

Nevada County Mental Health and Substance Use Advisory Board Minutes

Date:	August 6, 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. Theresa Comstock, Executive Director of California Local Behavioral Health Boards and Commissions provided a website link to a recent teleconference on Integrated Vocational and Behavioral Health Programs: <https://www.calbhbc.org/vr.html>.

3. **Announcements**

There were no announcements.

4. **Aegis Treatment Centers – Nicole Klonecz.**

Phebe Bell introduced Nicole Klonecz, Executive Director of Aegis Treatment Centers in Marysville and Grass Valley Clinic. One of the requirements of the Organized Delivery System (ODS) is to ensure access to all types of Medication Assisted Treatment (MAT) including Methadone. Aegis has a long history of providing Medication Assisted Treatment throughout Northern California. Aegis is considered an intensive outpatient level of care. Clients must have an opioid use disorder diagnosis. Aegis offers two medication options: Methadone and Suboxone. Patients are required to participate in weekly counseling. Due to COVID counseling is by phone. Counseling is evidence based: Matrix, CBT, DBT, Seeking Safety and others. Aegis started a fellowship app to give participants extra support. Patients see an MD once a month.

Nicole shared current Demographic and Outcome Data. Aegis has 335 patients: 104 patients use the Grass Valley Medication Unit and 231 use the main clinic located in Marysville. Aegis has 53 patients on Buprenorphine and 282 patients on Methadone Maintenance Treatment. Primary drug problem: Heroin 41%, Hydrocodone 22%, Fentanyl 15%, Oxycodone 13%, Methadone Derivatives 5%, and Other Opioids 4%. After 90 days in treatment 92.49% of patients UA test is free of illicit drugs. This is better than the National average for Narcotic Treatment Programs of 61%.

5. **Substance Use Disorder System – Suzanne McMaster. PowerPoint.**

Suzanne McMaster is the Substance Use Disorder Program Manager for Behavioral Health. Suzanne gave an overview of substance use disorder services: Narcotic Treatment, Medication Assisted Treatment, Residential Treatment/Withdrawal Management, Outpatient Treatment, Recovery Services and Case Management Services. There are 653 clients receiving substance use disorder treatment services.

For Fiscal Year 2020/2021 the primary drug of choice was Alcohol 38%, Psychostimulants 34%, and Opioids 28%. Secondary drug of choice: Psychostimulants 43%, Null 29%, Opioids 15% and Alcohol 13%.

6. Mental Health and Substance Use Advisory Board Minutes for June 4, 2021.

Heidi Hall made a motion to approve the June 4th minutes. The motion was seconded by Suzanne Nobles. All members present were in favor. No one was opposed.

7. Peer Support – Phebe Bell and Gayatri Havighurst.

a) Peer Certification – Phebe Bell.

SB 803 Peer Support Specialist Certification passed in 2020. There will be a State Peer Certification Process. Certified Peers will be able to bill Medi-Cal for Peer Support Services. There are some steps before a County can implement Certified Peers: Decide on the process and strategy to implement locally. The Certification Process includes Policies and Procedures, Training Curriculum, Exam, and Tracking Process (who is Certified, lapsed Certification, CEUs, process to grandfather in existing Peers, Complaint Process). This is an administratively time-consuming process to set up. The State did not have the capacity to set up a Certification Process and Counties agreed to set up a Certification Process. CalMHSA has agreed to take on the Peer Certification in California. Department of Health Care Services is encouraging Counties to use this option. Phebe Bell is encouraging this option for Nevada County.

Phebe Bell asked if today's meeting participants were comfortable moving forward with the CalMHSA Process. There was consensus to move forward with CalMHSA's Process.

Gayatri Havighurst mentioned SPIRIT Peer Empowerment center has been awarded ESG funding and has been providing healthy lunches every day they are open (Tuesday through Saturday). There will be a WRAP I Group, Relations and Resiliency Group, Group Recovery Method and Peer Support Group soon. SPIRIT is open to in-person visits with masks and social distancing measures in place. Michelle Rose is the Acting Director. SPIRIT is recruiting for an Executive Director. SPIRIT has hired staff for the Housing and Resilience Team to assist individuals with finding housing, completing applications, and warm handoffs.

8. California Association of Local Behavioral Health Boards and Commissions (CALBHBC)

– **Theresa Comstock.** CALBHBC provides support to all 59 Behavioral Health Boards and Commission in California with resources, training, and technical assistance. There is information on their website for mental health and behavioral health issues at:

<https://www.calbhbc.org/>.

