

2015-2016 COUNTY MENTAL HEALTH BOARD REPORT TO THE NEVADA COUNTY BOARD OF SUPERVISORS

First of all, I could not have prepared this report without the help of members of the Nevada County Behavioral Health Board. It was truly a collaborative effort!

We have amazing people in our county who are committed to offering the best services possible to folks with no-fault brain disorders. With forward thinking and creative minds, along with the leadership of Michael Heggarty and Rebecca Slade, we continue to strive to bring new and better options to those in need.

In spite of these best efforts, the impact of mental illness on our community is still painfully felt and much more is still needed. Collaboration with the various sectors of our community continues to be a priority.

I am going to briefly share with you some of the projects board members have worked on this past year and a half. I want to acknowledge Michelle Violet for all her work at Behavioral Health and work with the Mental Health Services Act, as well as thank Annette LeFrancois and Jennifer Montierth for helping to create this presentation.

GOALS:

The Board creates goals or areas it wants to focus on each year and it is an organic process, periodically being updated as needed. This is where the goals stand at this time. The following are not prioritized.

The Nevada County Mental Health Board will:

- Remain alert to ongoing NCBH intake/access challenges that are experienced by system partners and by individuals. Ask Behavioral Health Director to periodically report on improvements to the process to whatever extent is possible.
- Review anonymous NCBH Client/Patient satisfaction surveys twice a year as provided by the Behavioral Health Director.
- Have ongoing agenda item for brief updates on the Forensic Task Force on Mental Illness.
- Review all goals at the January and July MHB meetings.
- Report annually to the Board of Supervisors on the successes and challenges regarding mental health services in Nevada County.
- Goals for the Truckee Area will be presented annually at the Truckee MHB meeting and integrated, as appropriate, into the monthly Truckee report.

As time and resources allow, we will:

- Monitor programs for persons with co-occurring disorders (COD) as well as the county's efforts to improve same.

Seek periodic statewide and local updates on Drug Medi-Cal Organized Delivery System (DMC-ODS). This "is a pilot program to test a new paradigm for the organized delivery of health care services for Medicaid eligible individuals with a Substance Use Disorder (SUD)."

Monitor the Crisis Stabilization Unit (CSU) operations, including its success with collaborations and relationships, their reporting of statistics, and consumer/family satisfaction - however possible.

Monitor the Insight Respite Center operations, including its success with collaborations and relationships, their reporting of statistics, and consumer/family satisfaction - however possible.

Report problems and suggestions for improvements to the NCBH part of the Nevada County website.

Discuss quarterly the various aspects of the county crisis phone line operation, both during NCBH and non NCBH work hours. Request quarterly summaries of crisis line response statistics.

Invite contractors and other agencies/organizations to present their program descriptions at the Mental Health Board meetings, including summaries of outcomes and to include Client "quality of life" improvement outcomes. Additionally, the MHB would like to know how each program incorporates these essential elements of the Mental Health Services Act (MHSA): Cultural Competency, Consumer and Family Driven Services, Focus on Wellness / Recovery / Resiliency, and an Integrated Service Experience.

BOARD VISION /ACCESS COMMITTEE/CRISIS LINE:

"The Vision of the NCMH Board is to promote and support policies and programs that effectively improve the lives of persons with mental illness and improve community understanding." The Access Committee was appointed by the Board to help fulfill that vision.

The Committee created interview questions to be used during each interview. Both Adult and Children's BH Staff were interviewed as well as 11 community agency stakeholders. Issues raised in the report were addressed by the Behavioral Health Director, and Rebecca immediately stepped up to help to clarify the mission of Behavioral Health, and the referral process.

She has generated collaborative efforts with stakeholders. We are pleased to report that the Outpatient Services Intake and Authorization Process were revised in response to our request and the County website has been improved greatly and is more user friendly. At least one BH Therapist has practiced a "warm hand off" by going to consult with the staff of the agency referring a client, then visiting the client in his home to determine the severity of need.

From 2013 on the Board also explored the phone book listings for Behavioral Health and how the Crisis Line was answered during NCBH work and non-work hours. Our inquiries helped to improve the tone of the conversations and who answers the telephone. Today, most requests that come by telephone are put through to the appropriate person in a friendly manner.

RESPITE CENTER AND CRISIS STABILIZATION UNIT:

Board members were involved at all levels of the process of both these wonderful new programs in Nevada County from:

- Developing RFPs
- Developing Questions for Interviews
- Interviewing applicants
- Selection Process
- Contract Development

Since the opening of the Respite Center of July 1, 2015, 60 people have stayed at the facility and 15 repeats.

The CSU opened December 16, 2015 and has seen 87 clients at the unit.

QUALITY IMPROVEMENT COMMITTEE:

Perhaps less known is the Behavioral Health Quality Improvement Committee, on which there is a Mental Health Board presence. The committee's activities are required by way of contract with Behavioral Health and the California Department of Health Care Services.

The committee monitors Behavioral Health's compliance with the goals regarding access to services, improvements to service delivery, and enhancements to quality of care. This purpose is accomplished by following a planned and systematic process of collecting and analyzing data, setting objectives, and monitoring progress and outcomes.

It monitors quality improvement and compliance activities of the contractors to Behavioral Health.

It reviews client complaint and clients rights issues.

Feedback to the committee is obtained from a variety of sources, including but not limited to surveys, chart audits, management meetings, and Mental Health Board reviews.

TRUCKEE FOCUS:

The increased focus on supporting individuals experiencing severe mental illness in Truckee has resulting in a number of improvements, including a part time case manager.

Similarly, increased attention to crisis services in Truckee has resulted in a stronger relationship with crisis partners. Movement forward on streamlining crisis services has included work on finalizing a contract with transport services.

