

Plumas County Behavioral Health Commission Meeting
6/11/2025 1 pm Plumas County Board of Supervisors' Room, Quincy, CA
Approved at 8/6/2025 meeting.

STANDING ORDERS

Call to Order / Roll Call

Call to Order: Mimi Hall called the meeting to order at 1:00 pm.

Roll Call/Attendance:

Commissioners: Bill Cook, Kendrah Fredricksen, Kristin Gyford, Mimi Hall, Megan McCrorey, Merle Rusky, Stephanie Swithenbank, Kristy Tucker (quorum established)

Commissioners Absent: Liberty Gott, Valerie Sheldon

PCBH Staff: Jacob Grigg, Jessica McGill, Kristy Pierson, Gary Sanderson, Sharon Sousa

County Counsel: N/A

Public in Attendance (in-person): Jesslan Avlos (EPHC), Rhonda Wayson, Ericka Thompson (PDH SLS), Denise Pyper, Lisa Beck (PCBH)

Public in Attendance (by Teleconference): “iwojek”

Pledge of Allegiance

Additions to or Deletions from the Agenda/Approval – *For urgent items only.* **Merle moved to approve. Megan seconded. Motion carried.**

Public Comment – N/A

ACTION AGENDA

1. Behavioral Health Commission

- a. Review and approve draft PCBHC minutes of May 7, 2025
 - i. **Bill moved to approve the minutes. Megan seconded.** (Merle, Stephanie, and Kristin abstained.) **Motion carried.**
- b. Public Hearing for MHSA FY24-25 Annual Update
 - i. Kristi – did not receive any public comments prior to today; on page 35 of report re: housing purchase – amount will change to \$350,000 (from \$800,000) – was originally for purchase of a hotel for FSP – working with RCHDC – we can now only provide pre-development costs (not FSP which requires 51% CN&S portion 1.7 million of total). The funding will change with BHSA, and the remaining portion will roll over to new funding.
 - ii. Comments: Denise – Pg. 11 re: Family Members on BH Commission – must be at least 20%; pg. 42 Ali McKenna – is she still a provider? – yes, as telehealth; pg. 50 Crisis Support – what will happen to this money? Money not used will be rolled over into BHSA. Veterans Service Report – she said is a great report! Pg. 68 table – Denise asked for clarification (Kristi clarified). Pg. 72 WET funding – some have moved, others have stayed – money is paid out after they have worked the hours. Pg. 58 typo – 2nd paragraph (interesting). Kristin “Cultural

Competency” – how to change wording? If it comes from State/Feds, it has to go through them.

- iii. **Kendrah moved to recommend the MHSA Annual Update to the Board of Supervisors with the changes noted today, Bill seconded. Motion carried.**

2. Informational Announcements & Reports

a. Commissioners Reports and Announcements

- i. Stephanie – QHS using Neuro-sequential model via Scott Cash, Wendy James – Prevention coordinator; will work on graphs showing how to meet students’ needs which will be shared with staff.
- ii. Kendrah – Pride month – see local events on FB and flyers in town. It is important to support the LGBTQ+ community, especially from a MH/BH perspective.
- iii. Kristin – Rite Aid is closing July 2nd; Mimi has been working with Karen Shad to make sure folks have access for insurance as well as physical access; Rob Thorman has contacted Caltrans – need encroachment modification permit for parking; new hours will be 9 am to 6 M-F; 9 am to 2 pm Saturdays.
- iv. Kristin – official PDH pet assistance therapy – “Wonder” (dog) is ADA approved.

b. Presentation by PCBH system of care stakeholders

- i. Ericka Thompson – PDH Senior Life Solutions
 1. Supporting Seniors’ Mental Health Together – opened in 2021, with a second program in 2024
 2. 14% of adults over 60 have MH disorder – common symptoms: depression, anxiety, grief, loss of independence, coping with new health diagnosis, etc.
 3. Symptoms and risk factors – for loved ones and clients
 4. Voluntary outpatient program for those 65 and over; therapy and support tailored to meet older adults’ needs
 5. Coping and communication skills; 36% overall improvement at discharge; 56% improvement on depression scale, 51% improvement on clinical outcomes in evaluation
 6. Other outpatient programs show 84% reduction in hospitalizations, 58% reduction in ER visits, which reduce health care costs
 7. BH providers and family – can see changes in client’s mood, behavior, daily activities; early intervention is best
 8. Older adults’ decline in activities – not making appointments, not doing self-care or errands, not cleaning, loss of sleep, sadness, fatigue, difficulty making decisions, feeling of worthlessness
 9. 2 therapists (CBT), physical care: Ericka is RN – monitoring vitals, addressing sleep quality, hygiene; coordinator with doctors
 10. Case Management, transportation, provide resource lists
 11. Referral Process – anyone can make a referral; observe symptoms, collect client’s contact info (phone #), submit to SLS (name, DOB, reason)
 12. MH is just as important as physical health, especially for seniors
 13. Be proactive, reach out to SLS with referrals/questions; together a meaningful difference can be made (see hand-outs: business cards, pamphlets, etc.)

