



SONOMA COUNTY MENTAL HEALTH BOARD Minutes of

July 18, 2023

This Meeting:

Russian River Resiliency Center



Minutes are posted in draft form and after approval at www.sonoma-county.org/mhboard
Email: dhs-mhb@sonoma-county.org

Please Note: A list of commonly used abbreviations and acronyms is attached

This meeting's Zoom webinar audio recording will also be posted on the Mental Health Board web page as an attachment to these minutes.

CALL TO ORDER

Meeting called to order at 5:17 p.m. by Peterson Pierre

ROLL CALL

Present:

Bob Cobb, District 4

Peterson Pierre, District 1

Connie Petereit, District 4

Michael Johnson, District 3 (via Zoom)

Absent:

Vanessa Nava, District 5

Michelle "Missy" Jackson, District 1

Nicole LeStrange

Mary Ann Swanson

Michael Reynolds, District 5

Annabel Nygard, District 3

County of Sonoma DHS, Behavioral Health Division: Jan Cobaleda-Kegler

Community Members: In person: Nicole Nativida, Mary Frances Walsh, , Kathy Smith, Kirstyne Lange, Elizabeth Vermilyea, Tracy Ferron, *****

ANNOUNCEMENTS /PUBLIC INTRODUCTIONS & COMMENTS

- 1) You may submit agenda items for consideration prior to the Executive Committee meeting, normally held on the first Wednesday of each month, 10:30 AM to Noon. Email or call MHB clerk (707) 565-3476, DHS-MHB@sonoma-county.org to verify the next meeting date.
- 2) At this time, there are two (2) vacancies in District 2 (Rabbitt), (1) vacancy in District 4, (1) vacancy in District 5. If you are interested in serving on the Board, please contact MHB Clerk (707) 565-4850, DHS-MHB@sonoma-county.org.
- 3) Please direct all your questions to the Chair.

APPROVAL OF MINUTES

Board could not approve May or June minutes due to lack of quorum

CONSUMER AFFAIRS REPORT – No Consumer Affairs representative

BOARD AND PUBLIC COMMENTS/CONCERNS/ACCOMPLISHMENTS:

Tracy Ferron – Founder of Life on Earth Art in Petaluma. LifeonEarthArt.org; Tracy@LifeonEarthArt.org.



Tracy has presented to us before and just wanted to give us a quick report of what is new. In the last six months, they have been focused on Teen and Veteran populations in all five districts of Sonoma County. They partnered with the graduate department of Art Therapy at Dominican University to create a six-part called Art Space and have rolled out to continuation high schools and the feedback has been very positive. The focus has been on the crisis of veterans, i.e suicide and mental health health concerns. They have been working at Windsor Veteran Village and also North Bay Vet Center. On June 11th they hosted a Women Veteran’s art making day in honor of Women’s Veteran’s Day.

There are two major veteran events in the next two months. First, the inaugural Sonoma County veteran art day which will be at hosted at their headquarters in downtown Petaluma. There are recruiting veteran artists to display their work and there will be food and music on September 23rd.

The second is an invitation to return to the museum of Sonoma County. This will be the fifth installation. A 25’ installation for their Dia de las Muertos Exhibit this Fall which celebrates military lives lost. Community members are being encouraged to commemorate this event that will be taking place at various sites throughout the county. The Installation will run from September 9 through November 26.

This Fall with teens is expanding their heart space workshop to involve artistic activism because part of our workshops really goes into your own heart and building paper mache’ winged hearts. This invokes belonging and thinking of the heart of the world and how to empower youth and the issues affecting them; then taking action through art making in a collective, artistic activist response.

Comments:

Michael Johnson spoke about his support of art and how the program sounds amazing. Art kept him grounded during his own experience in dealing with his mental health. He is also a member of the Suicide Prevention Coalition and suggested she reach out to Melissa who runs this program to see if art can be brought into this coalition.

Elizabeth through chat wanted to let Tracy know that she loves her work. Tracy’s team did some work with her students at New Directions during the summer session and thought it was outstanding.

MHB CHAIR’S REPORT:

At this time, we have (1) vacancy in District 1 (Betzy Chavez did not extend); (2) vacancies in District 2 (Rabbitt), (1) in District 4 and (1) vacancy in District 5.

