

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

<b>Date:</b>	<b>May 07, 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 was no public comment.

3. **Announcements**

Priya Kannall announced May is Mental Health Month. One of the events is a free Know the Signs suicide prevention training on May 26, 2021 at 11:00 a.m. The training is open to the public. There may be an evening time scheduled in collaboration with the Library. Annette LeFrancois will email the training information to Mental Health Board members.

Melissa Parrett announced Toby Guevin is working with Nevada Union Joint Union High School District counselors on planning for Student Wellness Week. It is a collaboration of counselors, social workers, school psychologists, and intervention coordinators.

4. **Mental Health Services Act Public Hearing on the Annual Plan Update for Fiscal Year 2021/22 and Annual Progress Report on Fiscal Year 2019/2020 Activities – Priya Kannall.**

Priya Kannall presented a PowerPoint that included an introduction to the Mental Health Services Act (MHSA), MHSA Annual Revenue, Annual Plan Update and Annual Progress Report on Fiscal Year 2019/2020.

The Mental Health Services Act (MHSA) was passed by California Voters in 2004 and went into effect in 2005. MHSA is funded by a 1% tax on personal income over \$1 million/per year. MHSA funding can be extremely volatile based on economic factors. Five percent of total MHSA funding is set aside of Innovation. Of the remaining funds, 20% is for Prevention and Early Intervention Programs and 80% is for Community Services and Supports.

We see a lot of volatility in MHSA funding. Priya showed a chart with Nevada County's MHSA annual revenue from Fiscal Year 2014/15 to projected revenue for Fiscal Year 2021/22. For Fiscal Year 2019/20 we were projecting to receive an 8% increase in MHSA funding; instead there was a significant decrease due in part to COVID-19. There was no tax income as taxes were delayed in Fiscal Year 2019/20. Fiscal Year 2020/21 is coming in better than projected in part due to the delayed taxes from Fiscal Year 2019/20. There was a lot of uncertainty about the budget during COVID. Behavioral Health decided not to implement program cuts for this year. Next year there is a projected increase in MHSA revenue. There is a project decrease in MHSA funding for Fiscal Year 2022/23.

## **MHSA Plan Update changes for Fiscal Year 2021/22:**

### **Community Services and Supports (CSS)**

- Shifting Truckee case manager program from Innovation to CSS (GSD).
- 1.5 slot increase at Gateway Mountain Center to further support youth FSP programming in Eastern County.
- Shifting Crisis/CSU costs from Realignment to MHSA –increasing hospitalization costs.
- Strategic increases to largest contracted treatment providers.

### **PEI**

- Shifting Truckee Family Advocate position from Innovation to PEI (Latinx Outreach).
- 2% increase to contracts.

### **INN**

- Truckee case manager program has ended; shifted to CSS & PEI.

## **Annual Progress Report for Fiscal Year 2019/20:**

Priya reviewed a summary of the key MHSA Program outcomes. The actual Program Outcomes Report is over 132 pages. The summary is a result of community feedback for a shorter/simplified Progress Report.

**Adult Full-Service Partnership:** 81 individuals served, 81% remained housed, 83% avoided psychiatric hospitalization and 91% avoided arrest or incarceration.

**Children’s Full-Service Partnership:** 107 youth served, 92% successfully remained housed, 94% avoided psychiatric hospitalization and 97% avoided new legal involvement.

### **Community Services and Supports (CSS)**

**General System Development:** 2,377 individuals served, 37 individuals with SMI permanently housed, 40% of individuals admitted to the CSU on 5150 holds were stabilized without hospitalization, and 64 individuals utilized Insight Respite Center.

**Outreach and Engagement:** 976 individuals served, Sierra Family Health Clinic connected 90% of its patients with identified needs to behavioral health services in the underserved North San Juan Ridge region and 598 peer support sessions provided by SPIRIT Peer Empowerment Center.

### **Prevention and Early Intervention (PEI)**

**Youth Outcomes:** 331 Nevada County High School youth screened for mental health needs and 122 Eastern County High School Youth supported at school-based Wellness Centers. Moving Beyond Depression Program 70% of mothers showed improvement in depression symptoms.

**Latinx Outcomes:** 57 individuals received bilingual therapy. Promotoras Program: 106 individuals educated on mental health issues and services and 16 mental health referrals were made.

**Homeless Outcomes:** 164 Hospitality House residents were supported by an embedded Behavioral Health Therapist at the shelter.

**Older and Homebound Adult Outcomes:** 87% of Social Outreach participants receiving home visits reported an increase in social activity or increased positive mood.

### **Innovation (Inn)**

**Integrated Tahoe/Truckee Services:** 16 Tahoe/Truckee residents received support from the Family Advocate to access mental health services and 5 individuals with mental health needs received continued case management.

