

## **BOARD OF SUPERVISORS**

Terrell Swofford, 1<sup>st</sup> District  
Kevin Goss, Vice Chair 2<sup>nd</sup> District  
Sharon Thrall, 3<sup>rd</sup> District  
Lori Simpson, 4<sup>th</sup> District  
Jon Kennedy, Chair 5<sup>th</sup> District

**AGENDA FOR REGULAR MEETING OF SEPTEMBER 16, 2014 TO BE HELD AT 10:00 A.M.  
IN THE BOARD OF SUPERVISORS ROOM 308, COURTHOUSE, QUINCY, CALIFORNIA**

**9:00 - 10:00 A.M. – COMMUNITY DEVELOPMENT COMMISSION**

**[www.countyofplumas.com](http://www.countyofplumas.com)**

### **AGENDA**

The Board of Supervisors welcomes you to its meetings which are regularly held on the first three Tuesdays of each month, and your interest is encouraged and appreciated.

Any item without a specified time on the agenda may be taken up at any time and in any order. Any member of the public may contact the Clerk of the Board before the meeting to request that any item be addressed as early in the day as possible, and the Board will attempt to accommodate such requests.

Any person desiring to address the Board shall first secure permission of the presiding officer. For noticed public hearings, speaker cards are provided so that individuals can bring to the attention of the presiding officer their desire to speak on a particular agenda item.

Any public comments made during a regular Board meeting will be recorded. The Clerk will not interpret any public comments for inclusion in the written public record. Members of the public may submit their comments in writing to be included in the public record.

**CONSENT AGENDA:** These matters include routine financial and administrative actions. All items on the consent calendar will be voted on at some time during the meeting under "Consent Agenda." If you wish to have an item removed from the Consent Agenda, you may do so by addressing the Chairperson.



**REASONABLE ACCOMMODATIONS:** In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting please contact the Clerk of the Board at (530) 283-6170. Notification 72 hours prior to the meeting will enable the County to make reasonable arrangements to ensure accessibility. Auxiliary aids and services are available for people with disabilities.

## **STANDING ORDERS**

10:00 A.M. **CALL TO ORDER/ROLL CALL**

**PLEDGE OF ALLEGIANCE**

**ADDITIONS TO OR DELETIONS FROM THE AGENDA**

### **PUBLIC COMMENT OPPORTUNITY**

Matters under the jurisdiction of the Board, and not on the posted agenda, may be addressed by the general public at the beginning of the regular agenda and any off-agenda matters before the Board for consideration. However, California law prohibits the Board from taking action on any matter which is not on the posted agenda unless it is determined to be an urgency item by the Board of Supervisors. Any member of the public wishing to address the Board during the "Public Comment" period will be limited to a maximum of 3 minutes.

### **DEPARTMENT HEAD ANNOUNCEMENTS/REPORTS**

Brief announcements by, or brief reports on their activities by County Department Heads

## **ACTION AGENDA**

### **SPECIAL DISTRICTS GOVERNED BY BOARD OF SUPERVISORS**

The Board of Supervisors sits as the Governing Board for various special districts in Plumas County including Dixie Valley Community Services District; Walker Ranch Community Services District; Grizzly Ranch Community Services District; Beckwourth County Service Area; Plumas County Flood Control and Water Conservation District; Quincy Lighting District; Crescent Mills Lighting District; County Service Area #12.

### **Convene as the Grizzly Ranch Community Services District Governing Board**

1. **GRIZZLY RANCH CSD** – Robert Perreault

Authorize the Manager to pay invoices without a contract to Joy Engineering, Inc. of \$14,530 for 2013 water line repairs and trench restoration work. Discussion and possible action

### **Adjourn as the Grizzly Ranch Community Services District Governing Board and reconvene as the Board of Supervisors**

2. **DEPARTMENTAL MATTERS**

A) **PLUMAS COUNTY COORDINATING COUNCIL** – Robert Perreault

Approve and authorize the Chair to sign letter 3-Year Expenditures Plan for the Remaining Fire Settlement Funds that resulted from the Storrie, Rich and Moonlight Fires as recommended by the Plumas County Coordinating Council. Discussion and possible action

B) **PUBLIC HEALTH AGENCY** – Mimi Hall

Authorize the Department of Public Health to recruit and fill vacant, funded and allocated 2.0 FTE Licensed Vocational Nurse I/II, Registered Nurse I/II, and/or Public Health Nurse I/II; and a 1.0 FTE Assistant Director of Public Health. Discussion and possible action

C) **AUDITOR/CONTROLLER** – Roberta Allen

Adopt **RESOLUTION** adopting the Basic Tax Rate for Plumas County and the Rates for the Plumas Unified School District and the Plumas District Hospital Bonds for FY 2014-2015. **Roll call vote.**

### **3. BOARD OF SUPERVISORS**

- A. **PUBLIC HEARING:** Finalize approval of the following projects approved by the Board on August 12, 2014 for allocation of funding under HR 2389 Title III. Discussion and possible action
- |   |  |              |
|---|--|--------------|
| 1 | Plumas County OES<br>Wildfire Prevention                   | \$ 90,000.00 |
| 2 | Plumas County Sheriff<br>Search & Rescue                   | \$ 25,000.00 |
| 3 | Plumas County Sheriff<br>OES Radio Tower and Vault Project | \$130,541.88 |
- B. Adopt **RESOLUTION** Proclaiming a Local Emergency in Plumas County due to Catastrophic Wildfire Threat. **Roll call vote**
- C. Receive and file Kemper Consulting Group Report on Plumas County Mental Health Department for presentation by Kemper Consulting on September 30, 2014. Discussion and possible action
- D. Correspondence
- E. Weekly report by Board members of meetings attended, key topics, project updates, standing committees and appointed Boards and Associations.

### **4. CONSENT AGENDA**

These items are expected to be routine and non-controversial. The Board of Supervisors will act upon them at one time without discussion. Any Board members, staff member or interested party may request that an item be removed from the consent agenda for discussion. Additional budget appropriations and/or allocations from reserves will require a four/fifths roll call vote.

#### **A) ALCOHOL & OTHER DRUG SERVICES**

Approve and authorize the Chair to sign Service Agreements not to exceed \$50,000 per each organization to provide residential treatment and/or detoxification services: Approved as to form by County Counsel

- Agreement #AOD1415CORR with Community Recovery Services, Grass Valley
- Agreement #AOD1415EMPIRE with Empire Recovery Center, Redding
- Agreement #AOD1415SKYWAY with Skyway House, Chico
- Agreement #AOD1415PHI with Progress House, Placerville
- Agreement #AOD1415WHH with West Hills Hospital, Reno

#### **B) PUBLIC HEALTH AGENCY**

Approve and authorize the Chair to sign Agreement #PARTC1415STASZEL with Michael Staszal for the Ryan White Part C Program for FY 14-15. Approved as to form by County Counsel

#### **C) EMERGENCY SERVICES**

Approve continuation of local emergency due to drought

#### **D) PUBLIC WORKS**

Authorize the Department of Public Works to auction equipment deemed surplus

#### **E) MENTAL HEALTH**

Approve and authorize the Chair to sign renewal agreement between BHC Sierra Vista Hospital Inc. and Plumas County Mental Health to provide psychiatric hospitalizations and services. Approved as to form by County Counsel

### **NOON RECESS**

## **AFTERNOON SESSION**

### **Convene as the Plumas County Board of Equalization**

#### **5. 1:30 P.M. BOARD OF EQUALIZATION**

**PUBLIC HEARING:** Discussion and possible action to consider Application(s) for Reduction in Assessment

#### **2012 and 2013 - New Day Broadband of Portola, LLC**

Application No. 15 – 555-001-001-000  
Application No. 16 – 555-053-026-000  
Application No. 17 – 555-053-056-000  
Application No. 18 – 555-053-047-000  
Application No. 19 – 555-053-043-000

#### **Collins Pine Company**

2010: Application No. 15 - 001-140-045-000  
2011: Application No. 17 – 001-140-045-000  
2012: Application No. 21 – 001-140-045-000  
2013: Application No. 23 – 001-140-045-000

Application No. 1:	Collins Pine Company	001-140-045-000
	2007 Audit Escape Assessment	
Application No. 2:	Collins Pine Company	001-140-045-000
	2009 Audit Escape Assessment	
Application No. 3:	Collins Pine Company	001-140-045-000
	2008 Audit Escape Assessment	
Application No. 4:	Collins Pine Company	001-140-045-000
	2010 Audit Escape Assessment	

### **Adjourn as the Plumas County Board of Equalization and reconvene as the Board of Supervisors**

#### **6. BOARD OF SUPERVISORS**

Report and update by Budget Consultant regarding the FY 2014-2015 Budget. Discussion and possible action

#### **7. CLOSED SESSION**

#### **ANNOUNCE ITEMS TO BE DISCUSSED IN CLOSED SESSION**

- A. Conference with Legal Counsel: Existing litigation pursuant to Subdivision (d) (1) of Government Code §54956.9 – High Sierra Rural Alliance v. County of Plumas, Plumas Superior Court Case No. CV14-00009
- B. Conference with Legal Counsel: Significant exposure to litigation pursuant to Subdivision (d)(2) of Government Code Section 54956.9
- C. Conference with Labor Negotiator regarding employee negotiations: Sheriff's Administrative Unit; Sheriff's Department Employees Association; Operating Engineers Local #3; Confidential Employees Unit

#### **REPORT OF ACTION IN CLOSED SESSION (IF APPLICABLE)**

#### **ADJOURNMENT**

Adjourn meeting to Tuesday, September 23, 2014, Board of Supervisors Room 308, Courthouse, Quincy, California.


**GRIZZLY RANCH COMMUNITY SERVICES DISTRICT**  
**c/o PLUMAS COUNTY ENGINEERING DEPARTMENT**  
555 MAIN STREET • QUINCY, CA 95971 • (530) 283-6222 • FAX (530) 283-6135  
*Robert A. Perreault, Jr., P.E. County Engineer and Manager, GRCSO*

**AGENDA REQUEST**

for the September 16, 2014 Meeting of the GRCSO Governing Board

September 9, 2014

To: Honorable Governing Board, GRCSO

From: Robert Perreault, Manager, GRCSO 

Subject: Authorize the GRCSO Manager to Pay Invoices without a Contract to Joy Engineering, Inc. in a total amount of \$14,530 for 2013 Water Line Repairs and Trench Restoration Work

**BACKGROUND:**

**Past Activity**

In June 2013, the GRCSO Operator informed the GRCSO Manager that emergency conditions existed in 2 different locations within Sorrel Road and Snowbush Road within the Grizzly Ranch Subdivision. The conditions were described as water line leaks surfacing in 2 separate locations and were initially described by the GRCSO Operator as emergency conditions.

The Manager of the GRCSO approved the GRCSO Operator to take necessary action to locate and repair the water line leaks and restore any affected trenches.

The GRCSO Operator hired Joy Engineering to perform the construction work. Joy Engineering, in turn, hired Advance Paving to provide paving services to restore the roadway pavements.

The work was performed and completed in 2013.

Invoices submitted totaled \$19,586.04 and were reviewed by staff. However, the GRCSO Manager questioned the total amount of the submitted invoices. Accordingly, there was a period of time involved to enable the GRCSO Manager to audit the invoices and to interview all parties involved, including the Contractor, the GRCSO Operator management and the GRCSO Operator field representative. Additional time was needed for the involvement of in-house Public Works staff.

The GRCSO Manager has re-negotiated the total amount of the submitted invoices to be \$14,530, an amount which is acceptable to Contractor that was hired by the GRCSO Operator.

### **Future Activity**

With the financial resolution of this matter, the GRCSO Manager has conducted an in-house review of existing policies and procedures with a goal of changing procedures to avoid a reoccurrence of the disputes that arose in the matter described above.

The GRCSO Manager has concluded that the existence of an **On-Call Minor Construction Services Contract** should be in place to enable the GRCSO Manager and the GRCSO Operator to have a (written) contract relationship in place with a Contractor to be able to respond to routine, urgent or emergency conditions, with all expectations of construction contract administration and construction inspection to be in place before issuance of any (written) "Notice to Proceed" for construction work to be performed.

It is also concluded that such procedures should be in place for all of the dependent CSDs/CSA that have a need for such occasional construction services. Such special districts are:

Grizzly Ranch CSD  
Walker Ranch CSD  
Beckwourth CSA

Accordingly, Public Works staff intends to publish a **Request for Proposals (RFP) for On-Call Minor Construction Services**. The RFP will be publicly noticed no later than October 10, 2014.

### **RECOMMENDATION:**

The GRCSO Manager respectfully recommends that the GRCSO Governing Board adopt the following motion:

Authorize the Manager of the GRCSO pay \$14,530, without a contract, to Joy Engineering for work performed in 2013 (including paving restoration by a subcontractor) on Sorrell Road and Snowbush Road, said work as accepted by the GRCSO Manager.



## PLUMAS COUNTY COORDINATING COUNCIL

### AGENDA REQUEST

for the September 16, 2014 Meeting of the Plumas County Board of Supervisors

September 8, 2014

To: Honorable Board of Supervisors

From: Robert Perreault, Chair, PCCC

A handwritten signature in black ink, reading "Robert A. Perreault".

Subject: Recommendation Pertaining to a 3-Year Expenditures Plan for the Remaining Fire Settlement Funds that Resulted from the Storrie, Rich and Moonlight Fires

### Background:

On September 4, 2014, the Plumas County Coordinating Council (PCCC) considered the matter of a 3-Year Plan for the expenditures of the remaining fire settlement funds that resulted from the Storrie, Rich and Moonlight Fires.

Bill Wickman and John Sheehan addressed the Coordinating Council on the recent efforts of the Plumas County Economic Recovery Committee (PCERC) and the Quincy Library Group (QLG), respectively, by submitting letters on the above subject to the USFS Region 5 Forester, the Plumas National Forest Supervisor and the Lassen National Forest Supervisor.

Following further discussion, the PCCC voted to respectfully recommend that the Board of Supervisors consider issuance of a letter of support, to be submitted to the USFS officials mentioned above.

A draft letter of support – including the recent letters from PCERC and QLG as attachments – from the Board of Supervisors to the USFS Region 5 Forester, the Plumas National Forest Supervisor and the Lassen National Forest Supervisor is attached for the consideration of the Board of Supervisors.

### Recommendation:

The PCCC respectfully recommends that the Board of Supervisors vote to authorize the Chair of the Board of Supervisors to sign the attached letter.

Attachment

**[BOARD OF SUPERVISORS LETTERHEAD]**

**D R A F T**

September 16, 2014

Randy Moore  
Regional Forester, Region 5  
1323 Club Drive  
Vallejo, CA 94592

Earl Ford  
Forest Supervisor  
Plumas National Forester  
Quincy, CA 95971

Dave Hayes  
Forest Supervisor  
Lassen National Forest  
Susanville, CA 96130

RE: The 3-Year Plan for the expenditure of the remaining fire settlement funds that resulted from the Storrie, Rich and Moonlight Fires.

Dear Messrs. Moore, Ford and Hayes:

The Plumas County Board of Supervisors is requesting that the following information be considered for the 3-Year Plan for the expenditure of the remaining fire settlement funds that resulted from the Storrie, Rich and Moonlight Fires. Mr. Moore's letter of March 20, 2014 to Mr. Ford and other Supervisors emphasized the need to provide a Program of Work that would obligate remaining funds within three years.

Reference is made to the September 2, 2014 letter, submitted by the Plumas County Economic Recovery Committee (PCERC) to Region 5 Forester Randy Moore, LNF Supervisor Dave Hayes and PNF Supervisor Earl Ford, copy attached.

The Board of Supervisors endorses the September 2, 2014 letter of PCERC that sets forth information and recommendations on compensatory restoration. The PCERC letter compellingly integrates the complex topics involving the rationale for alignment of fires settlement funds to proposed restoration activities as well as the geographic nexus of proposed restoration activities to fire perimeter. The Board of Supervisors is especially supportive of the opportunity for the National Forests to make decisions that will result in contracts for local contractors.



