residents did not get care include cost, perceived availability, lack of time and not knowing where to go. A higher percentage of Latinx and other persons of color were uninsured compared to their white counterparts.

Another project the Collaborative is focusing on with the Katz Foundation is a Tahoe Truckee Behavioral Health Roadmap to include a list of local behavioral needs and challenges, current local behavioral health services and supports, identification of gaps in the delivery system, recommendations of programs and services, and a visual map/graphic wellness framework depicting the Truckee North Tahoe behavioral health system.

- 6. Report on Behavioral Health Operations during current coronavirus crisis – Phebe Bell.** Victor Community Support Services is up and running in the Truckee area and has hired two of three positions. Victor was contracted to provide intensive Wraparound services for children, with one position shared between the Wrap program and providing support for adult clients. It is a difficult time to be rolling out a Wrap program given that schools will be virtual. Typically, schools are the primary point of contact with children who are struggling and are a good source of referrals. Victor and Jazmin are working hard to build connections with school principals, counseling staff and community partners that will lead to referrals.

Another position that has been added to Truckee is a part time substance use disorder counselor position to help with navigation efforts. There are fewer people from the Tahoe Truckee area successfully accessing residential treatment. There is one provider of a recovery residence for women in the area, but none for men. Tahoe Forest Hospital has a MAT program. The new staff person has been doing outreach at the Emergency Warming Center/Day Center to get people connected to services.

The homeless outreach coordinator position is a contracted position through Sierra Community House and is funded by Nevada County and Placer County. The homeless outreach coordinator plays a key role at the Emergency Warming Center/Day Center. The position has been recently filled by Brody and Behavioral Health has been working to link Brody to the HOME Team and bring HOME Team resources up the hill more frequently. There have been some COVID positive individuals in the unsheltered homeless community in Truckee and Nurse Casey from the HOME Team has been visiting Truckee more to help address this.

Our recent MHSR request for proposal (RFP) process for the Tahoe Truckee region was done jointly with Placer County. This is a huge benefit to the community and allows us to leverage more dollars for Tahoe Truckee programs as well as form a partnership with Placer County jointly funding programs and enabling agencies to serve people regardless of County of residence.

a) Strategies to maintain county operations

There has been a strong downturn in requests for Behavioral Health services in April and early May. Since then there has been a steady increase in demand for most services. There is a significant increase in requests for substance use disorder services. There has been a decrease in demand for crisis services since November/December. In January there were 190 assessments, February 175, March 154, April 121, May 137, June 114 and July 161. Typically, there are approximately 180-200 crisis assessments per month. We think some of reasons for the decrease are the increased availability for substance use disorder services, especially residential treatment with the implementation of ODS. Also, the amount of work being done and resources available for people who are homeless. Substance use disorders and homelessness are often factors for individuals needing crisis services and the Crisis Stabilization Unit (CSU). The need for psychiatric hospitalizations has been steady with an increase in July.

Utilization of the Crisis Stabilization Unit has decreased. To be cost effective we need 2.4 Medi-Cal recipients in the CSU 24/7. CSU statistics: January 37, February 53, March 30, April 34, May 46, June 37, and July had 39 individuals in the CSU.

Behavioral Health is doing a survey with clients to analyze the number of services provided by phone or video versus in person. Other questions include what barriers clients have to virtual services and what format the client prefers. There is also a survey for staff on what formats they are comfortable with. Behavioral Health is working to improve the quality of virtual services as the need will likely continue long term by looking at best practices and additional training. There are concerns about the impact of virtual school on our workforce with employees watching young children, ensuring their children are educated while maintaining a full-time job. The County and employees are looking for creative solutions to meet these needs.

Let's Talk Nevada County is a result of brainstorming on what we can do to support the community. <https://www.mynevadacounty.com/2965/Lets-Talk-Nevada-County>. On the website are resources for the public, how to facilitate a community conversation, upcoming activities, toolkit and videos.

Behavioral Health is working towards increasing a partnership with law enforcement to better de-escalate situations, less need for use of force and a better connection to community resources. Sheriff Moon has some one-time funding to potentially embed a behavioral health worker with a sheriff deputy to form a pilot one-year mobile response team. Discussion on this potential is ongoing.

Phebe Bell mention a recent Lanterman Petris Short (LPS) Act audit of three counties. Short term and longer-term involuntary treatment. The initial focus was on does the LPS Act need to be re-written? The answer was no, but how we connect with individuals who are subject to LPS detentions needs attention.

One focus was on the inadequate usage of Assisted Outpatient Treatment (AOT) or Laura's Law. There were some other interesting findings. There are some bills coming that focus on expanded use of AOT.

SB803 the bill for certification of Peer Support was gutted by the Department of Healthcare Services.