Peterson Pierre shared the challenge the board is having with board member attendance. There were several items to be voted on (see list below) that could not be due to the lack of a quorum. These items were as follows and will be on the agenda for our next meeting in September.

1. Nomination collection and polling of the Chair and Vice Chair for the FY 23
Results: Chair: Peterson Pierre will continue to serve as Interim Chair after receiving 4 votes.
Results: Vice Chair: Michael Reynolds will be appointed as Interim Vice Chair after receiving 3 votes.
2. Present policy on attending no fewer than 6 of the 10 MHB meetings per year in order be a member. Of the 6, 2 may be via Zoom if the situation calls for it under the Brown Act rule change that went into effect March 1st of this year .

3. Ethics Training: Completion within 3 months of the initial appointment date. Certification of completion to be provided to MHB Board Clerk. Additionally, in accordance with State requirements regarding “Subsequent Compliance Periods: After the initial (ethics) training, each official must complete a training course once in each subsequent two-year period.”

Violation of items #2 or #3 will lead to recommendation to the District Supervisor that the board member be released for their duties.

4. Polling for forming an official Site Committee for Site Visits – cannot be just the same 1 or 2 people moving forward.

Comments: Tracy Lyon expressed her confusion and dismay at hearing of the challenges we are having with active participation of our board members. Having attended the Mental Health Forum in May, she felt there was a lot of interest and momentum for the DHS BH Mental Health programs. She may be interested in becoming a member herself, or possibly one of her colleagues. Susan will forward application and instructions for the next step.

MENTAL HEALTH BOARD APPRECIATION: County of Sonoma Behavioral Health Center, Guerneville Office. Accepted by Elizabeth Storm.

BEHAVIORAL HEALTH DIRECTOR’S REPORT/BH FISCAL UPDATE/MENTAL HEALTH SYSTEM: *Dr. Jan Coboleda-Kegler or Designee Sonoma County’s Mental Health Services Act [MHSA]* newsletter is available at the link <http://www.sonoma-county.org/health/about/pdf/mhsa/>.

Two big things happened in Behavioral Health this July. We implemented an electric health record (SmartCare) effective July 1st. The process took about a year. Trainings were held throughout June of about 600 people between our staff and contractors.

Second item was CalAIM Payment Reform. This is a big and deals with how we submit claims to the state. We are still finishing contracts with our vendors but we are on our way with the changed CPT codes and rates released from the State.

Jan is putting a lot of energy this summer into is Workforce Development and Mobile Crisis Stabilization plan, which we will go through in her presentation here tonight.

We continue to have a staff vacancy rate of 28%. It has remained at 28% for the last four months which is good at least, it’s not going up. The problem isn’t just our county by any means – it is statewide. Our county is kind of in the middle range of vacancy percentage – some have even higher rates. Some how 40% and some have a lot less. We recently created a quality improvement project, with the goal of reducing our vacancy rate from 28% to 20% by January 1st. After that we will continue to have it go down to 12%, which we did have about a year and a half ago. We are hoping to plan a job fair in late October/early November. We have been consulting with a couple of other counties that have done this and it’s been very effective. We are also developing staff retention things such as better staff training so that as we get new staff, we are providing good training and keeping them on board. We would be in a really good situation if we had enough staff. The staff that we do have are amazing, and we don’t want to risk burn out.

One last thing – Gov. Newsom has introduced his Mental Health Services Act Modernization Plan; SB 326. Certainly after 20 years, there could be some need to improve things, however, MHSA supports our community in many valuable ways, and it would be hard to see some of those programs be discontinued. We’re busy studying the legislation and trying to wrap our heads around it. Some of it is good, some not so good. The goal is to have it on a referendum in March 2024. If approved, it would go into effect January 2025.

SPECIAL PRESENTATION – Dr. Jan Cobaleda-Kegler “Mobile Crisis Stabilization”

Please see end of minutes for her PowerPoint Presentation

SPECIAL PRESENTATION – Erin Elo; West County Health

Unfortunately, the recording did not present well enough to translate. I have attached the Zoom recording for those who wish to try and listen. This presentation begins at 1:30:53.