The Board of Supervisors also endorses the September 2, 2014 letter of the Quincy Library Group that supports the information and recommendations on compensatory restoration, as contained in the September 2, 2014 letter of the PCERC. The Board of Supervisors contend that the suggested examples of several projects listed in the QLG letter clearly demonstrate the ability of the National Forests to act in a proactive and economically positive manner, all to the benefit of the National Forests as well as Plumas County and its constituents and businesses.

Your positive responses to the letters of the PCERC, the QLG and this letter will be sincerely appreciated.

Sincerely,

Jon Kennedy  
Chair

Attachments:

Letter, dated September 2, 2014, submitted by the Plumas County Economic Recovery Committee (PCERC) to Region 5 Forester Randy Moore, LNF Supervisor Dave Hayes and PNF Supervisor Earl Ford

Letter, dated September 2, 2014, submitted by the Quincy Library Group (QLG) to Region 5 Forester Randy Moore, LNF Supervisor Dave Hayes and PNF Supervisor Earl Ford

Tom Hayes,  
CEO,  
Eastern Plumas  
Health Care

John Kimmel  
Certified Public  
Accountant

Mark Lathrop  
Sierra Pacific  
Industries

Chuck Leonhardt  
Plumas Tax Assessor

Bob Marshall  
Plumas-Sierra  
Rural Elec. Co.

Micheline Miglis  
Plumas County  
Schools  
Superintendent

Jan Prichard  
Alliance for Workforce  
Development

John Sheehan  
QLG Member

Lori Simpson  
County Supervisor

Charlotte Smith  
Smith Financial  
Services

Mike Taborski  
Publisher,  
Feather Publishing

Sherrie Thrall  
County Supervisor

Jeff Titcomb  
Indian Valley  
Chamber

Kevin Trutna  
President, Feather  
River College

Linda Wagner,  
CEO,  
Seneca Health Care

Bill Wickman  
Consultant,  
American Forest  
Resource Council

Mike Wood  
Union Rep.,  
CIC, UBC,  
QLG member

## Plumas County Economic Recovery Committee

*"To enhance Plumas County's economic vitality through our natural resources"*

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September 2, 2014

Randy Moore  
Regional Forester, Region 5  
1323 Club Drive  
Vallejo, CA

Earl Ford  
Forest Supervisor  
Plumas National Forester  
Quincy, CA

Dave Hayes  
Forest Supervisor  
Lassen National Forest  
Susanville, CA

Dear Mr Moore, Mr Ford and Mr. Hayes:

The Plumas County Economic Recovery Committee (PCERC) is requesting the following information be considered for the three year plan for the expenditure of the remaining fire settlement funds that resulted from the Storrie, Rich and Moonlight Fires. Mr. Moore's letter of March 20, 2014 to Mr. Ford and other Supervisor's emphasized the need to provide a Program of Work that would obligate remaining funds within three years. It is the concern and interest of the PCERC that drives us to request consideration of the use of these funds to accomplish project work that would meet the intent of your direction as well as the intent of the Expert Report of Robert E. Unsworth, prepared for the U.S. Department of Justice, Storrie Fire, Case 2:06-cv-01740-FCD-KJM, Document 41-13, Filed 06/15/2007. The specifics from your March 20, 2014 letter and attached documents (Attachment A Supplemental Instructions for Fire Settlement) and Mr. Unsworth's Expert Report are listed below.

March 20, 2014 letter and Appendix A;

1. From 3/20/14 letter;
  1. Forest Supervisors are responsible for maintaining contact with local officials about how their Forest is proceeding with Fire Restoration tied to settlements;

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109 Cottonwood Ct., Quincy, Calif. 95971  
530-283-0973

2. Fire restoration activities are to be implemented in partnership with local partners and communities whenever possible to assist in maintaining the economic vitality of local communities and retention of local forest worker skills and infrastructure;
3. In order to expand capacity and maintain a positive work environment, we will emphasize outsourcing as much settlement work as possible.

2. From Appendix A;

### **I. Rationale for Alignment of Fires Settlement Funds to Proposed Restoration Activities**

Use of Fire Cost Recovery Settlement Funds for restoration activities on National Forest lands necessitates a sound rationale demonstrating alignment between the proposed activities with US Code 16 USC 579c. While the *Fire Resource Damage Assessments*, *Claim for Damages*, *Judicial Decisions*, and *Settlement Agreements* may be informative, these resources do not present a definite template or direction on how the funds are to be used or restoration activities prioritized. Compliance with statute 16 USC 579c is the definitive test for appropriate use of Fire Settlement funds used for restoration activities as described below:

*"Any moneys received by the United States...as a result of a judgment, compromise, or settlement of any claim, involving present or potential damage to lands or improvements...are hereby appropriated and made available until expended to cover the cost to the United States of any improvement, protection, or rehabilitation work on lands under the administration of the Forest Service rendered necessary by the action which led to the forfeiture, judgment, compromise, or settlement."*

**Rule:** Projects proposed for the use of settlement funds must *meet the three criteria form 16 USC579c defining how Fire Settlement Funds may be used:*

- 1) *To conduct improvement, protection, or rehabilitation work;*
- 2) *On lands administered by the Forest Services*3) *For purposes rendered necessary by the Fire cited in the Settlement.*

\*PCERC Comment: In the Pacific Southwest Region, as stated in the Ecological Restoration Regional Leadership Intent (USDA 2011a), the Forest Service's fundamental goal is to "retain and restore ecological resilience of the National Forest lands to achieve sustainable ecosystems that provide a broad range of services to humans and other organisms." Recent high severity settlement wildfires jeopardize this fundamental goal in addition to the fundamental Forest Service mission as set forth by law, to achieve quality land management under the sustainable multiple-use management concept to meet the diverse needs of people. These past losses and current wildfire threats necessitate a District or Forest wide landscape scale compensatory restoration approach.

### **II. Geographic Nexus of Proposed Restoration Activities to Fire Perimeter**

Priority for restoration activities are: (#1) restoration within the fire perimeter and (#2) restoration of resources outside, but in close proximity to the fire perimeter, where there is a demonstrated nexus sufficient to demonstrate how the activity is rendered necessary by the fire. A second rationale for how the proposed activities meet Statute 16 USC 579c is required. When restoration opportunities cannot be located within the fire perimeter to mitigate fire effects the closest suitable restoration site to the fire perimeter takes preference over potentially better sites located farther from the perimeter.

2. Expert Report of Robert E. Unsworth, prepared for the U.S. Department of Justice, Storrie Fire, Case 2:06-cv-01740-FCD-KJM, Document 41-13, Filed 06/15/2007;

a) page 6; "Despite these actions, as well as natural recovery, the forested areas affected by the Storrie Fire will not fully return to their pre-fire condition (i.e., desired state) for some time. (7) As a result, the public requires compensation to make it whole for "interim" lost non-timber forest services. (8)

b) page 16; "...compensatory restoration is in the form of actions to control fire in other areas of the forest in the future. By avoiding catastrophic fire at other locations in the forest, thus avoiding the loss in non-timber forest services at these locations, the public will be made whole for the loss in non-timber forest services resulting from the Storrie Fire."

c) page 17 and 18;

**The injured resource and compensatory resource should provide services of equivalent quality and quantity.** In this case, since we are replacing lost non-timber forest services with non-timber forest services that are equivalent over a similar time period, I expect the lost and restored services to be of similar quality and quantity.

**The scale of the injury and compensatory restoration actions should be marginal relative to the total amount of resource and associated services available.** In this case, while large in absolute terms, the burned area represents a small portion of these two national forests as does the area expected to benefit from compensatory fuels treatment.

- **The restoration action should be technically feasible and the reflect the least cost approach available to achieve the restoration objective.** I considered several options for the replacement of non-timber forest services, including the purchase of forest land for protection, undertaking silvicultural actions to restore forest stands impacted by past fire or other perturbations (thus enhancing the services provided by these stands), as well as fuels management to avoid catastrophic fire. I believe fuels management to be the most cost-effective means to restore lost non-timber forest services. This activity is commonly (and increasingly) being undertaken on national forest lands.

- **When conducting the HEA the baseline condition of the injured resource should be taken into account.** In this case, the condition of impacted stands prior to the Storrie Fire, as well as the baseline condition of areas to serve as compensatory restoration. This analysis explicitly incorporates baseline conditions.

- **The type and cost of the selected restoration actions should be shown to be consistent with previously demonstrated public preferences.** As noted above, fuels treatment to protect forests from catastrophic fire is commonly undertaken on national forest lands. In addition, the public has exhibited a strong preference for forest management that leads to the maintenance of stands of large trees in our national forests.

• **Collateral benefits, if substantial and relevant to the claimant, should be incorporated into the analysis.** In some cases, the restoration projects undertaken to provide compensatory services provide benefits beyond those that were lost. In this case, I explicitly take these benefits into account in my analysis. In particular, I look at cost savings and revenue enhancements that are likely to result from fuels management that will accrue to the U.S. Forest Service.

d) page 34;

## **RESULTS**

The total cost of undertaking compensatory restoration will be \$33,636,000. Collateral benefits accrue on each acre protected by fuels management (i.e., 411,455), therefore, collateral benefits are estimated to be \$20,400,000. To incorporate these "collateral" benefits, I subtract these benefits from the compensatory restoration cost, to yield a net damage of \$13,236,000.

Because of non-timely treatment within and adjacent to the Storrie fire, the result was the Chips fire in addition to settlement funds from the Rich and Moonlight fires. The PCERC submits that because of these fires and the increase in the Storrie fire footprint due to the Chips fire, work is justified by 1 and 2 above. The PCERC request consideration for compensatory restoration occur around Round Valley Reservoir and the WUI for Greenville. The Keddie NEPA document identified an area that is not being pursued with normal appropriated funds that should be pursued with these fires settlement dollars. The project NEPA document identified 660 acres near Round Valley Lake for thinning and burning as well as an additional 883 acres of California Spotted Owl critical habitat that would be protected by the treatment. Similar work outside the fire footprint of the Rich fire was accomplished and reported in the 2013 Accomplishment report. That work entailed doing fuels treatments within the Twain and Rush Creek WUI (pg 6, 2013 Rich Accomplishment Report).

As you will see with our coordinated efforts with the Quincy Library Group, there are additional areas for consideration of compensatory restoration work. We have also asked the question of the Almanor Ranger District in relation to the Creeks II project, but have not received a response.

When the PCERC reviews past fire settlement work as well as work submitted for consideration, we question the applicability of some of the work in comparison the consideration of funding the additional 660 acres of treatment identified in the Keddie decision. The following items that have been funded or are being requested for funding are highly questionable to having any direct benefit within the fire footprint and do not meet your 3/20/14 direction or compensatory restoration.

1. Pg. 4 of the 2013 Rich Fire Accomplishment Report: Recreation. Hallsted Campground rehabilitation and re-construction to provide for visitors to see the Rich Fire effects.
2. Pg. 7 of the 2013 Rich Fire Accomplishment Report: PSW Research/Administrative Studies: Coordination with researchers: Humboldt State University completed a GIS map of serpentine soils within the Storrie fire area using remote sensing and field data.
3. In addition to #2, the Plumas NF continues to do a micro and macro invertebrate study on serpentine soils.

4. For the FY 14 Storrie Fire Program of Work the following items:

- Invasive Plant Guide Printing
- James Lee School Site Assessment
- Storrie Fire Wilderness Celebration conservation education

These are just some highlights of where the PCERC feels that the fire settlement dollars could be allocated towards compensatory restoration that could be addressed at various locations on the Plumas and Lassen NF. That compensatory restoration would provide direct employment, education, fuels reduction, ecosystem restoration and infrastructure maintenance that are not being addressed by the current and accomplished work plans.

To assist in such compensatory restoration, PCERC would work with the Quincy Library Group, Feather River College and Plumas Unified School District to coordinate educational opportunities associated with PCERC and QLG overseeing the layout and marking of the identified units from the Keddie decision that were identified by David Kinatader, Fire Ecologist for the Mt Hough Ranger District. We would work directly with David, Joe Smailes and Matt Waterston to accomplish the layout and marking according to the silvicultural and fuels objective described in the Keddie Decision.

The PCERC also supports putting the work out to local contractors who support our local Fire Safe Council and the work they do. We also recommend that SSTs should have a set aside for at least one or more of the offerings that may involve commercial timber products. Past history and selections of service contractors have often not gone to our local contractors and we strongly recommend that you work with them to allow a narrow definition of local. Stewardship contracting direction allows the District Ranger's to define local and we support Plumas and Sierra Counties being stated. It is then up to you to assure that this direction is followed by your Acquisition Contracting Officers.

PCERC anxiously awaits a response on our request so that meaningful compensatory restoration work can move forward. If you have questions, please feel free to contact us.

Respectfully,

A handwritten signature in black ink that reads "Bill Wickman". The signature is written in a cursive, flowing style.

Bill Wickman

Chairman, PCERC.

# Quincy Library Group

939 Bucks Lake Road  
Quincy, CA 95971

September 2, 2014

Randy Moore  
Regional Forester, Region 5  
1323 Club Drive  
Vallejo, CA

Dave Hayes  
Forest Supervisor  
Lassen National Forester  
Susanville, CA

Earl Ford  
Forest Supervisor  
Plumas National Forester  
Quincy, CA

Dear Mr Moore, Mr Hayes and Mr Ford:

The Quincy Library Group (QLG) is requesting the following information be considered for the three year plan for the expenditure of the remaining fire settlement funds that resulted from the Storrie, Rich and Moonlight Fires. The QLG has been an active collaborative since the early 1990's and continually strives to address forest and watershed health while maintaining the economic viability of our communities and remaining infrastructure that is vital to meeting the Forest Service goals and objectives for accomplishing ecosystem restoration. At our July 2014 meeting, Dave Kinatader, Fire Ecologist on the Plumas National Forest presented a fire history and current perspective on restoration needs within our local area of influence. As a result, we have been working closely with the Plumas County Economic Recovery Committee (PCERC) to pursue and coordinate efforts in relation to the current direction on spending, wisely, the remaining fire settlement dollars from the Storrie, Rich and Moonlight sales.

The QLG does not wish to repeat the information that you were provided by the PCERC, but we support their information and recommendations on compensatory restoration. As we go back and review past HFQLG projects that are still current enough to address, the QLG offers the following;

Bucks Restoration  
Storrie Fire Funds  
500 acres.

This project will make substantial progress toward achieving landscape level ecological restoration and forest resilience with a combination of hand thinning, grapple piling and

burning totaling 500 acres near Bucks Lake. Drawing heavily on the concept of best value, this project maximizes financial resources and performance capabilities in terms of acres treated by working under the Buck Lake EA completed in 2012. By maximizing efficiencies and leveraging resources, it may be possible to achieve a pace and scale of restoration necessary to reverse current negative landscape trends. This project is located 6 miles south of the Storrie Fire footprint and will help compensate for the loss of old growth habitat that resulted from this fire. This project will protect and speed the development of in-kind old forest habitat off site. In the past 13 years from 2000 to 2012 about 57,700 acres of Old Forest Emphasis habitat has been lost or degraded by wildfire on the Mt. Hough Ranger District. This represent nearly one third of this land allocation and a significant decline in habitat for old forest dependent species such as the pine marten, California Spotted Owl, and Northern Goshawk. This project would help protect critical habitat for the California Spotted Owl including 7 nearby PACs totaling 2,558 acres.

#### Round Valley

Storrie Fire funds originally but Moonlight funds would be better

660 acres

This project will make substantial progress toward achieving landscape level ecological restoration and forest resilience by hand thinning and burning 660 acres near Round Valley Lake. Drawing heavily on the concept of best value, this project maximizes financial resources and performance capabilities in terms of acres treated by working under the Keddie EA completed in 2010. Virtually all dollars will be invested on the ground and will result in restoration accomplishments. By maximizing efficiencies and leveraging resources, it may be possible to achieve a pace and scale of restoration necessary to reverse current negative landscape trends. This project is located 11 miles east of the Storrie Fire footprint and will help compensate for the loss of old growth habitat that resulted from this fire. This project will protect and speed the development of in-kind old forest habitat off-site. In the past 13 years from 2000 to 2012 about 57,700 acres of Old Forest Emphasis habitat has been lost or degraded by wildfire on the Mt. Hough Ranger District. This represents nearly one third of this land allocation and a significant decline in habitat for old forest dependent species such as the pine marten, California Spotted Owl, and Northern Goshawk. Treatments will protect critical habitat for the California Spotted Owl including 2 nearby PACs totaling 883 acres. In combination with a separate commercial thinning in the same area, this project would accelerate the development of old forest characteristics and protect and preserve habitat for old forest dependent species. Estimated Cost = \$800.00 per acre.