14. EPHC is developing a similar (but separate) program – hope to open in the fall (interviewing for program director and therapist).
 - ii. Schedule is in process, with the next few months as follows:
 1. July: Plumas Rural Services (PRS)
 2. August: Eastern Plumas Health Care (Jesslan, EPHC)
 - c. Housing projects/plans for BH clients
 - i. Sharon reported that RCHDC sent an email saying they may not be able to complete a project for PC due to short timeline and lack of funding.
 - ii. We will have to do an RFP to find another developer. Mimi knows someone who might be willing to consult with us.
- 3. Behavioral Health Department**
- a. Director's Report (Sharon Sousa)
 - i. Staffing – good news: Keegan Hood is now licensed – now have 3 licensed therapists; new site coordinator: Dakota; posted for a CM and Continuum Care Coordinator (for housing, court reports, IMD's, etc.); bad news – practicum student Mahlia Armitage has resigned (was pursuing MSW); PC has some teenage girls who need long-term providers (one has had 6 therapists); 2 social services staff will become practicum students (short-term).
 - ii. Greenville/Taylorville numbers: 55 residents receiving services (from 2023) – only 5 sessions held in shared PDH Greenville office. Mimi said the BoS is talking about rebuilding public buildings. There are other offices/spaces which may be able to provide space for case management (Vets Hall, Indian Valley School, Round-house council, etc.).
 - iii. Budget time – SUD and MHSA funding is okay, MH program is expanding more than bringing in revenue (Cal-AIM's amount is going down). Lack of therapists means not enough billable hours. Our provider contracts are very expensive, and they often have waitlists (e.g. after-hours psychiatrists, telehealth therapists). \$4 million shortfall.
 - iv. Big audit seems to have gone well; still submitting some paperwork; it will be some months before we know the results.
 - b. Quality Assurance Improvement (Jessica McGill) – see separate report
 - i. May was very busy. EQRO review was heavy on data – they are waiting for results (probably will not hear anything until September 2025). Triennial review – seemed to go well.
 - ii. DHCS Correspondence and BHINs
 1. 25-018 Payer of Last Resort – DNA
 2. 25-019 Transgender, Gender Diverse, Intersex Cultural Competency – required training (will be done in August) – will be open to other providers in community (at Vet's Hall)
 3. 25-020 Adult & Youth Screening – required to use this new tool which allows more flexibility for “screening-in” especially for SMI population
 4. 25-021 MHSA county population – for funding allotment
 5. 25-022 Launch of web-based MH forms
 6. 25-023 supersedes 22-045 regarding sanctions for non-compliance
 - iii. Access and Utilization for May
 1. 274 open charts, 205 unduplicated clients, 75% penetration rate (goal = 80%)

2. 84 youth (big increase from previous month); 122 adults
3. New Intakes: 27
4. Crisis Services: 48 (21% in jail)
5. Mobile Crisis Unit: 4
6. Psych Placements: 4
7. 5150's: 10
- iv. Grievances – 1 confidentiality, 1 change of provider
- v. Next QIC meeting will be August 28th at 10 am
- c. MHSA Report (Kristy Pierson)
 - i. May was MH Awareness month – gave out wellness kits to specified grade levels (some leftover kits are available)
 - ii. MHSA did their audit – they received one finding re: individuals getting connected with services in the community
- d. BH Commission Information and Improvement – N/A

Public Comment – N/A

Adjourned as BH Commission and reconvened as AOD commission.

Alcohol and Other Drug Advisory Board

1. **Action Agenda**
 - a. N/A
2. **Informational Announcements & Reports**
 - a. AOD Report (Gary Sanderson) – see separate report
 - i. Very busy with the big audit – preliminarily there were 9 corrective actions (down significantly from previous years); they are working on this.
 - ii. Monitoring for contract providers (e.g. Granite, Aegis narcotic treatment program, PDH)
 - iii. Open Substance Use Block Grant CAP – 6 open years of CAPS – working on corrective action plan for 2023-24; they have submitted plan for 2022-23.
 - iv. Charles Abernathy is new staff – in training and co-facilitating groups.
 - b. Quality Assurance Improvement
 - i. BHINs – nothing new
 - ii. Access and Utilization for May
 1. 48 SUS charts open, 30 unduplicated clients, 62% penetration rate
 2. 5 youth (voluntary), 25 adults
 3. New intakes: 7 (up from last month)
 4. 0 residential placements
 5. No grievances to report

Adjournment: Meeting adjourned by Mimi @ 2:53 pm

Next meeting: **July 2, Courthouse: Supervisors' Board Room**, 1 pm to 3 pm.

Respectfully submitted, Kendrah Fredricksen,

Secretary, Plumas County Behavioral Health Commission