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

Nevada County receives 30 Housing Choice Vouchers. The Home Team is working on distributing these through the By-Name List.

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

Nevada County is experiencing a dramatic increase in COVID cases. Behavioral Health is experiencing outbreaks among staff, providers, and clients. Due to the River Fire a number a staff had to evacuate. There were also a few recovery residences on quarantine that also had to evacuate. The California Department of Public Health came out with a new health order that anyone working as a healthcare provider (includes Behavioral Health System) in the State of California must be vaccinated by September 30, 2021. There will be a Zoom call for

Behavioral Health contract providers and Behavioral Health staff with Dr. Trochet to discuss the new order.

11. **Mental Health and Substance Use Advisory Board Election of Chair and Vice-Chair.**
The Election will be held next month.

12. **California Advancing & Innovating Medi-Cal (CalAIM) – Michelle Cabrera, CBHDA Director. PowerPoint.**

Phebe Bell introduced Michelle Cabrera, Executive Director of the California Behavioral Health Directors Association. The presentation focused on how CalAIM is impacting behavioral health as well as proposals that crossover behavioral health and other systems.

CalAIM is a reform initiative is about reforming California's Medi-Cal/Medicaid System. Medi-Cal is insurance focused on people who are low income. In California about 1/3 of the population is covered by Medi-Cal.

Payment Reform – The future will be Fee for Service and Intergovernmental Transfers. A new rate structure will need to be set to reflect County costs. Rates with contract providers will need to be re-negotiated. The goal is to shift away from liability for Counties related to whether something was documented correctly to a more beneficiary oriented system.

The criteria for who is eligible for a Medi-Cal service delivered through a County Behavioral Health Department will change. This will improve access to services especially for children. Children with Child Welfare involvement and Foster Youth will be eligible for services no matter what diagnosis they have.

There will be a waiver for the IMD exclusion for mental health treatment in facilities with more than 16 beds. Currently Counties pay the entire cost for Medi-Cal beneficiaries. The waiver has conditions such as a shorter length of stay (30 day) and a requirement to build more community-based alternatives to residential and inpatient care. Counties would need to opt in.

The Mental Health and Substance Use Disorder Integration Initiative will not be implemented until 2027. It will streamline oversight and better integrate services.

Proposals that impact multiple systems not just Behavioral Health.

Pre-Release Enrollment & Jail Warm Handoffs. Counties will be required to identify an entity to manage Pre-Release Medi-Cal Enrollment and to coordinate warm handoffs with jails and juvenile detention facilities.

Enhanced Care Management (ECM) is about doing more in terms of care coordination, health promotion, helping with transitions in care and referrals to community services.

In Lieu of Services (ILOS) is an option that would allow for Medi-Cal reimbursement for things Medi-Cal would not be allowed to pay for such as housing navigation, deposits, respite care, diversion or transitions to long term care, sobering centers, medically tailored meals and asthma remediation.

Population Health Management within the Managed Care Plan is a new requirement to standardize how to assess plan beneficiaries for risk and to identify population health goals.

Full Integration Pilots would test how a single Medi-Cal Plan would cover all the beneficiaries needs (physical health, behavioral health, and oral health).

Phebe Bell wants the Advisory Board to be aware of the complexity, challenges, and capacity issues that Behavioral Health will face with CalAIM. It is also an opportunity to make the most of these changes to best serve our community.

There was a question about Vocational Services and where it fits in with CalAIM. Employment Services are not called out anywhere in CalAIM, maybe in Enhanced Care Management. Most likely CalAIM would pay for time spent helping someone find employment, but it most likely would not fund an Employment Program. It is not clear how reimbursement works for ECM or ILOS Services.

13. 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: Supervisor Hall, Janice Deardorff, Shera Banbury, Bethany Wilkins, Laura Preston, Suzanne Nobles, Iden Rogers, Lori Malone, Anne Rarick.

Excused Absent: Anne Rarick, Donna Tully, Sam Sebastian.

BH Staff: Phebe Bell, Priya Kannall, Annette LeFrancois, Suzanne McMaster, Allison Dobbins, Jamie Maxwell.

Visitors: Gayatri Havighurst, Michelle Rose, Theresa Comstock, Nicole Kloncz, Marley Mueller, Doug Fleming, Laura Gatten, Ryan Gruver, Erin Mettler, Danielle Rutherford, Brie Mendoza.

Minutes by Annette LeFrancois