#### Butterfly Valley

##### **Project description:**

This project proposes to treat 1,124 acres with pre-commercial thinning under a Categorical Exclusion (Category 6). Treatments may include hand thinning and piling, grapple piling, and biomass removal. This project will emphasize the protection of the Wildland Urban Interface and wildlife habitat as described below.

##### **WUI protection**

The Butterfly Valley area is at extreme risk to high severity wildfire. There are about 47 private parcels in the area, most with homes and structures. This community remains one of the Mt. Hough Ranger District's most threatened communities. Past logging and fire suppression have created dense overstocked stands with heavy ground and ladder fuel



loading (Figure 2). The nearby highway 70 and railroad corridor to the north and west of the project area provide a high risk ignition source. In addition, lightning provides a frequent ignition source in this area. Butterfly residences describe guiding engines and crews to lightning strike fires and have even dug fire line themselves on Forest Service land in the recent past. The community has an impressive knowledge of fire ecology and firefighting. Residence have been pro-actively thinning and even introducing small scale broadcast burns across private property boundaries.

**Old Forest Wildlife Habitat Development and Protection**

This project proposes the treatment of 531 acres of Spotted Owl Protected Activity Center (PAC), within three separate owl PACs. Approximately 2,371 acres of Spotted Owl PAC were lost in the Storrie and Rich Fires. Both of these fires were started by the Railroad and were driven by the steep slopes of the North Fork of the Feather River Canyon. Similar threats exist in the Butterfly area. In addition, this project proposes to treat 372 acres of the Butterfly Valley Botanical Special Interest Area.

All three of these areas need work to complete or complement work of contractual obligations that already exist. They all require appropriated funds which are short and often take years to be received. The QLG highly recommends that the Region and Forest approve fire settlement funds be used for these projects so that they meet the understanding of compensatory restoration and can be done in a timely manner. This can be accomplished by both of you being the leaders for this effort and support and protect our Plumas County public lands from further catastrophe.

In addition, we request the same considerations if there are similar areas within the Creeks II project area that may have been dropped because of economic considerations.

The QLG request that you consider this and PCERC's request for action in relation to the fire settlement funds and compensatory restoration. We anxiously await your response.

*Michael Yost*

Michael Yost  
Corresponding Secretaries

*Frank Stewart*

Frank Stewart  
Corresponding Secretaries

cc: Barnie Gyant, Deputy Regional Forester  
Senator Feinstein  
Senator Boxer  
Congressman LaMalfa



# Plumas County Public Health Agency

270 County Hospital Road, Quincy, California 95971

Mimi Khin Hall, MPH, CHES, Director

☐ Administration & Health Education  
Suite 206  
Quincy, CA 95971  
(530) 283-6377  
(530) 283-6425 Fax

☐ Clinic & Nursing Services  
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☐ Senior Nutrition & Transportation  
Suite 206  
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(530) 283-3546  
(530) 283-6425 Fax

☐ Environmental Health  
Quincy Office  
Suite 127  
Quincy, CA 95971  
(530) 283-6355  
(530) 283-6241 Fax

☐ Environmental Health - Chester  
222 First Avenue  
Post Office Box 1194  
Chester, CA 96020  
(530) 258-2536  
(530) 258-2844

**Date:** September 5, 2014  
**To:** Honorable Board of Supervisors  
**From:** Mimi Hall  
**Cc:** Tina Venable and Grayla Trumbo  
**Agenda:** Item for September 16, 2014

**Recommendation:** Approve recruitment and hiring of 2.0 FTE Licensed Vocational Nurse I/II, Registered Nurse I/II, and/or Public Health Nurse I/II, and a 1.0 FTE Assistant Director of Public Health.

**Background Information:** Plumas County Public Health Agency currently has three vacancies. These positions are fully funded and approved in the department's FTE allocations. Vacancies in two key nursing positions include the Public Health Clinic Nurse, and a special programs nurse position that works both in our expectant and parenting mother's home visiting program and with our HIV Specialty Medical Care clients. It is essential that these positions be filled not just to meet state mandates and related health contractual agreements, but to continue service to our clients. Filling these vacancies as soon as possible will allow us to reduce any interruption in services to our current clinic clients and those that are case managed in our specialty programs. Swift approval will also reduce the prolonged period during which other nurses perform extra duties to cover the work of these vacancies.

The Assistant Director of Public Health position has been vacant since the prior incumbent accepted a position as the Alcohol and Drug Director. This position also serves as the assigned Accreditation Coordinator required by the national Public Health Accreditation Board, overseeing quite improvement, progress towards organization performance measures in the 11 essential Public Health Service domains, and direct supervision of at least one Public health division.

Copies of the Agency's organizational charts and critical Staffing questionnaires are attached for your review.

Please contact me should you have any questions.

2014 HR 2389 TITLE III

On September 16, 2014 at 10:15 a.m. in the Chambers of the Plumas County Board of Supervisors, located at 520 Main St., Room 308 Quincy, CA, the Plumas County Board of Supervisors will finalize its approval of the following projects tentatively approved on August 12, 2014

<u>APPL. NO.</u>	<u>APPLICANT</u>	<u>CATEGORY/PROJECT</u>	<u>AMOUNT REQUESTED</u>	<u>ALLOCATED AUGUST 12, 2014</u>
1	Plumas County OES Wildfire Prevention Jerry Sipe	I/II	\$ 90,000.00	90,000.00
2	Plumas County Sheriff Search & Rescue Dean Canalia	II	\$ 25,000.00	25,000.00
3	Plumas County Sheriff OES Radio Tower and Vault Project Dean Canalia	II	\$ 130,482.86	130,541.88

**Category I**

*Carry out activities under the Firewise Communities program to provide to homeowners in fire-sensitive ecosystems education on, and assistance with implementing techniques in home siting, home construction, and home landscaping that can increase the protection of people and property from wildfires*

**Category II**

*Reimburse the participating county for search and rescue and other emergency services, including firefighting, that are (a) performed on Federal land after the date on which the use was approved or (b) paid for by the participating county*

**Category III**

*Develop community wildfire protection plans in coordination with the Secretary of Agriculture*

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United States Department of Agriculture  
Forest Service

## Secure Rural Schools

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**U.S. Forest Service**  
1400 Independence Ave.,  
SW  
Washington, D.C.  
20250-0003

(800) 832-1355

Contact the  
**Web Manager**

**Updated: November 21, 2012****FAQs for Title III-County Funds**

Where can I find the text of title III of the reauthorized Act?

The text of The Secure Rural Schools Act title III as amended in Public Law 112-141 is posted on the County Funds section of the web site at a Quick Link, "**Title III of PL 112-141**"

**Authorized Uses – section 302(a)**

Did the authorized uses of title III funds change when the Act was reauthorized in July 2012 (Public Law 112-141)?

No. The authorized uses in the reauthorized Secure Rural Schools Act have not changed compared to the 2008 Act (Public Law 110-343).

Since October 2008, section 302(a) has provided that a participating county shall use title III county funds only –

To carry out activities under the Firewise Communities program to provide to homeowners in fire-sensitive ecosystems education on, and assistance with implementing, techniques in home siting, home construction, and home landscaping that can increase the protection of people and property from wildfires;

To reimburse the participating county for search and rescue and other emergency services, including firefighting, that are performed on national forests 45 days after the date on which the use was published as required in section 302(b) and that are paid for by the participating county; and

To develop community wildfire protection plans in coordination with the Forest Service acting on behalf of the Secretary of Agriculture.

However, beginning August 31, 2012 and going forward, the Forest Service has revised its guidance regarding the authorized uses of title III funds. The revisions are a result of recommendations made by the Government Accountability Office (GAO) report entitled, "Payments to Counties: More Clarity Could Help Ensure County Expenditures Are Consistent with Key Parts of the Secure Rural Schools Act (GAO-12-775, July 2012). GAO recommended that the Forest Service provide clear guidance specifying types of allowable county uses of title III funds to help counties make appropriate decisions regarding these funds. The entire GAO report may be viewed at <http://www.gao.gov/products/GAO-12-775>. The **USDA response** to the GAO audit report may be viewed on this web site.

Title III funds become county funds after the federal government makes payments to the state which, in turn, distributes the payments to the county. To determine the appropriate use of funds going forward, county officials should review the revised guidance, which clarifies the authorized uses of title III funds, and confer with county legal counsel.

**Authorized Uses – Firewise Communities Program, Section 302(a)(1)**

What activities may be carried out under the Firewise Communities program?

The Act is very specific. Consistent with the GAO recommendations, Forest Service guidance has been revised to clarify that a county's use of title III funds for Firewise activities must be limited to providing specific wildfire-related education or wildland fire mitigation assistance to homeowners. Specifically, section 302(a)(1) authorizes title III funds to be spent on Firewise Communities program activities that 1) **educate homeowners** in fire-sensitive ecosystems about techniques in siting (positioning or locating) a home, constructing a home, landscaping and maintenance around a home that will decrease the risk of injury or death and decrease the risk of damage or destruction of a home as a result of a wildfire in the area surrounding a home, or 2) **assist homeowners** in implementing these techniques.

Examples of education assistance to homeowners include:

- Disseminating Firewise information with door hangers, print or radio advertisements;
- Making Firewise information available at community events;
- Holding Firewise educational workshops for homeowners;

**Related Links**

[Annual title III certification](#)  
[Returning title III funds](#)

Creating or distributing videos on Firewise principles related to the home ignition zone and fire-resistant building materials; and  
 Outfitting and staffing Firewise trailers or mobile units to educate homeowners about the Firewise principles related to the home ignition zone and fire-resistant building materials.

Examples of mitigation assistance to homeowners include:

Assisting communities with Firewise planning, including conducting a Firewise community assessment;  
 Hosting "clean-up days" to encourage homeowners to remove brush and other vegetation from around their homes;  
 Assisting communities with applications for Firewise Communities recognition;  
 Providing grants or partial funding for removal of vegetation from around homes;  
 Salary and transportation costs for youth crews removing vegetation from around homes;  
 Supervision, transportation and related costs for parolees or prisoners removing vegetation from around homes; and  
 Providing chippers to treat hazardous vegetation within the home ignition zone.

Examples of activities **not authorized** by section 302(a)(1) include:

Clearing vegetation along emergency evacuation routes;  
 Clearing vegetation from county lands, parks, schools or cemeteries or other larger swaths of land not directly associated with home siting;  
 Clearing fuel breaks or removing understory vegetation from large linear areas surrounding communities beyond 200 feet from homes.  
 Purchasing address and street signs to make it easier for firefighters and emergency responders to locate homes, cabins and businesses;  
 Updating a 911 emergency response system;  
 Purchasing or installing water tanks or hydrants to be used for fire suppression;  
 Purchasing or installing fire danger signs to display the current level of wildland fire danger;  
 Educating youth about the Firewise program and other issues related to wildland fire; and  
 Purchasing informational materials and supplies to be used to educate people about the larger issues of wildland fire beyond the home ignition zone.

**May a county expend title III funds for Firewise activities in communities that are not a Firewise Communities/USA Recognized Site?**

Forest Service guidance also has been revised to clarify the communities in which a county may use title III funds for Firewise activities. Section 302(a)(1) limits authorized activities to those activities "under the Firewise Communities program." We interpret this language as limiting a county's use of title III funds to the following activities:

Activities carried out in a community that is Firewise Community/USA Recognized Site.  
 Activities carried out by a community to become recognized as a Firewise Communities/USA Recognized Site.  
 Activities necessary to renew recognition as a Firewise Communities/USA Recognized Site.

Activities aimed at recognition or renewal should occur within 12 months or less of recognition or renewal to be authorized uses of title III funds.

Counties are not eligible for recognition as a Firewise Community/USA Recognized Site under the Firewise Community Program. However, counties can successfully support small communities, subdivisions and neighborhoods in their jurisdictions in the recognition process. To become recognized, communities must undertake the following five actions:

1. Complete a community assessment and create a plan.
2. Form a Firewise Board or Committee.
3. Hold a Firewise Day event.
4. Invest a minimum of \$2/capita in local wildfire mitigation projects. (Volunteer hours, equipment use, time contributed by agency fire staff, and grant funding can be included.)
5. Submit an application to the Firewise Communities Program via their state liaison.

A county may use title III funds in providing assistance or support of a community's Firewise Communities/USA recognition process, including:

Conducting or assisting with community assessments;  
 Helping the community create an action plan;  
 Assisting with an annual Firewise Day;  
 Assisting with treating vegetation within the home ignition zone; and  
 Communicating with the state liaison and the national program to ensure a smooth application process.

Communities must renew their status annually to retain recognition as a Firewise Community/USA Recognized Site. Counties can assist in ensuring an annual Firewise Day takes place and can help fund or support projects in the home ignition zone to make homes less vulnerable to wildfires. See [www.firewise.org/usa](http://www.firewise.org/usa) for more information about the recognition program.

Can title III funds be used to remove hazardous fuel along roads that provide access to homes in the wildland urban interface?

No. Section 302(a)(1) specifies that the activities are to be oriented around homes. Only fuel removal from the roadside within the home ignition zone (i.e., within 200 feet of a home) would be an authorized use. Treatments beyond 200 feet from a home would not be considered to be in the home's ignition zone and therefore not authorized uses of title III funds.

What is the home ignition zone?

The Firewise Communities/USA Program describes the home ignition zone to be the house and its immediate surroundings within 100 to 200 feet. Within this distance, removing flammable items such as dead vegetation will help prevent flames from contacting the home, and reducing the volume of live vegetation will reduce the intensity of a wildfire as it enters the home ignition zone.

Research cited on and linked to the Firewise Communities/USA web site (<http://firewise.org/information/research-and-guidance.aspx>) indicate that fuel removal and fire-safe landscaping treatments up to 40 meters (approximately 130 feet) from the home decrease the chance of the home igniting during a wildfire.

Other factors such as construction materials and design of the home itself are also important and educating about these factors and assisting homeowners in implementing these practices are also authorized.

Authorized Uses – Reimbursement for Emergency Services, section 302(a)(2)

Can title III funds be spent to reimburse a participating county for search and rescue or other emergency services performed on National Park Service or Bureau of Land Management lands?

No. Emergency services that are reimbursed with title III funds must be performed only on national forests and certain Bureau of Land Management (BLM) lands in Oregon.

Title III funds may be used to reimburse a participating county for emergency services on Federal land as defined in the Act. The Act's definition of Federal lands does not include national grasslands, national parks, wildlife refuges, BLM public domain lands or other lands administered by the Department of the Interior except for revested Oregon and California Railroad (O&C) and reconveyed Coos Bay Wagon Road grant lands administered by the BLM in western Oregon.

What are examples of emergency services?

The Secure Rural Schools Act specifically cites search and rescue and firefighting as examples of emergency services. Other examples include responding to flooding, tsunamis, landslides, avalanches, tornadoes or other high-wind events, and medical emergencies to provide first-aid or to prevent risk of human injury or death or damage to property. The response must take place during or immediately following the emergency event.

Routine sheriff's patrols of national forest roads and campgrounds, clean-up after a flood event, "mop-up" after a wildfire is contained and similar follow-up actions not carried out during or immediately following the emergency event are not emergency services as envisioned in the Secure Rural Schools Act.

May title III funds be used for planned marijuana eradication or other illegal drug law enforcement activities?

No. Law enforcement activities planned in advance are not emergency services under the Act.

What search and rescue and other emergency services, including firefighting, may be reimbursed using title III funds?

Section 302(a)(2) provides that title III funds may be used to reimburse counties for search and rescue and other emergency response activities performed on national forests and the specified BLM lands in western Oregon and paid for by the county. Specifically, the following expenses paid for by the county may be reimbursed in proportion to the amount attributable to emergency services performed on a national forest or the specified BLM lands:

Salary or wages of emergency response personnel deployed during an emergency response.