There is a new contract with Project Mana for \$10,000 for homeless outreach services this year.

The Bi-County approach to mental health services has been beneficial for Truckee, which includes a contract with EMQ FamiliesFirst, Tahoe Truckee Unified School District and Nevada/Placer County to provide school based services; however, it continues to remain challenging to provide services in Truckee equivalent to those in western country.

One of the highlights for the Board's last visit to Truckee included hearing from Peter Mayfield, Director of Gateway Mountain Center. The Center started a pilot program four years ago called *Whole Hearts, Minds and Bodies*. It is a therapeutic mentoring program for youth in mental health treatment. They provide alternative therapeutic services to youth in Truckee and western Nevada County. The Gateway Mountain Center is also part of the Wellness program funded by Nevada County MHSA funds.

We also heard from a parent who spoke of the services her son is receiving through Mountain Gateways Center and the support and benefits she and her son have received from the program.

The Board's next Truckee meeting scheduled for June 3rd

MOVING BEYOND DEPRESSION:

Implemented September 2015, this voluntary, evidenced-based program is for women experiencing prenatal or postpartum depression who are enrolled in a home visitation program. Donna Fry, BSN, RN, who works for Nevada County Public Health is the Program Coordinator.

Moving Beyond Depression provides in-home Cognitive Behavioral Therapy for 15-weekly sessions with a one month follow-up booster session.

The program is designed to meet the needs of low-income, underserved women in both eastern and western Nevada County, and includes Spanish speaking therapists.

20 women have been referred to Moving Beyond Depression. 18 of those women met the criteria, accepted services, and have received in-home therapy visits.

A waiting list was created as the response for services was overwhelming and the therapists could only provide services to 6 clients on each of their caseloads. Women have now completed the program with quite positive outcomes.

FORENSIC TASK FORCE ON MENTAL ILLNESS

Since its inception, the Mental Health Board has had representation on the Forensic Task Force on Mental Illness which addresses the impact of mental illness on the justice system and law enforcement. The Task Force includes judicial liaisons, and representation from District Attorney, Public Defender, Probation, Behavioral Health and Contractors, Law Enforcement, the Jail, and Community Stakeholders.

In response to its objective for better understanding of mental illnesses, the Task Force hosted the Nevada County Symposium on Mental Illness and Addiction which was attended by over 220 staff members from Task Force agencies. The keynote speaker was Dr. Peter Van Houten, founder of Sierra Family Medical Clinic, who discussed the latest science in better understanding mental illnesses and addiction. In the aftermath of the symposium, the Task Force is working to apply this knowledge to its various agencies.

The Mobile Response Team, a fully supported concept by the Forensic Task Force, is part of the MIOCR grant, (Mentally Ill Offender Crime Reduction) which, although led by Probation, is a collaboration with the Behavioral Health Department, Grass Valley Police and Nevada City Police to improve the needs of offenders with mental illnesses. It is currently in the planning stages.

NAVIGATOR POSITION:

Board members and community agencies alike are excited about the recently filling the Navigator position. This position is an expansion of the Forensic Specialist position that had initially been recommended by the Forensic Task Force during the MHSA planning process. Due to need, the position has been expanded beyond the jail to be a navigator for individuals with mental health conditions who are involved in other community settings.

HOUSING FOR THOSE WITH MENTAL HEALTH CHALLENGES:

The Behavioral Health Department houses 140 people in permanent housing who otherwise would be homeless in our community, with 15 additional people housed short-term. As the community is very aware, there is still a greater need for housing in our community for folks with mental health disabilities.

The BOST Avenue House

The Bost Avenue House is a 5,116 square foot house located at 145 Bost Avenue, Nevada City, that was built in the early 1900's and has been utilized by the County as a drug and alcohol treatment facility since the late 1980's. There is a main house and a separate garage that has been turned into living quarters.

Behavioral Health will be remodeling the Bost Avenue House and hopes to have it re-open by October 1st. It will remain a drug treatment facility. There will be a Request for Proposal (RFP) process to choose a provider.

EDUCATION/REVIEWING:

One of the Board goals indicates the importance of inviting contractors and other agencies/organizations to present their program descriptions at the Mental Health Board meetings. We have been enthusiastic about this goal and it has proved to be an enriching component of each meeting. We look forward to ongoing education of our collaborative partners and community agency stakeholders.

COMING SOON:

DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM:

The Drug Medi-Cal Organized Delivery System (DMC-ODS) is a pilot program to test a new paradigm for the organized delivery of health care services for Medicaid eligible individuals with a Substance Use Disorder (SUD).

To quote from *California's Drug Medi-Cal Waiver Is a Big Deal*, 8/15:

The goal is to offer a full continuum of services to all Medi-Cal members.

The program seeks to integrate care with mental health and physical health services, and improve program integrity and service quality.

Improvement of the SUD service system was necessary due to the number of individuals that went untreated due to a lack of access to care and stigmatization.

It is estimated that 8% of youth and 9% of adults living in CA suffer from SUD problems, but only one-tenth of those individuals receive treatment. Even more importantly, without appropriate care, these individuals often utilize hospital emergency departments, increasing health care costs.

Nicole Ebrahimi-Nuyken, LMFT, the Alcohol and Other Drugs (AOD) Program Manager at Behavioral Health, is leading the changes in Nevada County, to be implemented in January of 2016. While Medi-Cal for drugs and for mental illness remain two separate funding streams, Nicole is committed to try to make this work by connecting people to the various services.

In closing, I want to thank you for your time, attention today and your commitment to help provide quality services in Nevada County for those dealing with no-fault brain disorders.

All of us have worked to make enormous strides to improve our mental health system in Nevada County and mitigate the painful impact mental illness can have on our community. We look forward to our continued collaboration to create a seamless system that supports and their families and ultimately our community.