There have been discussions on race and equity and what that looks like in our policies, practices and services. Culture shifting and education for staff, data dives: who are we serving well and who we are not serving well. What does the data tell us? The Government Alliance on Race and Equity (GARE) helps government entities identify issues of race and equity in their organizations and helps them ensure they are providing equitable services. Behavioral Health will be participating in a dialog on this topic along with staff from other county departments. There is also an upcoming webinar series on Eliminating Inequities in Behavioral Health Care.

b) **Strategies for people who are homeless**

Behavioral Health had some state funding that needed to be used by June 30th for COVID impacts and homelessness. Behavioral Health did a pilot program called Operation Sugarloaf that was a peer-based navigation program. The HOME Team went out and engaged with people in the camp offering 30 days in a hotel in exchange for their participation in intensive case management. There were 17 participants; 4 of them did not engage and returned to camping. Thirteen campers engaged and worked hard on their goals.

Shera Banbury announced some webinars on COVID and homelessness.

<https://nlihc.org/coronavirus-and-housing-homelessness/federal-moratoriums> .

7. Peer Support – Michelle Rose.

Michelle announced that peer support is offered by phone for participants who do not want to come to the center due to COVID concerns. There has been an increase in the number of participants at SPIRIT Peer Empowerment Center and the CSU.

Yard sale fund raiser coming up Sept 27th. Donations can be dropped off at Spirit. Peer training to start mid-October - end of November. Will have exact date next week.

At the Center and CSU/ER anxiety is high with the stimulus money running out at the end of July and employment not recovered. There have been 5 individuals who have lost their housing in the last week due to evictions.

The extended peer training last quarter is helping us to better support the participants during the crisis; Building in peer capacity with Motivational Interviewing Training and Advanced Peer Support with Lori Ashcroft and Suicide prevention.

Started discussion with the owners of the Gates Place property regarding the purchase of the property for a permanent home and or navigation center. The property is held in an irrevocable trust meaning it cannot be sold until Thelma Gates passes and heirs can sell. The daughter did say at that point she would be interested in selling.

Grants and collaborative - Received \$5000 from Nevada County Relief Funds Grant, \$1000 large donor from a local grass valley church Endowment Fund, Dignity Health COVID grant and the Dignity Health Collaborative Grant with Sierra Roots and Project Heart. Applied for Census 2020 Grant and Thich Nhat Hanh Foundation.

SPIRIT/EDP - We hired a bilingual peer supporter working with SPIRIT and the EDP Teams

8. Continuum of Care – Shera Banbury and Pauli Halstead.

The Continuum of Care (CoC) Shelter Committee presented a PowerPoint on low barrier tent housing at the CoC Meeting. There are a lot of counties and municipalities implementing interim type housing or safe camping until more housing is built. The CoC has been focused on permanent housing.

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

The MHSA 3-year Plan and Annual Progress Report has been submitted to the State. There are some preliminary findings from the MHSA audit that was done in April. There is one finding we are disputing (performance outcomes), but overall the findings are good. Another finding was to include our full Innovation Plan in our MHSA Plan updates. We may amend our current 3-year plan to include the Innovation Plan; otherwise we will include it in future MHSA Plans. There were some recommendations on policies and cleanup language on fiscal documents.

10. Mental Health and Substance Use Advisory Board (MHSUAB) Calendar. Amanda Wilcox and Phebe Bell. Handout.

The handout was emailed, and screen shared. The calendar will ensure we are completing the tasks from our goals. It is not possible to fit all the tasks from our goals into the calendar. Every meeting we are rushed at the end, there is a long list of speakers and presentations we want. If you add and map out all the staff reports to the calendar there will not be enough time for presentations and board activities. Quarterly reports on crisis services and substance use disorder services has been changed to twice a year; twice a year client satisfaction survey data, Quality Improvement and Cultural Competency Committee reports have been changed to once a year. These changes will be made to the MHSUAB goals. The MHSUAB calendar has three categories: reports from staff; presentations and speakers; and MHSUAB activities.

Mental Health and Substance Use Advisory Board Members should review the calendar before next month and send any questions or concerns to Amanda Wilcox and Phebe Bell. The MHSUAB calendar will be voted on at the next meeting.

Shera Banbury mentioned that Amanda Wilcox reviewed past MHSUAB minutes and identified all the goals we have accomplished. A report that Priya Kannall sent in counted toward our annual California Association of Local Behavioral Health Boards and Commissions Report. Phebe Bell mentioned that we are tentatively aiming for August 28th for our annual MHSUAB report to the Board of Supervisors. Phebe Bell will let us know if we are able to get this date or not.

Supervisor Hall mentioned that Nevada County has a new County Counsel, Kit Elliott who has been visiting County Board and Commissions making sure members are aware of their goals and constraints. It was suggested we add Kit Elliott to a future agenda.

11. 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, Laura Parker, Shera Banbury, Ann Kelley, Supervisor Hall, Anne Rarick, Lori Malone.

Excused Absent: N/A.

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

Visitors: Cathie Foley, Gayatri Havighurst, Patrick Martin, Kristina, Anibal Cordoba Sosa, Alison Schwedner, Michelle Rose.

Minutes by Annette LeFrancois