Replacement of equipment, material and supplies expended, damaged or destroyed during an emergency response.

Repair of equipment damaged during an emergency response.

Maintenance of vehicles, equipment, and facilities during an emergency response.

What are examples of search and rescue and other emergency services expenses that may not be reimbursed?

Expenses related to the general enhancement of the capacity to provide search and rescue and other emergency services are not reimbursable under section 302(a)(2). Section 302(a)(2) does not authorize the use of title III funds for expenses incurred in preparation for or in anticipation of providing emergency services.

Specifically, the following uses may be not be reimbursed:

Purchase of capital equipment such as the purchase of a fire engine, a search-and-rescue snowmobile, or other emergency response equipment.

Expenses for capital improvements such as construction of a fire station or emergency services dispatch center.

Purchase of land (real estate) such as for a fire station or an airport to be used primarily for fire suppression on national forest and other nearby forested lands. Maintenance or upgrade of an airport, dispatch center or other facility used primarily for emergency services.

Repair or reconstruction of a road after a storm event.

Salary or wages of fire patrols or emergency response personnel during routine duties and scheduled patrols.

Maintenance or operating costs of fire patrol and emergency response equipment during routine duties and scheduled patrols.

Expenses of training personnel to respond to emergencies on national forests.

Expenses of equipment and supplies to be kept on hand for response to emergencies on national forests.

Expenses of non-disposable personal protective equipment and electronic aids such as GPS devices in anticipation of responding to emergencies.

Development or maintenance of a 911 emergency system.

May a county use title III funds to purchase communication equipment for a 911 emergency response system or for the development of a 911 emergency system including mapping of county roads, naming roads, locating structures and improvements on mapping system, developing data bases for emergency 911 system?

No. Section 302 of the Act does not authorize the purchase of equipment for 911 emergency systems. Title III funds may not be used for the development or maintenance of a 911 emergency response system.

Relevant data gathered during an authorized use such as a Firewise Communities program community assessment or as part of the development of a community wild fire protection plan in coordination with the Forest Service may be shared with 911 system administrators.

#### Authorized Uses – Community Wildfire Protection Plans, section 302(a)(3)

Section 302(a)(3) authorizes title III funds for developing a community wildfire protection plan. Does "developing" include monitoring and updating the community wildfire protection plan?

A community wildfire protection plan is defined in section 101(3) of the Healthy Forests Restoration Act of 2003 (Public Law 108-148) (HFRA), with specific content and a process for development.

Monitoring and updating an existing community wildfire protection plan is a reasonable interpretation of "developing" a plan in a dynamic environment where vegetation and other landscape conditions are continuously changing through natural processes or through human activity. To remain effective, community wildfire protection plans need to be monitored and updated.

Can title III funds be spent on planning protection of communities not directly adjacent to national forest lands but adjacent to other federal lands?

Community wildfire protection plans (CWPPs) have various footprints and often address lands not directly adjacent to national forests that share the same "fireshed" as national forest lands. If Forest Service personnel are involved in developing or updating a community wildfire protection plan that addresses national forest lands and other federal, state, county, municipal, tribal or private lands, all within the same fireshed, title III funds received from the Forest Service may be used to fund the planning.

If BLM personnel are involved in developing or updating a community wildfire protection plan that addresses O&C and Coos Bay Wagon Road lands and other federal, state, county, municipal, tribal or private lands, all within the same fireshed, title III funds received from the BLM may be used to fund the planning.

Can title III be used to fund community wildfire protection plans without coordination with the Secretary concerned?

No. The Act specifically requires community wildfire protection plans developed with title III funding to be coordinated with the Secretary concerned. Title III may be used to fund the development or updating of a community wildfire protection plan in coordination with Forest Service or BLM personnel, as appropriate to the source of the title III payment, acting on behalf of the Secretary for the purpose of this section of the Act.

Can title III funds be used for hazardous fuel reduction projects that are identified in an approved community wildfire protection plan?

Activities to implement a community wildfire protection plan are generally not authorized uses of title III funds; they must be funded from other sources. For example, creating fuel breaks outside the home ignition zone, creating water sources for fire-fighting purposes, and establishing a 911 emergency response system are separate from the development of the plan and are not authorized uses of title III.

Title III funds may be used to assist homeowners in reducing hazardous fuels only within the home ignition zone. Other fuel reduction treatments called for in the community wildfire protection plan must be funded from other sources.

Activities such as hazardous fuel reduction or treatments to improve forest health and resilience to wildfire, insect and disease that are recommended in a community wildfire protection plan and benefit national forest lands may be considered by resource advisory committees for funding under title II.

#### Publishing and Notification of Proposed Uses of Title III Funds – section 302(b)

What are the requirements for publication of proposed uses of title III funds?

A participating county may use title III funds for authorized uses only after providing for a 45-day public comment period. The comment period is initiated by the county's publication of a description of the proposed use in a publication of local record.

The Forest Service recommends that the county keep a copy or other verification of the publication of its proposed uses of title III in its records.

Is the expense of publishing the county's description of the proposed use of title III funds an authorized use of title III funds?

Yes.

Is the county required to notify the local resource advisory committee about proposed uses of title III funds?

If there is a Secure Rural Schools Act resource advisory committee established under title II of the Act with jurisdiction in the county, the county must also submit the proposal to the committee at the beginning of the public comment period. How does the county submit its proposed use of title III funds to the resource advisory committee?

The county may transmit the description of the proposed use to the committee's designated federal official, who will forward the description to the committee members and enter it into the committee's records.

What is the role of the resource advisory committee in approving title III projects?

Resource advisory committees have no authority to review, recommend or approve title III project proposals. The county is not required to obtain the approval of the committee before implementing a title III project. Individual committee members may respond to the county's publication of proposed projects as would any other member of the public.

What is the role of the public in approving title III projects?

The Act does not address the role of the public or the process for receiving and responding to the county's proposed use of title III. State and local laws and policies govern the county's procedures for public notification of its intended actions and responding to public comment on proposed actions.

Is a participating county required to inform the federal government in advance of its expenditure of title III funds?

The Secure Rural Schools Act does not require the county to notify the federal government of its plans to use title III funds before making the actual expenditures. A county that receives title III funds is required to report, after the fact, the expenditure of title III funds in an annual certification. See more detail in the section titled **Certification**.

How can a county participating in title III comply with publication and notification requirements in section 302(b) when the proposed use is for emergency services that are unplanned events and cannot be predicted?

The county can publish its intention to reserve title III funds to reimburse for qualifying emergency services and the amount it will reserve, estimated from past experience.

#### Annual certification of expenditures of title III funds – section 303

How does a participating county certify its title III expenditures?

The certification may be in the form of conventional correspondence such as a letter and, at the option of the certifying official, attached tables, or similar graphic display. Alternatively, the certification may employ the optional form **OMB 0596-**



**0220.** The certification may be submitted by hard copy, and/or electronically scanned, and included as an attachment to electronic mail. See more detail in the web site section titled **Certification**.

Does the reauthorization in P.L. 112-141 make any changes to the requirement that a county annually certify amounts of title III funds expended for authorized uses?

The reauthorization did not make any changes in this requirement. In response to the GAO report, the Forest Service will revise the certification procedures to require that counties also report the amount of title III funds that were unobligated by September 30 each year.

How does a participating county certify its title III expenditures if it receives title III funds from both the Forest Service and BLM?

Certain counties in western Oregon receive title III payments initiated by both the Department of Agriculture Forest Service and the Department of the Interior BLM. If the county received Secure Rural Schools Act title III payments from more than one agency, the county must certify separately to each agency about the title III funds received from that agency. Do not report to the BLM expenditure of title III funds received from the Forest Service; do not report to the Forest Service expenditure of title III funds received from the BLM. See the section titled **Certification** for addresses to each agency.

**Termination of Authority – section 304**

What is the deadline to initiate title III projects?

The authority to initiate title III projects terminates September 30, 2012. This deadline applies to title III funds received for fiscal years (FY) 2008-2011 as well as those to be received for FY2012.

How does the county initiate a title III project?

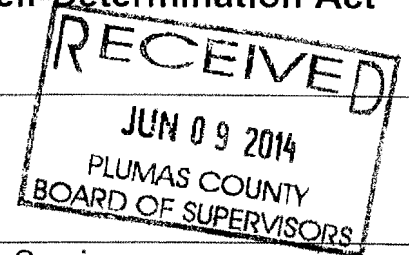
The county's initiation of a title III project must be documented. For the purposes of title III, a project may be considered to be initiated at a point in time before the county publishes its intention to use title III funds for an authorized project in a publication of local record as required in section 302(b). The Forest Service recommends that the county document its initiation of title III projects in the meeting minutes of its county governing body (e.g. board of commissioners) which reflect the county's agreement to use the funds for the authorized uses in title III. What is the deadline to obligate title III funds?

The authority to obligate title III funds terminates September 30, 2013. This deadline applies to title III funds received for FY 2008-2011 as well as those to be received for FY2012. Title III funds not obligated for authorized uses by September 30, 2013 must be returned to the U.S. Treasury. Read more at the link **returning title III funds**.

The Forest Service recommends that a county's procedure for and documentation of its obligation of title III funds be consistent with its procedures for obligating funds from other federal sources.

2014 Title III, Secure Rural Schools and Community Self-Determination Act  
Plumas County

1



1.	<p><b>Project Title:</b> Plumas County Wildfire Prevention</p> <p><b>Group Submitting Project:</b> Plumas County Office of Emergency Services</p> <table border="1"> <tr> <td data-bbox="159 472 766 577"><b>Requested Grant Amount:</b> \$90,000</td> <td data-bbox="766 472 1523 577"><b>Funding Period:</b> 7/1/2015 to 6/30/2016</td> </tr> <tr> <td data-bbox="159 577 766 798" rowspan="4"></td> <td data-bbox="766 577 1523 640"><b>Contact Name:</b> Jerry Sipe</td> </tr> <tr> <td data-bbox="766 640 1523 724"><b>Address:</b> 270 County Hospital Road #127 Quincy, CA 95971</td> </tr> <tr> <td data-bbox="766 724 1523 766"><b>Phone:</b> 530-283-6367</td> </tr> <tr> <td data-bbox="766 766 1523 798"><b>E-Mail:</b> jerrysipe@countyofplumas.com</td> </tr> </table>	<b>Requested Grant Amount:</b> \$90,000	<b>Funding Period:</b> 7/1/2015 to 6/30/2016		<b>Contact Name:</b> Jerry Sipe	<b>Address:</b> 270 County Hospital Road #127 Quincy, CA 95971	<b>Phone:</b> 530-283-6367	<b>E-Mail:</b> jerrysipe@countyofplumas.com
<b>Requested Grant Amount:</b> \$90,000	<b>Funding Period:</b> 7/1/2015 to 6/30/2016							
	<b>Contact Name:</b> Jerry Sipe							
	<b>Address:</b> 270 County Hospital Road #127 Quincy, CA 95971							
	<b>Phone:</b> 530-283-6367							
	<b>E-Mail:</b> jerrysipe@countyofplumas.com							
2.	<p><b>Project Summary</b></p> <p>This project continues wildfire prevention, planning, mitigation and response efforts throughout Plumas County by assisting, creating and updating community wildfire protection plans, fire prevention planning, outreach and education, and ongoing activities of the Fire Prevention Specialist.</p>							
3.	<p><b>How does the project address the activities authorized by Title III? Check all that apply:</b></p> <p><input checked="" type="checkbox"/> <i>I. Carry out activities under the Firewise Communities program to provide to homeowners in fire-sensitive ecosystems education on, and assistance with implementing, techniques in home siting, home construction, and home landscaping that can increase the protection of people and property from wildfires.</i></p> <p><input checked="" type="checkbox"/> <i>II. Reimburse the participating county for search and rescue and other emergency services, including firefighting, that are (a) performed on Federal land after the date on which the use was approved and (b) paid for by the participating county.</i></p> <p><input type="checkbox"/> <i>III. Develop community wildfire protection plans in coordination with the Secretary of Agriculture.</i></p> <p><b>Explain:</b> See project work plan below.</p>							

## 2014 Title III, Secure Rural Schools and Community Self-Determination Act Plumas County

### 4. Project Workplan:

- Facilitate continued cooperation and coordination between and among Plumas County Firesafe Council, Plumas County Fire Chief's Association, existing Fire Protection (or service) Districts, Cal Fire, US Forest Service and other fire prevention agencies by regularly attending meetings, providing updates, developing reports and providing wildfire prevention information and knowledge as appropriate.
- Work to increase the number of Firewise Communities throughout Plumas County through education and outreach to the local fire departments, various community organizations and the public.
- Provide wildfire prevention consultation and advice upon request to the Plumas County Planning Department and the Plumas County Planning Commission through review and comment on various plans and documents including but not limited to the draft Plumas County General Plan and the associated environmental document, and the county's Multi-hazard Mitigation Plan.
- Facilitate input from Plumas County Fire Departments regarding the Community Wildfire Protection Plan (CWPP) and Firewise Community development and assist Plumas County Fire Safe Council in coordinating, reviewing, and updating the CWPP.
- Work with Fire Safe Council, local fire departments, community leaders and organizations to develop wildfire prevention strategies and mitigation measures.
- Provide updates to the Plumas County Board of Supervisors during a regularly scheduled and publicly held Board meetings.
- Develop and implement action plans to provide homeowner education and outreach for properties located outside existing fire protection district boundaries.
- Reimbursement for response and support to wildfire incidents threatening local communities.

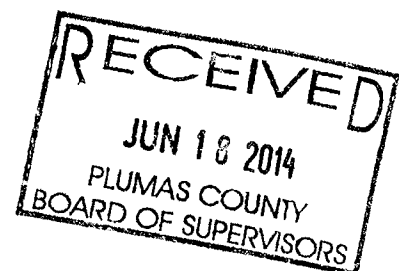
**2014 Title III, Secure Rural Schools and Community Self-Determination Act  
Plumas County**

- |   |  |
|---|--|
| 5 | <p><b>Project Budget:</b><br/>Ongoing activities and continuing contract with Fire Prevention Specialist: \$90,000</p> |
|---|--|

**2014 Title III, Secure Rural Schools and Community Self-Determination Act  
Plumas County**

2

1.	<b>Project Title:</b> Plumas Co. Sheriff's Office Search and Rescue Reimbursement Project	
	<b>Group Submitting Project:</b> Plumas Co. Sheriff's Office	
	<b>Requested Grant Amount:</b> \$25,000	<b>Funding Period:</b> 2014 to 2015
	<b>Contact Name:</b> A/S Dean Canalia	
	<b>Address:</b> 1400 E Main St Quincy, CA	
	<b>Phone:</b> 530-283-6390	
	<b>E-Mail:</b> dcanalia@pcso.net	
2.	<p><b>Project Summary</b> The Plumas County Sheriff's Office and Plumas County Search and Rescue are the primary responders to all search and rescue (SAR) related missions within the County. Due to the significant amount of federal land in the County, almost all SAR related calls end up being on USFS controlled land. The Plumas County Sheriff's Office Dispatch Center coordinated response to these calls with all agencies, within and outside of Plumas County.</p> <p>With current economic issues, many times available personnel to handle these calls are lacking and the missions are not staffed adequately without depleting overtime funding. This in turn would tax the existing budget and threaten general law enforcement service responses. The Sheriff's Office is seeking these funds to adequately respond to SAR related calls on federal land with enough staff to handle the mission. This provides the best service possible with available resources for the residents and visitors to Plumas County in a timely and professional manner during these emergencies.</p>	



**2014 Title III, Secure Rural Schools and Community Self-Determination Act  
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**3. How does the project address the activities authorized by Title III? Check all that apply:**

☐ I. Carry out activities under the Firewise Communities program to provide to homeowners in fire-sensitive ecosystems education on, and assistance with implementing, techniques in home siting, home construction, and home landscaping that can increase the protection of people and property from wildfires.

☒ II. Reimburse the participating county for search and rescue and other emergency services, including firefighting, that are (a) performed on Federal land after the date on which the use was approved and (b) paid for by the participating county.

☐ III. Develop community wildfire protection plans in coordination with the Secretary of Agriculture.