**Homeless Outreach and Medical Engagement (HOME) Team:** 322 received access & linkage to services. 43 people were housed and 113 received case management.

### **Public Hearing**

Shera Banbury asked if there was any public comment on the MHSA Annual Plan Update and Annual Progress Report. There were no public comments. Amanda Wilcox made a motion to approve the MHSA Plan Update and Annual Progress Report. The motion was seconded by Suzanne Nobles. Anne Rarick recused herself. All members present (except for Anne) were in favor. Anne Rarick abstained. There was no one opposed.

### **5. Behavioral Health Director's Report – Phebe Bell.**

Nevada County has several COVID outbreaks in different settings. One that has been in the news is Truckee High School with 32 cases and 160 in quarantine mainly due to extracurricular activities. Behavioral Health is encouraging staff and clients to continue following guidelines for masks and social distancing. There will likely be changes to California's COVID guidance and framework on June 15, 2021. Behavioral Health has been open with many of the services provided virtually and some face to face services. There will be a shift to more in person services. Behavioral Health has PCR testing and will be adding rapid antigen testing for staff and clients.

Behavioral Health's Budget Subcommittee presentation went well. The budget will then go to the Board of Supervisors for a Public Hearing on June 7, 2021.

Behavioral Health has several vacancies and recruitment has been difficult. Our contractors are struggling with similar issues. There are 4 part-time Therapist positions in Children's that are vacant. One Therapist vacancy in Quality Assurance. The Adult Services Program Manager position remains vacant.

There have been several grant opportunities. Behavioral Health was awarded an Early Psychosis Grant. The grant is a partnership with Nevada, Mono and Alpine Counties. CalMHSA provided administrative support. UC Davis is the clinical partner. There will be education locally on how to recognize signs of early psychosis.

Behavioral Health submitted an application for the Contingency Management Program, a best practice on addressing methamphetamine disorder. Currently methamphetamine use is the number one reason individuals are seeking treatment of those we are currently treating.

Behavioral Health is working with Turning Point on an application to expand Peer Support Services in the Behavioral Health Department and in Turning Point. The focus will be on family support, clinical support, peers, and case management. Behavioral Health is seeing an increased demand for case management services and staff are stretched thin from the volume and acuity of need. As the HOME Team is working with individuals with mental illness and/or substance use disorder and who are not interested in entering treatment right away, case management is a way to build relationships that over time can lead to an interest in mental health or substance use treatment services.

Phebe gave an update on the remodel for Odyssey House. There were a lot of issues with the foundation and infrastructure that have delayed the remodel. The tentative move in date is Sept 15<sup>th</sup>.

With all the Grant and funding opportunities Phebe has come up with a wish list of items for Behavioral Health that maybe possible if we get funding:

Right Size SUD Program – add capacity

Grow Odyssey House to 16 beds

Add another Catherine Lane

Early Psychosis Program

Contingency Management Program

More Peers within Behavioral Health

Employment Program

Expand Mobile Crisis

Buy a House for Respite/Investigate Crisis Residential Model

Amanda Wilcox mentioned more screening, treatment and warm handoffs for individuals in jail. Suzanne Nobles agrees with Phebe's list and would like to see more done on the 5150 process and conservatorships that may result from the process. Shera Banbury would like to see water provided to the homeless. Iden Rogers mentioned trainings on various topics. It is important to have a training debriefing and follow up a month later to determine training outcomes and improvement.

#### **6. Conservatorships – Kelly Carpenter. PowerPoint.**

Phebe Bell introduced Kelly Carpenter, Program Manager for Adult Services. The Behavioral Health Department has a close relationship with the Public Guardian around supporting individuals on conservatorship. Kelly's PowerPoint focuses on the role of the Public Guardian in the Conservatorship Process. The Public Guardian is under the umbrella of the Adult Services Department and includes Adult Protective Services, In Home Support Services and the Senior Outreach Nurse Program. Kelly reviewed the basics of Probate and Lanterman-Petris-Short (LPS) Conservatorships. For Probate Conservatorship referrals can come from any source: APS, acute hospital, family, private attorneys, jail and court etc. Probate clients are typically elderly with dementia who do not have anyone in their life who is willing and able to assist. LPS Conservatorships referrals can only come from Behavioral Health, mental health facilities, VA Hospital, State Hospital, jail and court etc. LPS clients must have a major mental health disorder, usually psychosis.