https://sonomacounty.zoom.us/rec/play/9vfMod6W0HQQ1fgcmJKDsSulgzgFcyqNHFDVjqHGFUjRcD6pBicpbWOZgXUBt62_Xsry4-UaOGIulFk.3NxGLYB5uNmfxUhb?canPlayFromShare=true&from=my_recording&continueMode=true&componentName=rec-play&originRequestUrl=https%3A%2F%2Fsonomacounty.zoom.us%2Frec%2Fshare%2Fp5c90guACVq8sxMGU9-nS_WzzuyUFHBI1oONoz1S7WXdo-ZK0yySexwlQe8Kv4.-kNnQ8J0tzbwBfas

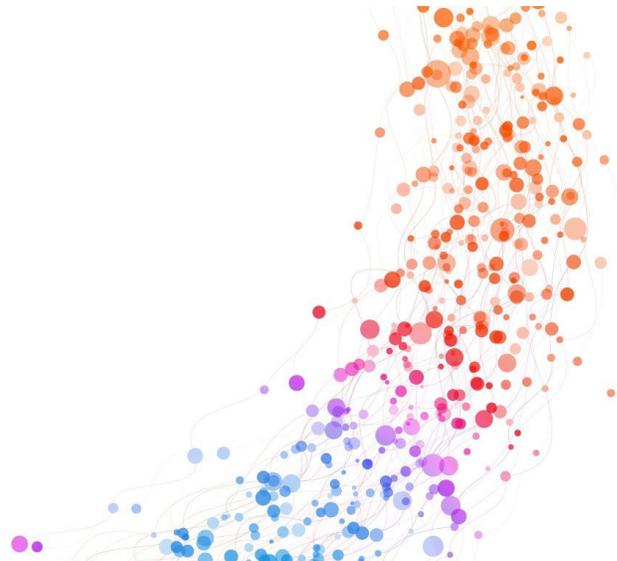
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Respectfully submitted by:

Susan Sarfaty
Mental Health Board Secretary

Meeting adjourned 7:05 p.m

PowerPoint by Dr. Jan Cobaleda-Kegler:



MEDI - CAL COMMUNITY - BASED MOBILE CRISIS INTERVENTION SERVICES BENEFIT

DHCS issued notice to county mental health plans that we will be required to provide mobile crisis services to M/C beneficiaries

Provide community -based mobile crisis intervention services to individuals experiencing a BH crisis. ANYONE, ANYWHERE, ANYTIME across Sonoma County

Requirements include:

Creation of a crisis services hotline – respond and dispatch teams

Coordinate with 988, local law enforcement, 911 systems, community partners

24/7 – 365 days/year

PLANS TO INCLUDE:

Coordination strategies across county's MHP and DMC/ODS delivery system

Participation of mobile crisis teams in required training

Mobile Crisis Hotline – One number – Screen and use standardized dispatch tool

Dispatch policies and procedures

Crisis assessment tool

Community engagement activities

Coordination with law enforcement strategies to reduce unnecessary law enforcement

Engagement of 911, 988, and MCPS to engage in planning for date exchange

Outreach to M/C beneficiaries on the service and how to access it

TEAM REQUIREMENTS FOR INITIAL CRISIS RESPONSE

- At least two providers from “table 1” shall be available for duration of initial mobile crisis response. Copy of Table 1 attached on last slide.
- Best practice for 2 providers to be physically present onsite. M/C BH delivery systems may allow one of the two required team members to participate via telehealth(synchronous audio and video) or telephone(audioonly).
- Mobile crisis teams may provide services in this manner ONLY if the M/C BH system determines that such an arrangement:
 - “is necessary because it otherwise would result in a marked delay in a mobile team’s response time; and
 - “the use of such an arrangement poses no safety concerns for the beneficiary or the single mobile crisis team member who is physically onsite during the initial mobile crisis response”
- The mobile team shall include or have access to a PHA or a Licensed Mental Health Professional, including a licensed physician, licensed psychologist, licensed social worker, licensed professional clinical counselor, licensed marriage and family therapist, registered nurse, licensed vocational nurse, or licensed psychiatric technician. For example, a mobile crisis team could consist of one PHA and one peer support specialist. It also could consist of two peer support specialists who have access to a PHA via telehealth or telephone.