**Explain: The Plumas County Sheriff's Office is responsible for all SAR related activities in Plumas County. Both paid and volunteer resources respond to SAR related calls on federal lands, with the response coordinated through the Sheriff's Office Dispatch Center. The Sheriff's Office is seeking reimbursement for actual expenses incurred during the SAR calls on USFS lands, as well as other related emergency responses. This includes wages and benefits for those involved Sheriff's employees, mileage, fuel, repair or replacement of equipment damaged or destroyed and training of department personnel**

**2014 Title III, Secure Rural Schools and Community Self-Determination Act  
Plumas County**

4. **Project Workplan:** By using established financial tracking mechanisms currently in place within the Sheriff's Office, the Sheriff will use these funds to cover salaries and benefits of Sheriff Office employee's involved in the dispatch, and response to SAR and other related emergency calls on federal lands. The funds will also be used to reimburse actual expenses incurred in these missions as they relate to vehicle repair, replacement, fuel, incidental expenses and repairing or replacing damaged or destroyed SAR equipment.

The utilization of these funds allows the Sheriff's Office to staff missions effectively without undue negative impact on existing budgets which have already been reduced to a point where basic services are in jeopardy.

**2014 Title III, Secure Rural Schools and Community Self-Determination Act  
Plumas County**

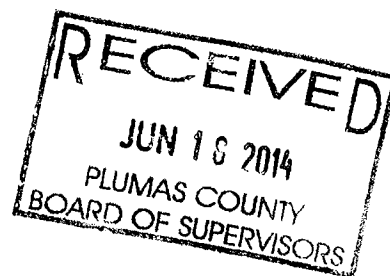
**5 Project Budget:**

Salaries and benefits	\$18,000
Equipment repair and replacement	\$5,000
Vehicle Repair, Maintenance and Fuel	<u>\$2,000</u>
Total	\$25,000



2014 Title III, Secure Rural Schools and Community Self-Determination Act  
Plumas County

1.	<b>Project Title:</b> Plumas Co. Sheriff's Office Radio Tower and Vault Project	
	<b>Group Submitting Project:</b> Plumas Co. Sheriff's Office and Office of Emergency Services	
	<b>Requested Grant Amount:</b> \$130,482.86	<b>Funding Period:</b> 2014 to 2015
	<b>Contact Name:</b> A/S Dean Canalia	
	<b>Address:</b> 1400 E Main St Quincy, CA	
	<b>Phone:</b> 530-283-6390	
	<b>E-Mail:</b> dcanalia@pcso.net	



## 2014 Title III, Secure Rural Schools and Community Self-Determination Act Plumas County

2. **Project Summary** The FCC mandate to narrowband all land mobile radio system in frequency bands used by the Sheriff's Office and Plumas County public safety agencies had a dramatic negative affect on public safety radio reception and transmission coverage. In fact upwards of 30% of the area coverage available has disappeared after narrow banding was implemented and other areas have very diminished communications. Virtually all the areas that lost or diminished coverage are on USFS lands.

The loss of coverage has affected Search and Rescue (SAR) responses more than any other type of call for service. Almost exclusively, the areas impacted with reduced communications are on USFS lands. Now, many times we find that during SAR calls there is no communications available that can reliably reach the Sheriff's Office dispatch center directly. While at times these communication needs are routine, in almost every SAR call the victim is found and the needed radio communications becomes critical. Now this may require someone to drive, or walk, for miles to get to a place the radio works. This problem, obviously, can have a very negative affect on SAR personnel who may get hurt and can't immediately get help of for the follow-up needs of the victims that are the source of the original call for service.

The obvious fix is to move back to wide band mode and recover the coverage lost in our communication systems. This is not an option as the law no longer allows wide band radio emissions and the penalties for using wide band emissions is very high. The only viable option to fix this communication problem is to build sites with better coverage than what is available now, tie the communication system to the microwave network we have already built out and start a transition to digital radio transmissions. All of these fixes combined together will make for improved communications as proven by other agencies with similar needs and topography.

This grant application will help move forward plans to fix radio communication lost in remote areas of the county on lands managed by the USFS.

**2014 Title III, Secure Rural Schools and Community Self-Determination Act  
Plumas County**

**3. How does the project address the activities authorized by Title III? Check all that apply:**

☐ I. Carry out activities under the Firewise Communities program to provide to homeowners in fire-sensitive ecosystems education on, and assistance with implementing, techniques in home siting, home construction, and home landscaping that can increase the protection of people and property from wildfires.

☒ II. Reimburse the participating county for search and rescue and other emergency services, including firefighting, that are (a) performed on Federal land after the date on which the use was approved and (b) paid for by the participating county.

☐ III. Develop community wildfire protection plans in coordination with the Secretary of Agriculture.

**Explain:** To achieve an acceptable level of search and rescue related services, reliable communications are essential. New, update towers and vaults need to be added to critical sites to help re-establish areas that have lost communication capabilities. A lack of communications in remote areas is dangerous for first responders to SAR related calls and detrimental to the search, rescue and treatment of the victims that need help. This project continues to build on similar work started with previous grants

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4. **Project Workplan:** Continue to pursue special use permits and partner governmental agencies to bring the project to completion. The federal permit process is lengthy and cumbersome, but there is buy in from federal agencies that have put the process on a faster track. Final approvals are expected soon and new special use permits will be submitted for additional projects.

Once the permit is in hand, build out should only take about four months, weather permitting. It is our goal to contact for services for all projects using the same vendor to streamline the project timeline.

5 **Project Budget:**

<b>Purchase, and Install Radio Vaults and Towers</b>	<b>\$130,482.86</b>
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**BOARD OF SUPERVISORS**

**COUNTY OF PLUMAS**

**STATE OF CALIFORNIA**

**RESOLUTION PROCLAIMING A LOCAL EMERGENCY**

**COUNTY OF PLUMAS**

**STATE OF CALIFORNIA**

**RESOLUTION 2014-\_\_\_\_\_**

**WHEREAS,** Section 8630 of the California Government Code empowers the Board of Supervisors to proclaim the existence or threatened existence of a local emergency when the County is affected or likely to be affected by a public calamity; and,

**WHEREAS,** the County Director of Emergency Services and the Board of Supervisors of the County of Plumas do hereby find that conditions of extreme peril to the safety of persons, property and public infrastructure have arisen affecting the communities of the County, the National Forest system lands within the County, and the private timber and agricultural lands within the County caused by the uncontrolled build-up of natural fire fuels, posing a severe and ongoing threat of catastrophic wildfire in the County and in California; and,

**WHEREAS,** the management of lands, particularly regarding fire protection and fuel reduction, on National Forest system lands under the jurisdiction of the United States Department of Agriculture-Forest Service is wholly inadequate, has long-been ignored, and is significantly under funded, placing Plumas County in significant peril and at great risk in the event that catastrophic wildfires occur in thereby destroying public resources, private property, businesses, and the natural environment; and,

**WHEREAS,** the irretrievable loss of productive forest lands for generations evidenced by the loss of goods and services originating from the public lands impacted by catastrophic wildfire; the insurance losses from catastrophic wildfires; the loss of valuable natural resources; the damage and/or loss of

beyond the scope of the January 17, 2014 State drought-declaration of emergency; and,

**WHEREAS**, during the existence of a local emergency, the powers, functions, and duties of the Plumas County Office of Emergency Services shall be those prescribed by State law (e.g., Government Code 8630), and Plumas County ordinances (e.g., Chapter 1 of Title 4 of Plumas County Code) and the County Director of Emergency Services shall proceed with formal notification to the State Office of Emergency Services, State legislative representatives, and the Governor of California with a request that he proclaim the County of Plumas to be in a state of emergency.

**THEREFORE, THE BOARD OF SUPERVISORS OF THE COUNTY OF PLUMAS HEREBY PROCLAIMS AND DECLARES** a local state of emergency based upon the foregoing findings as there exists, extreme conditions of peril to the safety of persons, private property, National Forest system lands, valuable watersheds, and public infrastructure within the County of Plumas.

**BE IT FURTHER RESOLVED** that the individual counties comprising the "Sierra Nevada region" as defined herein being situated within the boundary of the Sierra Nevada Conservancy are urged to evaluate the risk and peril experienced within each individual county and determine if such a proclamation of local emergency is warranted and appropriate.

**BE IT FURTHER RESOLVED** that the Governor of California is requested to confirm a state of emergency and seek a Presidential concurrence regarding the existing conditions in Plumas County and the "Sierra Nevada region", providing the highest possible priority and recognition of the extreme peril being encountered by providing a comprehensive and coordinated strategy directed by the Federal government, in cooperation with State and local government, which emulates the former and successful "Lake Tahoe Presidential Forum" for the deteriorating natural conditions impacting the Lake Tahoe region and conducted in 1997, providing a plan, tasking agencies with specific direction, providing long-term funding, establishing a streamlined process for project delivery directed towards a long-term and sustainable reduction of fire hazard and fuel loading to protect public and private resources as well as the lives and property of Plumas County citizens and the public.

Adopted by the Board of Supervisors of the County of Plumas on the 16th day of September 2014, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

COUNTY OF PLUMAS

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JON KENNEDY

CHAIRMAN, BOARD OF SUPERVISORS

ATTEST:

APPROVED AS TO FORM:

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NANCY DEFORNO

CLERK OF THE BOARD

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CRAIG SETTLEMIARE

COUNTY COUNSEL

3a



**Plumas County Mental Health Department  
A Review of the Current Service Delivery Dynamics, Issues and Considerations**

**Kemper Consulting Group**

**Marta L. McKenzie  
Lee D. Kemper**

**September 2, 2014**





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## **I. Introduction**

The Plumas County Board of Supervisors determined that an independent organizational review of the Plumas County Mental Health Department (PCMH) was appropriate and necessary to better inform the Board's oversight of mental health services provided to residents. Continuing and vocal community and law enforcement concerns about unmet service expectations, several leadership changes over a two-year period, a waiting list for services, a large fund balance, and repeated and numerous staffing and salary changes requested by the Department, were matters of interest that prompted the Board to contract with Kemper Consulting Group to perform a review of PCMH and its operations. This report summarizes the findings of that review, and makes specific recommendations to assist the Board in discharging its responsibility to oversee the mental health services provided by PCMH on behalf of Plumas County residents.

## **II. Methodology for Review**

Kemper Consulting Group used several approaches for gathering information to inform its review of the PCMH. Key informant interviews, direct observation, current PCMH data/report gathering and review, third party evaluation report review (e.g. APS – External Quality Review Organization, FY 2013/14 Grand Jury), and specific data requests were the methods utilized.

Key informant interviews were conducted with key PCMH leadership staff (both current and former), criminal justice system leaders and stakeholders, public health, alcohol and drug, First Five, and social services leaders, as well as local hospital and emergency room representatives. Trends and commonalities among key informants were collated, and when necessary additional data or information gathering was conducted to validate the stakeholders' perspectives. Where appropriate to better illustrate a common point of view, quotations from key informants have been included in the findings or recommendation sections. Key informants interviewed for this report are listed in Appendix #1.

Numerous written documents and reports were analyzed to substantiate key informant perspectives, or obtain factual information about the PCMH and its operations. A complete list is provided in Appendix #2. Among the materials reviewed were the following:

- Past, current and proposed annual PCMH budgets
- FY 2013/14 Grand Jury report (dated June 5, 2014)
- Recently submitted and/or drafted board request items
- Salary survey results and two year's of clinical recruitment history and results
- Mental Health Commission agenda and minutes (July 9, and August 13, 2014 meetings)
- Current Mental Health Commission by-laws
- Summarized information about individuals in the criminal justice system that have been determined in need of mental health evaluation and/or services as part of their sentencing or criminal evaluation
- External quality review of PCMH by a third party contractor of the State Department of Health Care Services released on July 29, 2014.

### **III. Executive Summary**

The Plumas County Mental Health Department (PCMH) has experienced a number of leadership changes over the past two years with four Director changes. PCMH struggles under a fairly widespread stakeholder perception that the Department lacks a collaborative philosophy, is often defensive, and is quick to say no to requests for support. Internal PCMH staff is particularly concerned by this frequently repeated view, as many feel that they are providing significant services on behalf of many clients, including many that are of most concern to their critics. It is clear that a number of stakeholder concerns predate the current leadership and that PCMH has long been regarded as “slow” to collaborate. It will take meaningful effort on the part of the new PCMH leadership to break through the historical perspectives and forge a new experience and view of PCMH in Plumas County.

In general, small county mental health departments face an exceedingly difficult set of circumstances. A plethora of rules associated with running a managed care system, including service requirements and documentation, billing and claiming requirements, audits, and quality improvement responsibilities bring an array of challenges. For small counties, these challenges must be faced by a small staff. Adding to the challenge in smaller counties, like Plumas, are recruitment difficulties and few if any external contractors to help shoulder some of the service responsibilities.

The following findings and recommendations are focused on needed improvements and recommended actions to assist PCMH in becoming a valued, respected provider and partner in the community for addressing the mental health and behavioral health needs of Plumas County residents. At a time when so many other county mental health departments in California are low on cash reserves, and many are relying on realignment transfers from other county departments to make ends meet, PCMH is poised with a fund balance that will allow the Department to make a multi-year strategic investment in the delivery of mental health services in the community, while setting aside a prudent reserve for contingencies. This financial situation, if managed appropriately, offers PCMH and Plumas County an important opportunity to become a strong partner in the provision of mental health services on behalf of County residents.

Despite the downward trend in the number of individuals served over the past few years in Plumas County and statewide, PCMH still ranks as one of the top ten counties in meeting the needs of their Medi-Cal eligible and foster care populations (measured by “penetration rate”). Further, many stakeholders spoke favorably about the youth summer leadership program titled Mountain Visions, and Sierra House which provides residential care to many who might otherwise leave Plumas County but for that local service availability. The PCMH Director has expressed an interest in developing “wellness centers” in four areas of the county with MHSA resources, and PCMH already provides services in several communities in this very rural county.

This review produced thirteen findings. Each finding is explained in the body of the report and followed by one or more recommendations. At the end of the report is a summary of the

recommended actions presented in Appendix #6. This summary is provided to assist PCMH, the Plumas County Board of Supervisors, and community stakeholders in monitoring the actions and follow-through of PCMH and documenting progress.

#### **IV. Summary of Findings**

- FINDING #1:** Most community stakeholders perceive PCMH to be insular, defensive, and lacking a collaborative orientation.
- FINDING #2:** PCMH maintains a waiting list for services, which has been a long-standing practice. The presence of a waiting list indicates there is insufficient PCMH clinical staffing or contracted service providers to perform key mental health service functions.
- FINDING #3:** While significant Mental Health Services Act (MHSA) resources flow into Plumas County on a monthly basis, MHSA funded programs and services are limited.
- FINDING #4:** Fund Balance Reserves in PCMH exceed what is necessary based on historical expenditures and current projected expenditures and potential financial risk. At the same time, community members and stakeholders report waits for needed services.
- FINDING #5:** Services to children are inconsistent, with some care above expected statewide service standards and other care below expected statewide service standards.
- FINDING #6:** There is little evidence of a clear, effective and collaborative working relationship between PCMH and the Plumas County Alcohol and Drug Department to address the needs of dually diagnosed persons.
- FINDING #7:** A robust quality control/improvement system that promotes effective mental health care delivery by PCMH has not been a priority for many years. Further, baseline State-required performance improvement efforts that demonstrate a commitment to quality improvement are no longer completed, and there is no evidence of planning to restart these activities.
- FINDING #8:** PCMH lacks a formal communications strategy and plan that clearly articulate its role and provide a vehicle for keeping Plumas County residents informed about the services available to them and/or their families.
- FINDING #9:** Numerous required program applications/plans, reporting, procedural, and evaluation activities are not being performed by PCMH, or are being performed substantially after the expected deadline(s).