The Public Guardian is required to do extensive investigation reports for both types of Conservatorship. County Counsel prepares all the legal documents and notices to interested parties. If the Court approves the Probate Conservatorship, the Public Guardian is responsible for placement. If the individual has financial resources, they may go to an Assisted Living or Supported Board and Care. If the individual has no resources, the option is a Skilled Nursing Facility. For LPS Conservatorships Behavioral Health manages the placement. Once placement occurs the Public Guardian's role is Conservator of the Estate. Managing the estate is very time consuming as it requires two staff be present at all times. All legal paperwork is submitted to the bank's Legal Department. The Public Guardian is responsible for the packing and moving belongings into storage. Monthly maintenance includes maintaining benefits for Medi-Cal, SSI, etc. Paying monthly living expenses and personal needs. Pay outstanding debts if resources allow. Monthly property checks for real property. The Public Guarding also ensures their clients receive the best of care. There are face to face visits every 90 days and phone calls to the facility. The current caseload is: LPS 16, Probate 17, Special Needs Trust 2 and Private Properties 4. The one-year average is 300 cases.

Shera Banbury mentioned the California Association of Local Behavioral Health Boards and Commission presentation on LPS Act Reform: <https://www.calbhbc.org/lps-act-reform.html> .

**7. Mental Health and Substance Use Advisory Board Minutes for December 4, 2020 and April 2, 2021.**

Amanda Wilcox made a motion to approve the December 4, 2020 minutes. The motion was seconded by Anne Rarick. All members present were in favor. No one was opposed. There was a comment to clarify that the public comment from Pauli Halstead's email for the April 2, 2021 minutes. Suggestion to put the email in italics for clarification. Suzanne Nobles made a motion to approve the April 2, 2021 minutes with the above correction. The motion was seconded by Janice Deardorff. All members present were in favor. No one was opposed.

**8. Peer Support – Brook Bruning.**

Brook announced SPIRIT Peer Empowerment Center has two new groups. The Social Services Group meets on Friday to assist individuals in applying for benefits and the Employment Group on Thursdays to assist individuals with resumes and cover letters. Income and the shortage of housing is the biggest barrier to housing. Services like showers and food have doubled. SPIRIT's wish list would be to have a Substance Use Disorder Counselor at SPIRIT. A shoutout to Nurse Casey for giving out vaccines twice a month at SPIRIT. Joe Naake and the CoC Shelter Committee have been meeting at SPIRIT every Wednesday from 3:00 to 4:30 pm. There is concern about the homeless with the upcoming fire season. Melissa Parrett suggest that Brook contact the Office of Emergency Services as they were discussing cold shelter options and relocation efforts in the event of a fire. Melissa will email Brook with a contact.

**9. Continuum of Care (CoC) – Shera Banbury and Gayatri Havighurst.**

The Shelter Committee is working on their Safe Sanctuary Shelter Project. There will be a PowerPoint presentation at the June 17<sup>th</sup> CoC Meeting. All the CoC Committees will be presenting at the June meeting.

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

The California Association of Local Behavioral Health Boards and Commissions (CALBHBC) is the State level organization. CalMHSA will be doing the oversight for Peer Support Certification. As of January 2022, if Peers are already working as Peer Support, they will be grandfathered in. There is more information on the CALBHBC website. There is 4.9 million in the Governor's budget for Counties to develop a program.

The CALBHBC website: <https://www.calbhbc.org/>.

**11. The Mental Health Board Annual Report to the Board of Supervisors – Amanda Wilcox.**

Part of our mandate is to give a report annually to the Board of Supervisors. Tentatively we will schedule our report for the June Board of Supervisors Meeting. Last year's report is on the Mental Health and Substance Use Advisory Board's webpage:

<https://www.mynevadacounty.com/941/Mental-Health-and-Substance-Use-Advisory> . Amanda Wilcox asked if Board Members have any input as to what should be covered or highlighted in the presentation. In the past the presentation has been a mix of successes of the Board and successes of the Behavioral Health Department. Shera Banbury mentioned the CALBHBC has a report template on their website. Amanda mentioned we agreed to do a self-evaluation on accomplishing Board Goals in August. This past year was the story of the pandemic and how we had to adapt. Another concern was the number of Board vacancies.

We have been successful in recruiting several new Board Members. Suggestion to show the MHSA outcomes from Priya's presentation. Suzanne Nobles suggested we should highlight our goals.

**12. June Meeting Agenda and speakers – Amanda Wilcox.**

On the calendar for June is Election for Mental Health Board Chair and Vice Chair. The June meeting also focuses on Eastern Nevada County (Truckee). Anne Rarick suggested the Promotora Program, Sierra Community House Community Organizer for the Latinx Community and Cathie Foley from the Emergency Warming Center. Phebe Bell suggested Victor Community Support Services expansion to Truckee.

**13. 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) 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, Laura Preston, Bethany Wilkins, Sam Sebastian, Suzanne Nobles, Iden Rogers, Anne Rarick.

**Excused Absent:** Lori Malone, Donna Tully.

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

**Visitors:** Gayatri Havighurst, Brook Bruning, Stefan Keyser, David Wallace, Sirci Kinney, Melissa Parrett, Jacque Collins, Shawna Savage, Kelly Carpenter, Jennifer Wellenstein.

Minutes by Annette LeFrancois