TABLE 1

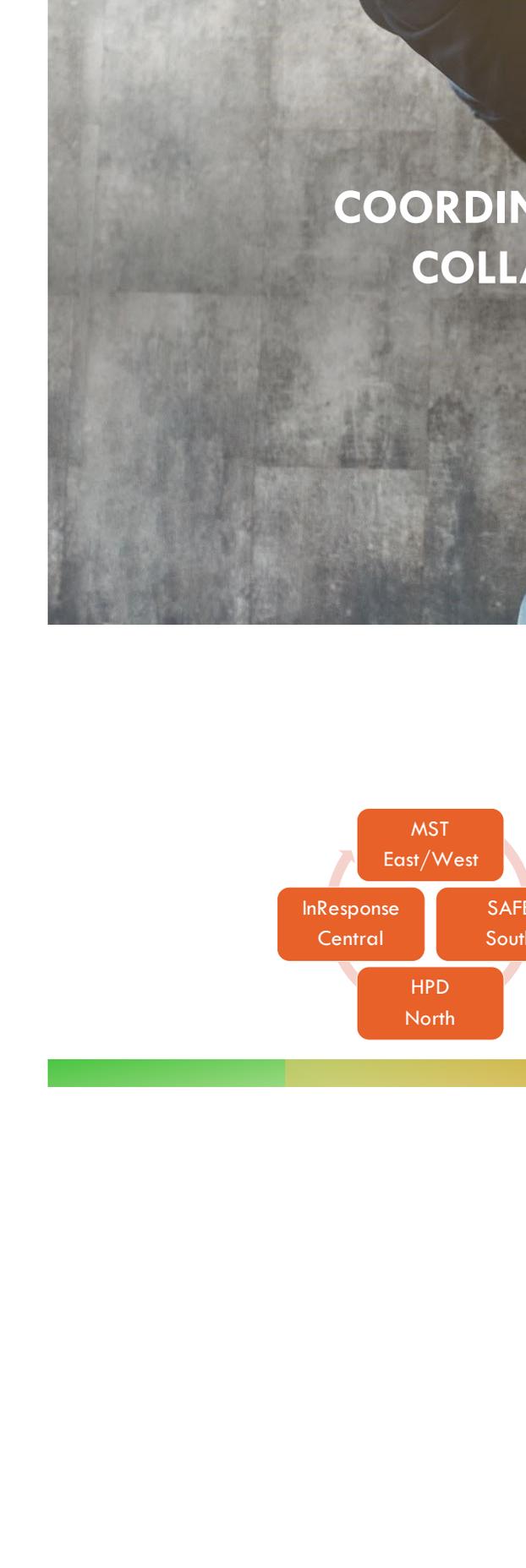
Rehabilitative Mental Health Treatment Providers	Substance Use Disorder (SUD) Treatment Providers	Expanded SUD Treatment Providers	Other Provider Types
Physician	Licensed Practitioner of the Healing Arts (LPHA) per "SUD Treatment Services" of California Medicaid State Plan	LPHA per "Practitioner Qualifications" subsection of "Expanded SUD Treatment Services"	Community Health Worker
Psychologist	Alcohol and Other Drug (AOD) Counselor	AOD Counselor	Certified Emergency Medical Technicians
Waived Psychologist	Peer Support Specialist	Peer Support Specialist	Certified Advanced Emergency Medical Technicians
Licensed Clinical Social Worker			Licensed Paramedics
Waived/Registered Clinical Social Worker			Licensed, Certified, Accredited Community Paramedics
Licensed Professional Clinical Counselor			
Waived/Registered Professional Clinical Counselor			
Marriage and Family Therapist			
Waived/Registered Marriage and Family Therapist			
Registered Nurse			
Certified Nurse Specialist			
Licensed Vocational Nurse			
Psychiatric Technician			
Mental Health Rehabilitation Specialist			
Physician Assistant			
Nurse Practitioner			
Pharmacist			
Occupational Therapist			
Other Qualified Provider			
Peer Support Specialist			
At least one on-duty team member must have one of these qualifications.			

MOBILE CRISIS SERVICE ENCOUNTER



IMPLEMENTATION PLAN

- “Counties that intend to operate a coordinated mobile crisis services program administered jointly by multiple M/C BH delivery systems may submit a single implementation plan. DHCS will provide a template for M/C BH delivery systems to use to develop the mobile crisis implantation plan.”
- Plans shall include but are not limited to information about:
 - M/C BH delivery system's mobile crisis services provider network
 - **In Response**
 - **SAFE**
 - **MST**
 - **Healdsburg CORE Team**



COORDINATED CRISIS COLLABORATIVE



MOBILE CRISIS WORKPLAN

Recruit Staff –work with HR to develop enhanced recruitment for Mobile Crisis

Create the Collaboratives– bring partners to table to invest in the collaborative

SAFE, HPD, InResponse– Outlier communities like Sonoma and Guerneville

Include partners – like the Sheriff - from those outlier communities.