**FINDING #10: The Mental Health Commission's organizational structure, procedural compliance, and organizational leadership need to be assessed.**

**FINDING #11: There is a lack of clarity among community emergency service providers about PCMH's role and responsibilities during emergent psychiatric situations.**

**FINDING #12: As a first-time Director with limited prior management experience, the PCMH Director faces a learning curve in all of the following areas: program administration and management, finance, leadership and training of staff, community relations, and interagency collaboration.**

**FINDING #13: Some external stakeholders support consideration by the Board of Supervisors of a combined health and human services delivery system as a means to more effectively serve clients, many of whom interact with various different departments.**

## **V. Findings and Recommendations**

**FINDING #1: Most community stakeholders perceive PCMH to be insular, defensive, and lacking a collaborative orientation.**

### **Discussion**

Among key informants interviewed for this review, there was overall agreement that PCMH has historically been an agency that is insular, protective of its resources, defensive in response to requests for support, and not philosophically committed to collaboration. Key informants with the criminal justice system were most vocal in support of this view. While these informants expressed appreciation for the mental health services that are currently performed in the jail, the courts and the alternative sentencing program by PCMH, they see these contributions as limited and nominal when there is such great need. These informants noted that a preponderance of the individuals now involved with the criminal justice system exhibit mental health and/or drug and alcohol issues, yet the services available to the criminal justice population are limited in both amount and duration. Further, these informants note that with the 2011 criminal justice realignment under AB 109, the level of need has become more pronounced. While resources were allocated to Plumas County under AB 109, reportedly approximately \$650,000 per year, these resources are modest in consideration of the range of services needed to serve the now expanded population and their multiple needs.

In the context of the county's new responsibility under AB 109, criminal justice system leaders are looking for a "partner" in PCMH that is committed to being a part of the solution. In light of the substantial resources now held by PCMH, justice system leaders are looking to PCMH to contribute some of those resources to serving the criminal justice population, either through PCMH staffing or financial support to other agencies. As stated by one key informant, justice system leaders are looking to PCMH to "embrace" this responsibility as a part of its contribution

to promoting public safety. To date, these leaders have experienced little positive response or willingness to assist from PCMH beyond the existing contribution level.

Some internal PCMH staff interviewed for this review shared similar concerns about the absence of successful collaboration by PCMH. At the same time, nearly every PCMH staff person interviewed for this review expressed concern and frustration about a lack of recognition from criminal justice system leaders for the services PCMH currently provides in justice system settings. Some staff felt that poor collaboration overall may be a significant contributing factor to the lack of recognition of what PCMH is currently providing. On its face, there appears to be a basic disconnect between what criminal justice system leaders see as the need for mental health and substance abuse services and what PCMH perceives as its obligation to those served by the criminal justice system.

Beyond collaboration with the criminal justice system, some PCMH staff members and external stakeholders expressed concern about the lack of progress by PCMH with collaborative programs and service delivery in other areas. Among these, specific concern was raised about the level of services available for veterans, dually diagnosed individuals with mental health and alcohol and drug conditions, and children in the foster care system, as required under the State of California's *Katie A.* legal settlement of 2011, or their parents.

### **Recommendations**

- 1-1. The PCMH Director and other PCMH leadership staff, as appropriate, should dedicate concerted attention to improving the working relationships with external stakeholders and leaders, particularly those within the criminal justice system, alcohol and drug, and social services. Relationships must be developed over time through trust building, honest dialogue, and reliable follow-through by PCMH on commitments.
- 1-2. PCMH should work with its criminal justice partners to identify the amount of clinical staff support (particularly those dually trained for mental health and alcohol/drug treatment) needed by the criminal justice system, and identify short-term and longer-term options for providing programmatic and/or financial support to deliver these clinical services. If the service is to be provided by PCMH, the existing Behavioral Health Therapist classification used by PCMH would be a relevant classification for this work. This classification emphasizes the ability to provide treatment for dually diagnosed persons and has been used interchangeably with the Mental Health Therapist in recruitments throughout 2014. In lieu of providing PCMH staff, PCMH could identify a level of financial support that could be directed to carrying out this work through a local contracting organization or under the authority of the appropriate agency within the criminal justice system.

**FINDING #2: PCMH maintains a waiting list for services, which has been a long-standing practice. The presence of a waiting list indicates there is insufficient PCMH**

**clinical staffing or contracted service providers to perform key mental health service functions.**

### **Discussion**

In nearly every external key informant interview, the waiting list at PCMH was noted as being a significant problem. In a recently published final report by CaEQRO<sup>1</sup>, an external review organization contracted by the State Department of Health Care Services to perform annual reviews of county mental health services, it was stated, "...timeliness for service initiation needs immediate improvement. The mental health department maintains a waitlist for intake assessments, and the waiting periods are not tracked. This practice puts consumers and the system at unnecessary risk."

Presumably, a waiting list would not be necessary if PCMH were staffed at a level sufficient to meet community needs. While difficult financial circumstances frequently put county agencies in the position of limiting services due to a lack of funding, this is not the underlying reason for a lack of sufficient staffing in PCMH. Financial resources are not a current problem, nor do financial limitations appear to have been a significant problem for the past couple of years. Instead, the following dynamics appear to have contributed to the current staffing arrangement and resulting waiting list.

- A. PCMH clinical staff salaries are less than those of nearby counties and there is no obvious "career ladder" inside the department that encourages qualified licensed professional staff to stay with the department.

On a per capita basis, PCMH appears to be understaffed in comparison with other small county Mental Health Departments in California<sup>2</sup>, and this understaffing hampers the ability of PCMH to meet community expectations about service delivery. The PCMH Director reported that past recruitments have been "underwhelming" and his assessment is that clinical positions go unfilled because of a low salary range. He suggested that the salary range should be benchmarked to the average of counties across the state, based on the argument that PCMH is competing with all other counties in California to attract qualified clinical staff. According to data provided by the Plumas County Human Resources (PCHR), over the last fifteen months of recruitment history, 20 qualified persons applied for either the Mental Health or Behavioral Health Therapist positions, were screened as meeting the minimum qualifications for the open

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<sup>1</sup> The State Department of Health Care services monitors the performance of all mental health departments in California through a variety of mechanisms. One of the methods has relied on a contracted provider – APS Healthcare, an External Quality Review Organization (EQRO). Within the California EQRO (CaEQRO) annual review process, a variety of county matrices and data are compared, procedures are reviewed, and mental health staff, consumers and stakeholders are interviewed to validate the data and procedures with 'real world experience'. A draft report is produced and the County has the opportunity to provide additional information before the final report is issued. The most recent review was conducted on May 8, 2014 for the period ending June 30, 2013, and the final report was issued on July 29, 2014.

<sup>2</sup> Budgeted FTE for MH was compared for the four California counties closest in population to Plumas: Glenn, Colusa, Inyo and Mariposa.

job(s), and were referred to PCMH for interviews<sup>3</sup>. It is not clear from this data what job offers transpired with the applicants, the number of offers that were declined, or how many approved applicants accepted a position. On the surface, these data do not indicate a problem with staff recruitment. Further information about what happened with the 20 qualified applicants is needed to better understand why the positions could not be filled with these applicants and vacancies remained.

Three key informants for this review and the Plumas County Grand Jury, in a recent report, suggested that another approach to recruitment and retention would be appropriate. These informants and the Grand Jury suggested that PCMH should consider development of a Therapist III level, which would afford a longer and higher salary “career ladder” for journey level practitioners. This approach is also supported by other county departments, including PCHR, because the new classification would support the retention of journey level clinical staff and reward those who are the most productive and long-term assets of PCMH.

In addition, it would be possible to use this classification to support those clinicians that have developed the capacity to serve both the mental health and alcohol and drug related needs of clients. Further, PCMH could collaborate with other Plumas County departments that may be impacted by this action, such as Social Services and/or Alcohol and Drug, during the development stage to ensure their needs for a Behavioral Health Specialist III position are also met in the process.

### **Recommendations**

- 2-1. Overall, PCMH staffing levels should be clearly linked to service need in the community, as evidenced by a “waiting list” and a community needs assessment or other similar data on local service needs. In consideration of this information, PCMH staffing levels should then be based upon standards for the volume of unduplicated clients that will be served and assumptions about billable claiming through Medi-Cal and other payers where appropriate. To substantiate the need for specific increases in staffing, PCMH should work to more effectively describe the components of projected need, current staffing, and increases needed to address unmet need.
- 2-2. PCMH needs to more clearly document current salary levels for licensed personnel and their impact on attracting a strong applicant pool. Toward this end, it would be appropriate for PCMH to compile a ten “comparable county” salary survey to determine the average salary and other compensation for clinical staff positions in the comparable counties. PCHR is supportive of this type of undertaking, and PCMH has already collected the information necessary for this analysis. Within this context, it may also be prudent for PCMH to compare its salary and other compensation with that of neighboring counties to determine how far apart salaries and other compensation may

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<sup>3</sup> Data obtained from the PCHR of unduplicated applicants meeting the minimum qualifications for the classification of MH Therapist and/or BH Therapist. Recruitments were conducted from the period March 11, 2013 through June 5, 2014.



be with these nearby counties. Following completion of this analysis, the Board of Supervisors should consider salary range adjustments commensurate with the results. At the most basic level, if PCMH cannot recruit, hire and retain qualified staff, community services needs cannot be met.

- 2-3. In collaboration with PCHR, PCMH should develop a Behavioral Health Therapist III classification, and move existing staff into this classification as appropriate.
- B. There is a heavy reliance on clinical interns, which have typically stayed long enough to complete their training and professional hours and then left for employment options in other counties, resulting in staff turnover and added workload for remaining staff.

Several key informants reported that interns – those that have met academic requirements but are lacking completion of supervised clinical hours – are the most common applicants in the PCMH recruitment pool. After being hired and completing their supervised hours, these interns have typically left the department for employment options outside of Plumas County.

Relying on interns to fill full-time clinical positions appears to be a long-standing PCMH practice. While interns may be preferable to having large unfilled gaps in services, and while interns may bring fresh perspectives, interns also require additional oversight and mentoring that reduces the time of other clinical staff in the department. When interns only stay long enough to fulfill their supervised clinical hour requirement, a churn of hiring, training and supervision then occurs, which is disruptive to the department and undermines continuity in the delivery of services to the community. In essence, this dynamic makes PCMH the training ground or development vehicle for new clinical graduates so that they can take their skills to other counties or providers after they have reached journey level competence. While the Grand Jury recommends in its recent report that interns be actively recruited from northern California universities, reliance on recruitment of interns without a retention strategy to keep these clinicians once they meet journey level competence, will address only the front end of the clinician staffing equation.

### **Recommendation**

- 2-4. PCMH should consider both of the following approaches:
  - a. Creating a one-time licensure incentive payment or “licensing/certification bonus” to encourage interns to stay beyond the completion of their supervised clinical hour requirement for a specified period of time, with discretion to PCMH to not retain and reward less than productive/effective intern staff; and/or,
  - b. Providing for the reclassification of the employee’s position upon completion of required clinical hours and licensure with a greater salary variation for licensed staff. A specific variation of “longevity pay” may be a useful means to meet this need.

- C. Non-direct service responsibilities placed on clinical staff, along with other service demands, reduce available hours for the provision of direct client services.

From key informant interviews with PCMH employees and external representatives four additional factors were identified as reducing PCMH's ability to meet community service needs. First, the conversion to an electronic medical record (EMR) from a paper-based system has reduced available direct service time of clinical staff. Increasingly expected for providers across the healthcare delivery system, the implementation of electronic records has been challenging in many settings, including PCMH. The system chosen by PCMH, Anasazi, is common in California. Only one other system is more frequently utilized in county mental health departments in the state. However, as described by PCMH employees, activities that used to take an hour in the paper system now take 2-3 hours. This slow down in productivity has reduced the time available for direct patient services and reduced the level of service provided across the department.

Second, there is the appearance to some PCMH employees and external representatives of differences in productivity of PCMH clinical staff. "Productivity" in the mental health context is typically characterized by measurement of the number of billable hours a clinical staff person completes in a workday, proportional to the total paid workday hours. Certain variations, such as those in paid travel time, training, supervision, administrative workload, duty assignment, and paid leave time, are all appropriate and reasonable variables that are taken into consideration in applying a productivity standard to individual staff members. It was suggested by some key informants that development of productivity standards for PCMH would help equalize work output and bring lower performing staff members into compliance. The PCMH Director recently announced his intention to proceed with performance standards for clinical staff. However, the announcement was greeted with skepticism and concern from some PCMH clinical staff because they did not believe they had received a sufficient explanation concerning the use of the standards, variations in measurement and application, and the consequences of under-performance, as represented by the productivity standards.

Third, the availability of clinical staff for delivery of direct services has recently been reduced by personnel changes within PCMH. Specifically, the appointment of one clinician to serve as PCMH Director and the promotion of two clinicians to serve in Program Chief positions, have reduced the amount of total time available for direct service delivery. Departments must establish plans for the orderly succession of employees from the direct service level into management and have mechanisms in place to provide for the timely appointment of new staff to take on direct service responsibilities. It does not appear that PCMH has established such a plan, but instead moved positions into a new structure without a clearly defined service backfill strategy. Within this context, it must be noted that the recent resignation of one of the two Program Chiefs will result in a further diminishment of service capacity in the near term.

Finally, PCMH clinical staff has responsibility for providing crisis services on a rotating basis. Eight staff (now seven with a recent resignation) share the 24/7 "Clinician of the Day" (COD) responsibility. This responsibility is worked a week at a time with added on-call pay, with the

full COD responsibility necessary once every 8 weeks – for the full week. PCMH clinicians are generally expected to maintain their regular daytime responsibilities while carrying the COD responsibility. In some circumstances, this added responsibility may impact a clinician’s delivery of direct services to other non-crisis clients when they are also serving as COD.

### **Recommendations**

- 2-5. In order to better determine current clinician staffing levels and the “direct service time” available for delivery of mental health services by these clinicians, all of the following need to be documented: loss of clinician service hours due to EHR conversion and associated medical record documentation; estimated under-performance by staff and estimated loss of direct service hours; estimated loss of direct service hours resulting from the assignment of clinical staff to new administrative or supervisory duties; estimated loss of direct service hours attributed to recent clinical staff departures; and estimated impact on daily services hours associated with COD, if any.
- 2-6. Intensive additional training on Anasazi needs to be continued to develop competence. Clinicians that have difficulty with typing or with software navigation should be offered remediation, and/or voice to text software support to assist in meeting this need. Support staff that act as scribes could also help optimize clinical staffing availability.
- 2-7. Consideration of “productivity” standards should be deferred until PCMH staffing is stable, fully trained and competent in Anasazi. Individual staff persons with apparent under-performance, based on lower client service hours, should be advised regarding their subpar performance, monitored, and where necessary individual performance improvement plans with low producers should be implemented. Productivity standards should be implemented only after clinicians are afforded an opportunity to assist in the development of the methodology for productivity measurement and all staff subject to the standards have been fully trained and are clear about the implications of under performance.
- 2-8. At the time of this review, duty statements for the two new Program Chiefs had not been developed. Duty statements for both of these positions should be collaboratively developed to guide day-to-day responsibilities, and identify expected time to be dedicated to management duties and direct client services, if any.
- 2-9. With the input of clinical staff, the advantages and disadvantages of in-house COD responsibility should be reviewed. The review should include the number of calls in a week’s time, the expectations for productive hours during the on-call week, and the perceived burden versus added clinical value for professional staff. If warranted, the PCMH should explore contracting some or all of the 24/7 COD responsibility to another entity in an effort to reduce this “extra” duty among existing professional staff.

- D. There are very few, if any, non-county mental health service providers in the community that provide services under contract, which results in PCMH having to address all service needs with county-hired mental health staff.

The majority of mental health departments in California rely on external contractors to help meet the mental health treatment needs of their clients. The range of providers under contract in California includes private individual practitioners; provider groups with various clinical staff, including some with psychiatry; and, federally qualified health centers (FQHC) or rural health clinics (RHC) that have, or are able to expand to have, clinical mental health services incorporated into their service delivery systems. In addition, many county mental health departments in California are working diligently to improve their collaboration with physical healthcare service providers to meet mutual client needs. As a result, improvements in information sharing, cooperative or collaborative financing arrangements, and direct contracting have been occurring in many counties. Several key informants suggested that PCMH consider contracting with outside mental health providers to help expand the availability of treatment options for the patient population in Plumas County.