Outreach to hospitals about expansion of mobile crisis teams

Outreach to community health centers

Identify the single phone number/establish crisis call center – CSU hotline? In Response #?



ABBREVIATIONS & ACRONYMS

5150	Declared to be a danger to self and/or others
AB3632	Assembly Bill - State-mandated MH services for seriously emotionally disturbed youth - discontinued by State
ACA	Affordable Care Act
ACL	All County Letter
ACT	Assertive Community Treatment (program run by Telecare)
ANSA	Adult Needs and Strengths Assessment – a “tool” for determining which services are needed by each particular adult client
AODS	Alcohol and Other Drugs Services – now a part of the Mental Health Division and called SUDS
ART	Aggression Replacement Therapy
BHD	Behavioral Health Division (Sonoma County)
CADPAAC	County Alcohol and Drug Program Administrators’ Association of California
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CaEQRO	California External Quality Review Organization
CALMHB/C	California Association of Local Mental Health Boards & Commissions - comprised of representatives from many MHBs in the State
CANS	Child, Adolescent Needs and Strengths (Assessment) – helps determine which services are needed by each child client
CAPE	Crisis Assessment, Prevention, and Education Team; goes into the schools when called to intervene in student mental health matters
CAPSC	Community Action Partnership-Sonoma County
CARE	California Access to Recovery Effort
CBT	Cognitive Behavioral Therapy
CCAN	Corinne Camp Advocacy Network - Peers involved in mental health advocacy
CDC	Sonoma County Community Development Commission
CDSS	California Department of Social Services

CFM	Consumer and Family Member
CFR	Code of Federal Regulations
CFT	Child Family Team
CHD	California Human Development
CHFFA	California Health Facilities Financing Authority
CIP	Community Intervention Program
CIT	Crisis Intervention Training (4-day training for law enforcement, to help them identify and respond to mental health crisis situations)
CMHC	Community Mental Health Centers, Located in Petaluma, Guerneville, Sonoma, and Cloverdale (part of SCBH))
CMHDA	California Mental Health Directors Association
CMHL	SCBH's Community Mental Health Lecture series - open to the public - usually takes place monthly
CMS	Centers for Medicare and Medicaid Services
CMSP	County Medical Services Program - for uninsured, low-income residents of the 35 counties participating in the State program
CONREP	Conditional Release Program (State-funded, SCBH-run, but will be turned over to the State 6/30/14)
CPS	Child Protective Service
CPS (alt)	Consumer Perception Survey (alt)
CRU	Crisis Residential Unit (aka Progress Sonoma-temporary home for clients in crisis, run by Progress Foundation)
CSU	Crisis Stabilization Unit (Sonoma County Behavioral Health's psychiatric emergency services at 2225 Challenge Way, Santa Rosa, CA 95407)
CSAC	California State Association of Counties
CSN	Community Support Network (contract Provider)
CSS	Community Services and Support (part of Mental Health Services Act-MHSA)
CWS	Child Welfare Services
CY	Calendar Year
DAAC	Drug Abuse Alternatives Center
DBT	Dialectical Behavioral Therapy
DHCS	(State) Department of Health Care Services (replaced DMH July 1, 2011)
DHS	Department of Health Services (Sonoma County)
DPI	Department of Program Integrity
DSRIP	Delivery System Reform Incentive Payment
EBP	Evidence-basis Program or Practice
EHR	Electronic Health Record
EMR	Electronic Medical Record
EPSDT	Early and Periodic Screening, Diagnosis and Treatment (Children's Full Scope Medi-Cal to age 21)
EQRO	External Quality Review Organization (annual review of our programs by the State)
FACT	Forensic Assertive Community Treatment
FASST	Family Advocacy Stabilization, Support, and Treatment (kids 8-12)
FQHC	Federally Qualified Health Center
FY	Fiscal Year