PCMH has a long history of emphasizing internal PCMH staff recruitment instead of seeking and/or developing external community resources. Adherence to this approach has perpetuated a dynamic where the only place to get mental health services in Plumas County is through PCMH. While this dynamic is more common in smaller county mental health departments that have access to fewer external contract options, the result is continued community dependence for services solely on the county mental health department.

### **Recommendations**

- 2-10. PCMH should encourage the development of additional mental health resources through recruitment of external mental health providers to assist in meeting the community's needs and relieve the pressure on PCMH to address all mental health needs across the community.
- 2-11. PCMH should promote opportunities for community *medical* providers already serving seriously mentally ill clients to develop expanded mental health treatment capacity. For example, FQHC/RHC and other medical care providers should be encouraged to hire licensed mental health clinicians in their systems and PCMH should collaborate with them to recruit licensed professional staff to the community. PCMH should consider assisting this effort with MHSA resources as occurs in other north state jurisdictions.
- 2-12. PCMH should work to develop additional mental health provider resources in the community as a strategy in the upcoming three-year MHSA plan. This effort would help develop more mental health care options in the community and could contribute to the development of a "system of care" for those with less serious mental illness.

- 2-13. PCMH should work with Medi-Cal managed care health plans (Anthem Blue Cross and California Health and Wellness) to identify, secure, and support other Medi-Cal providers for non-serious mental health therapeutic and medication support services. Further, PCMH should contact all network providers with these plans to determine potential interest in contracting with PCMH to provide care to more seriously mentally ill Medi-Cal or other clients.
- E. Other recruitment and retention issues hamper the ability of PCMH to quickly recruit, hire, train and bring onboard new mental health staff.

Several PCMH staff informants expressed concern about the current training allotment of \$500/year. In consideration of the travel time and distance required to attend statewide or regional training, these informants suggested this level of support was insufficient. For licensed professionals that deliver services in more rural and remote areas, there is typically less regular interaction with teaching institutions or with mental health professionals in other areas to share best-practice models. Importantly, licensed clinical personnel must participate in continuing education to maintain their licensure. While completing these hours could be considered the responsibility of the employee, the benefit of continued training and continued licensure of clinical staff inevitably accrues to the department and is foundational to the department carrying out its service responsibilities. Supporting the clinical training and support needs of licensed personnel enhances the quality of the service provided by department staff, provides evidence to employees of the department's commitment to their professionalism, and may assist with clinician recruitment and retention.

Some PCMH and external key informants identified the process for filling vacant PCMH positions as one that adds time to periods of PCMH understaffing. It was reported that under existing practice each time a staff vacancy occurs PCMH must submit a request to the Board of Supervisors at a regular meeting of the Board to seek approval for recruitment and hiring. The necessity of this extra step is unclear. However, the impact of adding this step is that additional weeks may be added to the hiring process. For each day of understaffing, services are not provided to a range of clients, and "billable" reimbursements are not achieved. Such reimbursements support both the cost of the individual employees and a portion of department overhead.

### **Recommendations**

- 2-14. PCMH should make every effort to support the appropriate training needs of staff through a stronger investment in training. One approach would be to increase the annual training allocation for clinical staff. A second approach would be to allow a rollover of training funds not used by a clinician in one year to be added to training funds in the following year. A third would be a combination of both approaches. Under the Workforce Education and Training (WET) component of the Mental Health Services Act (MHSA), there is funding to support professional and paraprofessionals working in public mental health service systems. PCMH has an opportunity to make a more robust

investment in training for clinicians using MHSA funds than the department has exercised in the past.

- 2-15. The Board of Supervisors should provide authorization to PCMH to proceed with recruitment of open positions already approved in the PCMH budget and allocated to PCMH without returning to the Board for individual position-by-position approval. As a part of this authority, the Board of Supervisors should require PCMH to periodically report on staff vacancies and associated recruitments.
- 2-16. The Board of Supervisors should routinely receive an update from PCMH on the status of any client waiting list, including the elimination of such a list or its reinstatement. Among other considerations, the Board should require that any proposal from PCMH about proposed staffing, including changes to the compensation for licensed personnel, be linked to addressing any waiting list and preventing a waiting list from being re-established.

**FINDING #3: While significant Mental Health Services Act (MHSA) resources flow into Plumas County on a monthly basis, MHSA funded programs and services are limited.**

#### **Discussion**

The Mental Health Services Act (MHSA) was passed by the voters of California in 2004 and levied a tax on millionaires to support and enhance the mental health care delivery system. With this additional funding came a number of new requirements and responsibilities for county mental health departments. One of the hallmarks of MHSA implementation is a well-defined and robust stakeholder process that must be followed before a local plan is submitted to the State. The requirement is intended to ensure that plans are responsive to local needs and service gaps, and inclusive of input from a broad range of constituents.

- A. The MHSA annual update has not been completed for FY 2013/14 and the FY 2014/17 three-year plan due for the current period has not been initiated, nor has it been considered and approved by the Plumas County Mental Health Commission and the Board of Supervisors and submitted to the State's MHSA Oversight and Accountability Commission (MHSOAC).

While PCMH has not completed the required planning effort to submit its MHSA plan for the period that began July 1, 2014 and the annual update for the fiscal year period 2013/14 is yet to be completed, PCMH has continued to expend MHSA funds without approved plans in place. The county's performance agreement with the State Department of Health Care Services states:

*"All expenditures for County mental health programs shall be consistent with an approved three year program and expenditure plan or annual update pursuant to W&I Section 5847."*

Further, Welfare and Institutions Code Section 5847 states:

*“Each county mental health program shall prepare and submit a three-year program and expenditure plan, and annual updates, adopted by the county board of supervisors, to the Mental Health Services Oversight and Accountability Commission within 30 days after adoption.”*

It is unclear if PCMH’s MHSA expenditures are appropriate without the submission/approval of an annual update or three-year plan. Further, PCMH’s continued delay in the initiation of a MHSA stakeholder process, and/or notification of the State and MHSOAC about the delay(s) and a timeline for expected completion, may jeopardize future distributions of Plumas’s share of MHSA funds or cause their redistribution to other counties.

### **Recommendations**

- 3-1. PCMH should immediately initiate a MHSA planning process that assures appropriate stakeholder involvement and public awareness. Toward this end, PCMH should contract with a MHSA plan expert to facilitate development of the MHSA Plan. Additionally, to enhance the local planning effort, PCMH could request the involvement of professional staff with the Plumas County Public Health Department that have expertise in community health planning and development of a needs-based plan. PCMH should establish a firm schedule for MHSA plan completion and assure the timeline is met.
- 3-2. PCMH should immediately notify the Mental Health Services Oversight and Accountability Commission and the State Department of Health Care Services, of PCMH’s intention to initiate a MHSA planning process and the anticipated timing for completion. As a part of this notification, PCMH should request retroactive approval of its MHSA expenditures for FY 2013/14 and its expected expenditures for FY 2014/15 in anticipation of the completion of the MHSA Plan by a specified future date.
- 3-3. PCMH should request Board of Supervisors approval for establishment of a new position, MHSA Coordinator, and pending such approval, recruit for this position so that the individual can work alongside the MHSA consultant on the MHSA Plan. This will help build internal PCMH staff capacity for future MHSA planning and support the development of a local contact for MHSA efforts in the county that will grow with MHSA competence.

PCMH may want to consider a non-clinician for the role of MHSA Coordinator in order to avoid taking away current licensed professional hours from direct client services. While clinical staff may be preferable for some MHSA functions, many counties have assigned this work to health educators, service coordinators, and associate social workers. Regardless of the background of MHSA Coordinator, this PCMH staff person needs to be able to organize planning efforts, complete reports, facilitate groups, and collaborate

with internal clinical and fiscal staff, outside contractors, providers and external stakeholders to perform the many aspects of MHSA coordination on behalf of PCMH.

- B. A significant MHSA fund balance exists that is greater than necessary to assure a “prudent and operating reserve” as described in statute. At the same time, gaps in mental health services delivery exist, as evidenced in part by a waiting list. Community stakeholders are frustrated.

Numerous key informants vocalized a greater need for services for specified populations, including those involved with the criminal justice system, veterans, and parents of children in the foster care system. Key informants associated with the criminal justice system pointed to a need for additional staffing for all of the following: conducting mental health assessments and providing additional services in the jail; developing a mental health court and/or incorporate mental health staffing in the drug court; and, participating in the alternative sentencing program. Resources to support the development of programming for these specialized population groups would be appropriate components of a future MHSA expenditure plan and could be incorporated through the MSHA Plan development process.

#### **Recommendation**

- 3-4. As a part of the overall MHSA planning effort, PCMH should work with its contracted fiscal consultant(s) to assist in the development of a plan for maintaining a prudent MHSA Reserve while dedicating surplus resources to meeting community needs. This Reserve should be realistic, and established within the context of an overall MHSA expenditure plan. Further, the multi-year reserve expenditure plan should allow for a distribution of resources so that programming and services can be maintained over a sustained period of time.
- C. MHSA planning should include relevant longer-term issues that are expected to impact County based mental health services delivery in the future.

There are many “horizon” issues in the field of mental health and changes to health care delivery systems that should be considered as a part of future MHSA planning. Notably, the larger health care and mental health care delivery context has changed. Beginning in 2014, Medi-Cal was expanded to cover low-income adults, which include most of those formerly served by the County Medical Services Program (CMSP). With this expansion of Medi-Cal coverage, more individuals will be eligible for Medi-Cal and some of these may need and seek services from PCMH. Also beginning in 2014, Medi-Cal benefit coverage for mental health services was expanded and Medi-Cal health plans were delegated responsibility for providing these benefits. Under this expansion, services to address “mild to moderate” mental health conditions became the responsibility of Medi-Cal health plans while services to address “serious and persistent” mental health conditions was retained by counties. The two Medi-Cal health plans serving Medi-Cal members in Plumas County – Anthem Blue Cross and California Health and Wellness – have contracted with separate panels of mental health providers to deliver



these new mental health services. PCMH does not contract with either health plan to deliver these services to Plumas County Medi-Cal members.

In the near term, there are two areas of needed interaction and partnering between PCMH and the Medi-Cal health plans providing mental health services. The first is to develop and implement Memorandums of Understanding (MOU) with each health plan that assure appropriate interaction between each health plan and PCMH for Medi-Cal members served by both systems. These MOUs are essential to assuring appropriate continuity of care for individual Medi-Cal members and establishing a clear delineation of responsibilities by each health plan and PCMH.

Second, with the expanded role of Medi-Cal health plans for mental health benefit coverage, and the increasing recognition of the significant reduction in life expectancy for seriously mentally ill individuals, it is clear that there is a need for better overall coordination between mental health service providers and primary care practitioners. Accordingly, investments in strategies that enhance care coordination, including assisting willing primary care providers to develop greater capacity to serve seriously mentally ill individuals, will be needed going forward. Several provider key informants interviewed for this review expressed a desire to work collaboratively with the PCMH to develop strategies that enhance care coordination between the health care and mental health care provider systems.

### **Recommendation**

3-5. MHSa deliberations and planning should include topics, like those identified above, so that strategic investments of MHSa resources can be considered with an eye toward developing a more coordinated delivery of care between the health and mental health service systems.

D. Despite receipt of significant MHSa resources over the past several years, no increase in the number of Plumas County residents receiving services has been achieved by PCMH. The annual unduplicated count of clients receiving services is down overall.

The number of unduplicated clients served during a year is one measure of mental health service delivery and access to mental health services. According to the most recent final CaEQRO report, there was a decline in the number of individual clients served within the five-year period from FY 2008/09 through FY 2012/13. During this time, PCMH experienced a 10% or greater decline in the total clients served in a year (a high of 367 clients served in FY 2009/10, with 320 clients served in FY 2012/13).

Another measure of mental health service delivery is the quantity of services provided to each client. While the PCMH served fewer persons in FY 2012/13 than in any of the previous four years, the number of services provided to each person (as evidenced by the Medi-Cal claims submitted) increased during the same time period. The approved claims-per-beneficiary was highest in FY 2012/13 and was roughly equivalent to the statewide average. Among small rural

counties, it was 33% higher than the average. Unfortunately, there appears to have been no utilization review or utilization management system in place that could provide data for PCMH to determine if a greater number of services were received by some individuals at the expense of serving a greater number of Plumas County residents.

From discussion with key informants and a review of the recent CaEQRO report, there appears to be a lack of necessary monitoring by PCMH of key data to help track system performance. Some of these data points could be considered “quality management” as they concern patient outcomes following treatment and would assist the county to make system or treatment improvements when trends are revealed. Other measurements would help the county mental health system determine if its overall service to the community is consistent over time or if changes are occurring in service demand or delivery. In general, PCMH appears to lack a systematic approach for utilization management. As a result, data is not collected and utilized by PCMH management to understand care delivery and make proactive changes.

It should be noted that despite a decline in the number of clients served within the five-year period between FY 2008/09 and 2012/13, PCMH ranked 10<sup>th</sup> among California counties in the proportion of unduplicated clients served. The measurement is called “penetration” and is calculated based on the number of Medi-Cal clients served divided by the total number of Medi-Cal eligible persons in the county. Additionally, PCMH’s penetration rate for clients served was 13% higher than that of other small rural counties. It is also noteworthy to point out that significant improvements in penetration *have not* been achieved statewide with the passage of MHSA. Rather, as reflected in the PCMH CaEQRO report, statewide penetration fell by about 4% during the time period PCMH’s penetration dropped by 20%.

### **Recommendation**

- 3-6. PCMH should implement a system of “utilization management” to document service delivery and inform PCMH about service utilization trends, and use this information to inform changes in service delivery that will increase services to more eligible clients. This recommendation is consistent with the CaEQRO recommendation that the “beneficiary’s level of care needs and corresponding service intensity should be consistently reviewed and a utilization management system developed.”

**FINDING #4: Fund Balance Reserves in PCMH exceed what is necessary based on historical expenditures and current projected expenditures and potential financial risk. At the same time, community members and stakeholders report waits for needed services.**

### **Discussion**

In nearly every key informant interview, the fund balance “reserve” held by the PCMH was raised. Having significant cash resources available to dedicate to meeting community needs puts PCMH in an enviable position, and one that is not shared by the majority of small county

mental health departments in California. While a measure of credit may be due to former administrators and fiscal officers with PCMH, the extent to which decisions were made to save resources in anticipation of potential future risk resulted in an emphasis on savings over service delivery. The current size of the fund balance, and the protection of it by PCMH, is generally viewed by key informants as a demonstration by PCMH that it is not committed to appropriately utilizing available taxpayer resources to meet the mental health needs of Plumas citizens.

Some of the fund balance reserve has been legitimately held for anticipated cost settlement payments for three years (FY 2009/10; FY 2010/11 and FY 2011/12) that will be due to the State for payments received in excess of cost. Additionally, the somewhat unpredictable costs associated with long-term or emergent care for a county resident placed outside of the county is another financial risk that could draw against reserves. Importantly, CaEQRO tracks the most expensive Medi-Cal clients in all counties and reports the data to assist counties in establishing appropriate levels of reserves. In addition, PCMH can draw upon actual cost experience over the past 3-4 years, and observe any significant trends in expenditures. The current fund balance retained by PCMH exceeds the projected potential expenditures by a significant margin and appears to be excessive.

Additionally, despite a million dollar set aside of the PCMH fund balance by the Board of Supervisors specifically for mental health services on behalf of criminal justice stakeholders, very limited amounts of those set aside funds have been utilized for that purpose, and at the current rate of expenditure, will take more than a decade to expend.

### **Recommendations**

- 4-1. PCMH should work with its contracted fiscal consultants to develop a 5-year expenditure plan that links mental health service expansion to identified community mental health needs. This 5-year plan should also establish the methodology for determining the reserves that should be retained in anticipation of unforeseen financial obligations in each fiscal year. Toward this end, the methodology should include thorough estimates of the cost settlement payments likely to be due to the State; the maximum annual risk for unpredicted psychiatric hospitalization and long term care; the expected cost of care for the most expensive clients; and, the current and projected claiming and cost(s) to provide billable services. These areas of financial risk as well as any others recommended by the fiscal consultants, should be identified and quantified using actual experience from prior years. This approach would offer a planned, methodical strategy for expanding services in the community while at the same time assuring a reasonable, prudent reserve.
- 4-2. PCMH should link the 5-year expenditure plan to the MHSA expenditure plan to ensure services are funded from the most appropriate source, and any limitations in funding source, reserving, or loss of future allocation are minimized. PCMH should seek guidance from the MHSOAC or the State about the amount of MHSA fund reserve that

will need to be expended within the three year plan period, and if possible lengthen those expenditures to sync with the non-MHSA reserve five year reserve expenditure plan.