HCB	High-Cost Beneficiary
HIE	Health Information Exchange
HIPPA	Health Insurance Portability and Accountability Act
HIS	Health Information System
HITECH	Health Information Technology for Economic and Clinical Health Act
HSD	Human Services Department
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
IHT	Integrated Health Team (medical and MH services for adults)
IPU	Inpatient Psychiatric Unit
IRT	Integrated Recovery Team (for those with mental illness + substance use issues)
IMDs	Institutes for Mental Disease (residential facilities for those unable to live on their own)
INN	Innovation (part of MHSA)
IT	Information Technology
JCAHO	Joint Commission on Accreditation of Healthcare Organizations - accredits hospitals & other organizations
LEA	Local Education Agency
LG	Los Guilicos-Juvenile Hall
LGBQQTI	Lesbian/Gay/Bisexual/Queer/Questioning/Transgender/Intersexed (also LGBTQ)
LOS	Length of Stay
LSU	Litigation Support Unit
M2M	Mild-to-Moderate
MADF	Main Adult Detention Facility (Jail)
MDT	Multi-Disciplinary Team
MHB	Mental Health Board
MHBG	Mental Health Block Grant
MHFA	Mental Health First Aid
MHP	Mental Health Plan
MHSA	Mental Health Services Act
MHSD	Mental Health Services Division (of DHCS)
MHSIP	Mental Health Statistics Improvement Project
MHST	Mental Health Screening Tool
MHWA	Mental Health Wellness Act (SB 82)
MOU	Memorandum of Understanding
MRT	Moral Reconciliation Therapy
MST	Mobile Support Team - gets called by law enforcement to scenes of mental health crises
NAMI	National Alliance on Mental Illness
NBSPP	North Bay Suicide Prevention Project
NOA	Notice of Action
NP	Nurse Practitioner
OSHPD	Office of Statewide Health Planning and Development - the building department for hospitals and skilled nursing facilities in state
PA	Physician Assistant
PAM	Program Assessment Matrix Work Group
PATH	Projects for Assistance in Transition from Homelessness

PC 1370	Penal Code 1370 (Incompetent to Stand Trial, by virtue of mental illness)
PCP	Primary Care Provider (medical doctor)
PES	Psychiatric Emergency Services – (open 24/7 for psychiatric crises – 2225 Challenger Way, Santa Rosa, CA 95407)
PEI	Prevention and Early Intervention (part of Mental Health Services Act-MHSA)
PHF	Psychiatric Health Facility
PHI	Protected Health Information
PHP	Parker Hill Place - Telecare’s transitional residential program in Santa Rosa
PHP	Partnership Health Plan
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project
PM	Performance Measure
PPP	Triple P - Positive Parenting Program
PPSC	Petaluma People Services Center
QA	Quality Assurance
QI	Quality Improvement
QIC	Quality Improvement Committee
QIP	Quality Improvement Policy (meeting)
QIS	Quality Improvement Steering (meeting)
RCC	Redwood Children’s Center
RFP	Request for Proposals (released when new programs are planned and contractors are solicited)
RN	Registered Nurse
RRC	Russian River Counselors
ROI	Release of Information
SAR	Service Authorization Request
SB	Senate Bill
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SCBH	Sonoma County Behavioral Health
SCOE	Sonoma County Office of Education
SDMC	Short-Doyle Medi-Cal
SED	Seriously Emotionally Disturbed
SELPA	Special Education Local Planning Area
SMHS	Specialty Mental Health Services
SMI	Seriously Mentally Ill
SNF (Sniff)	Skilled Nursing Facility
SOP	Safety Organized Practice
SPMI	Serious Persistent Mental Illness (or Seriously Persistently Mentally Ill)
SUDs	Substance Use Disorders Services (formerly AODS)
SWITS	Sonoma Web Infrastructure for Treatment Services
TAY	Transition Age Youth (18-25)
TBS	Therapeutic Behavioral Services
TFC	Therapeutic Foster Care
TSA	Timeliness Self-Assessment
VOMCH	Valley of the Moon Children’s Home
WET	Workforce Education and Training (part of MHSA)

WCCS	West County Community Services
WCHC	West County Health Centers
WPC	Whole Person Care
WRAP	Wellness Recovery Action Plan
WRAP (alt)	Working to Recognize Alternative Possibilities (alt)
Wraparound	Community-based intervention services that emphasize the strengths of the child and family
YS/Y&F	Youth Services/Youth & Family (Sonoma County Behavioral Health)
YSS	Youth Satisfaction Survey
YSS-F	Youth Satisfaction Survey-Family Version