**FINDING #5: Services to children are inconsistent, with some care above expected statewide service standards and other care below expected statewide service standards.**

### **Discussion**

Several key informants within PCMH and external stakeholders voiced concerns about aspects of the mental health care provided to children, or on behalf of children being served in the foster care system. Children's mental health care is different from that provided to adults, in that the services are provided under an entitlement in Medi-Cal for children under 21 years of age. For adults, the statute that governs mental health departments is characterized with the inclusion of an "as resources allow" clause. Children that meet the threshold of seriously emotionally disturbed (SED) are *entitled* to receive mental health care that is deemed necessary to support appropriate growth and development. MHSA Prevention and Early Intervention (MHSA – PEI) guidelines extend this eligibility, with greater emphasis on providing services to "at risk" children and their families to prevent the circumstances that can lead to mental impairment.

While several key informants suggested that the child population in Plumas County is down overall and most seriously mentally ill children are served in group homes out of the county, most key informants agreed that many children with mental health needs remain in Plumas County and that these needs could be better met through PCMH support.

The concerns of key informants fell into four areas: 1) Care to the very youngest residents is scarce or non-existent; 2) *Katie A.* implementation is not prioritized within PCMH; 3) parents of children in the foster care system, who are working against a very stringent federal time clock for family reunification efforts, cannot gain access to needed mental health services; and 4) high poverty areas of the county need more regular and consistent mental health presence, particularly for children.

A. Services to the very young (0-5 year old) population are insufficient to meet community need.

Several key informants noted the lack of services for very young children. Increasingly, research suggests that robust attention to families at-risk pays long-term dividends in child abuse reduction, improved child bonding and literacy, school readiness and a host of other measures. As a result, an emphasis on improved services for young families has emerged as a long-term prevention strategy among agencies across the nation. Plumas County Public Health Department and Plumas First Five, among others, are targeting efforts to this population. The FY 2013/14 CaEQRO report shows services to seven (7) individual 0-5 year olds, up from five (5) in the previous year. Despite the slight increase, PCMH lags behind both the state and small

counties in the proportion of young children served, and in the quantity of services provided to this young child population.

#### **Recommendation**

- 5-1. PCMH should engage with others in the community providing supportive services to 0-5 year olds, and seek to assign a portion of a clinician to support assessment and treatment of mental health needs of the at-risk population served. MHSA PEI funding could support this activity as an appropriate prevention effort. This strategy should be included in the upcoming three year MHSA expenditure plan.
- B. Despite many years notice of pending settlement of a class action lawsuit, known as *Katie A.*, that would impact all California mental health departments, implementation by PCMH has been limited.

Both PCMH staff and external key informants, as well as the CaEQRO, noted concerns that PCMH has not proceeded with a plan to meet the required *Katie A.* settlement expectations and is far behind other California counties in making this population a priority for services. The *Katie A.* settlement mandates the provision of intensive in-home and community-based mental health services for California children who are in foster care or at imminent risk of removal from their families.

There is little evidence, other than billing codes included by the third party software vendor, that PCMH is ready to implement the *Katie A.* requirements. A very modest level of staff-to-staff interaction between PCMH and Plumas County Social Services (PCSS) and limited training have reportedly occurred, but a more thorough assessment of responsibilities, as well as protocols and procedures have yet to be realized. And with the recent resignation of the PCMH staff member with the most *Katie A.* knowledge, it will be additionally difficult to adhere to the requirements of this settlement. Key informants reported that there has been limited leadership support at PCMH for additional work to meet these obligations. Because the defined population for *Katie A.* services is also within the responsibility of PCSS, this matter presents another example where collaboration between PCMH and another county department is needed. In this area, development of an effective working relationship between PCMH and PCSS is essential to fulfilling the requirements of the *Katie A.* settlement and to protect and serve the affected children.

#### **Recommendation**

- 5-2. The PCMH Director should immediately engage the PCSS Director in discussions about the implementation of *Katie A.* In addition, a PCMH staff person should be designated to work collaboratively with assigned PCSS staff to ensure that protocols and agreements for children meeting *Katie A.* eligibility are promptly identified and services rendered by PCMH or through PCMH financial support.

C. Services to the parents of children placed in foster care are generally insufficient.

Both PCMH and external key informants noted particular concern about the lag in needed mental health services for parents of children placed in the foster care system, particularly the parents of very young children. By federal mandate, children under three years of age must be reunified with their parents or be freed for adoption or long-term placement in a very short time period. The timeline for older children is also strict, but it is longer and thereby easier to meet. While there is allowance for a one-time extension of the timeline, it remains imperative that parents of young foster children deemed to have mental health conditions that impact their ability to parent adequately, gain access to PCMH services at the soonest possible time. External key informants did not feel that PCMH staff fully appreciate the short timeframe for needed action, or if they do, do not prioritize these families for needed services. Importantly, MHSA-PEI funding could likely be utilized to meet this service need as these children and families are clearly enumerated priority populations within those resource guidelines.

Conversely, the CaEQRO describes good penetration of services provided to foster children by PCMH. According to CaEQRO, PCMH provided services to 64.58% of Plumas County's foster children in 2012. This placed PCMH in the top ten counties statewide. The small county average was 47.17%, and the statewide average was 53.34%. However, despite an upward trend from last year, PCMH provided a lower quantity of services per individual foster child when compared to other small counties or the statewide average for this population.

**Recommendations**

5-3. Work with the PCSS to develop protocols for prioritizing assessment and appropriate services for parents of children, particularly the youngest children, in the foster care system. Support efforts in the MHSA three year plan to identify and fund the service needs of this at-risk population.

5-4. Evaluate the quantity of services provided to the foster care child population for adequacy through the use of a licensed peer professional from another county.

D. Some geographic areas of Plumas County are in need of enhanced mental health services for youth.

While other areas of concern regarding children's services were vocalized by a variety of key informants, a spirited conversation at the County Mental Health Commission meeting on July 9, 2014 about high-risk youth needing services is worth noting.

In areas of the community where at-risk youth are concentrated due to poverty, drug use, criminal behavior or other parameters, mental health presence can be a very powerful and effective tool to allow youth, particularly vulnerable youth, to have an outlet for adult support, counseling and therapeutic services as appropriate. While it is not realistic that every suicidal or other volatile situation can be prevented, the regular presence and access to mental health

professionals can be an important support system for youth experiencing depression and other adjustment difficulties.

At this time, PCMH leadership has plans to develop permanent offices and “wellness centers” in four areas of the county. This is a laudable goal. However, it may not adequately meet the needs of certain children due to transportation and other challenges. Because of transportation challenges for children and youth, several north state counties utilize contracted mental health providers to embed mental health services in school sites.

In discussions with key informants, several raised the tragic and fairly recent suicide of a local teen. While there was no apparent intent to assign blame, there was noted concern about apparent insensitivity to the situation shown by some PCMH staff members. Importantly, the CaEQRO reported noted the absence of a “sentinel event” analysis and planning process by PCMH.

Overall, the concerns expressed by key informants about the aftermath of the tragedy were consistent with the general perspective that PCMH is not perceived as a committed collaborator. Even when the tragic event involved a mental health condition for which MHSA resources are specifically designed, PCMH did not rise to the occasion and improve their engagement with others impacted by the event. At least one key informant understood the inclusion of suicide prevention emphasis in MHSA funding expectations, and vocalized hope for more efforts in the future to help prevent future tragedies.

### **Recommendations**

- 5-5. PCMH should evaluate existing services to high-risk population areas, particularly for youth. Even if/when full time “wellness centers” can be opened in four areas of the county, PCMH should consider supporting an enhancement of school-based services to better meet the needs of the youth/young adult population in these settings. Further, PCMH should evaluate the development of a ‘Request for Information’ with other northern California counties’ organizational providers to determine if providing services in Plumas county school sites would be possible.
- 5-6. PCMH should develop a process for sentinel event analysis to determine needed system improvements and use the findings to inform department efforts to better serve and support the community, especially during times of community tragedy or stress.

**FINDING #6: There is little evidence of a clear, effective and collaborative working relationship between PCMH and the Plumas County Alcohol and Drug Department to address the needs of dually diagnosed persons.**

## Discussion

Consistent among key informants, particularly those associated with the criminal justice system, was an expression of the important and unmet need to serve the dual mental health and alcohol and drug problems of Plumas residents more effectively. Because “dual diagnosis” is widely documented and occurs with significant frequency, it is evident to many that enhanced efforts are badly needed. The Plumas Grand Jury noted this finding in its report, and has formulated a recommendation for continued efforts to align services under a Behavioral Health model by the end of 2014. While a “drug court” does operate in Plumas County, key informants recommended that this court would be more effective if it also addressed populations with dual-diagnosis issues.

Many key informants also noted the unsettled history of the Plumas County Alcohol and Drug Department (PCAD) and its slow renewal into a viable service delivery organization. Despite this history and current reality, there was strong support reported for PCAD’s current leadership and a strong sense of that Department’s commitment to collaborating to meet the community’s needs. The Plumas County Grand Jury formulated a series of recommendations for the Alcohol and Drug Department in its recent report.

## Recommendations

- 6-1. A Memorandum of Understanding and protocols need to be developed between PCMH and PCAD for the appropriate treatment of those suffering with dual conditions.
- 6-2. PCMH should assign a staff member to regularly attend and provide services to drug court to meet the needs of patients with dual conditions. Further, PCMH should collaborate in efforts to consider the development of a mental health court, or to combine efforts with the existing drug court for a behavioral health court.
- 6-3. Plumas County should assess the opportunity for future integration of alcohol and drug treatment services with mental health services to enable maximum coordination and collaboration in the treatment of dual conditions. It should be noted that 45 of 58 California counties have moved in this direction and that the statewide associations that support county officials in these roles have now joined to form one organization, the County Behavioral Health Directors Association (CBHDA).

**FINDING #7: A robust quality control/improvement system that promotes effective mental health care delivery by PCMH has not been a priority for many years. Further, baseline State-required performance improvement efforts that demonstrate a commitment to quality improvement are no longer completed, and there is no evidence of planning to restart these activities.**



## **Discussion**

There is an apparent lack of attention to quality of care monitoring through routine chart reviews, data collection, trend monitoring, protocol/procedure revision, and/or reporting. The lack of a utilization management system as noted earlier is but one example. The State requires all local mental health departments to develop two Performance Improvement Plans (PIP), one clinical in nature and one that is administrative. These PIP's are intended to support improvements in clinical services and in administrative systems to support the care received by clients.

Admittedly, the process of forming a PIP, testing the hypothesis, making a change, monitoring the change, etc. for small jurisdictions can be cumbersome. As a result, it is not uncommon for small counties to band together and collectively determine a common PIP and share the writing and development workload. PCMH used to participate in a small county group PIP, but that activity has dropped off and now PCMH is no longer conducting either a clinical or administrative PIP process. Numerous other examples of inattention to quality and systems improvement, that appear to date back several years, were also identified during this review.

The CaEQRO report presents this same conclusion in its FY 2013/14 final report on PCMH. According to CaEQRO, "Minimal data from the information system is utilized on an ongoing basis. Key performance indicators to be incorporated into the Anasazi (Electronic Health Record and billing software) system have yet to be identified." Additionally, the mental health department "does not have a clear system to evaluate and manage its capacity....." One PCMH staff key informant stated that the past PCMH attitude has been "if there isn't an immediate threat by the State to take back funds, there is little interest."

It is unknown if the failure to complete quality improvement PIPs or other quality improvement efforts over time will result in a loss of funding or some other action by the State. Regardless of that risk, the overriding objective of these activities is to promote the highest quality of care received by county residents.

## **Recommendation**

- 7-1. Before the end of 2014, PCMH should prepare and adopt a multi-year quality improvement plan that is designed to correct major deficiencies in quality improvement functions and demonstrate a commitment to quality care. Random but systematic chart reviews, timeliness standards for performing initial assessments and entry into care, cultural competence for non-English speakers, a robust utilization management process, and formal PIP development, among other strategies, should be included.

**FINDING #8: PCMH lacks a formal communications strategy and plan that clearly articulate its role and provides a vehicle for keeping Plumas County residents informed about the services available to them and/or their families.**

#### **Discussion**

The community needs to understand PCMH's role in the provision of mental health services, particularly in light of the new expanded role for Medi-Cal health plans in the delivery of mental health services to address "mild to moderate" mental health conditions. In addition, concerted efforts are needed to de-stigmatize mental illness and educate the public about the importance of recognizing mental health conditions and seeking treatment. Further, specific types of community-based efforts are also appropriate, including suicide prevention. Many of these communication objectives could be funded from MHSA as they are an expected component of MHSA services. Persons needing access to care should have a clear understanding of how to get access to this care and the process for getting referred for treatment and actual receipt of treatment. PCMH also needs to share good news and positive outcomes associated with mental health service delivery, when appropriate, to validate that recovery is possible.

#### **Recommendation**

- 8-1. PCMH should consider establishing a part-time assignment that is dedicated to public communications. This assignment could be incorporated into the duties of the recommended new MHSA Coordinator, or it could be addressed through a contracted individual or organization. Initial efforts should focus on communicating positive messages of hope and recovery for those who suffer from mental illness, the MHSA stakeholder process, suicide prevention, and de-stigmatizing mental illness. As staffing levels within PCMH are brought to expected levels, messages about self-referral, expectations of the system, and success stories – particularly in collaborative efforts, would be appropriate communication messages.

It is important to note that a communications strategy, by itself, will not change perceptions about PCMH or its ability to effectively serve the community. This will be achieved through a range of positive actions by PCMH, many of which are recommended in this report. Without taking these other actions, PCMH will *not* improve its public image solely through a public communications strategy.

This recommendation is consistent with the Plumas County Grand Jury report which states: "...the Mental Health Department immediately launch a public relations campaign to repair its public image and increase its profile."

**FINDING #9: Numerous required program applications/plans, reporting, procedural, and evaluation activities are not being performed by PCMH, or are being performed substantially after the expected deadline(s).**

### **Discussion**

Several areas of inadequate initiation and/or lack of completion of required County mental health service delivery components have been identified through this review. In addition, the CaEQRO noted a number of areas of concern in their final FY 2013/14 report. While many of the delayed or absent responsibilities could be considered administrative in nature, like the failure to submit the required annual update and expenditure report for MHSA, or the new three year plan, others reflect a more fundamental lack of organizational support for quality improvement aspects of the delivery system.

The loss of two key administrative staff over the past 12-18 months has had a significant negative impact on the completion of necessary applications and other reporting functions that have an impact on department financing. Among applications and reports not completed is a SAMHSA grant application to fund the drop-in center, and as noted earlier the MHSA annual update and expenditure report for FY 2013/14, and the three-year plan for FY 2014-17. All have been delayed or not completed and each could have serious financial implications for PCMH if not finished and submitted to the appropriate third parties.

### **Recommendation**

- 9-1. PCMH should establish or repurpose a current administrative position to assist in the completion of required reports, funding applications, and other essential documents. PCMH should work with the PCHR to determine the appropriate classification and fill the position as soon as possible. It is essential for PCMH to rebuild the capacity for these administrative support functions. Even if the PCMH Director were to assume some of these administrative responsibilities, it is critical to the long-term stability of the organization that a second person in the organization understands their importance, completion, and is charged with carrying out these responsibilities.

**FINDING #10: The Mental Health Commission's organizational structure, procedural compliance, and organizational leadership need to be assessed.**

### **Discussion**

Several key informants noted concerns with the operation of the Mental Health Commission (MHC) in meeting statutory and MHSA review and oversight obligations. This consultant found credence in these concerns through observation of the July 9, 2014 MHC meeting and review of the Commission agenda and minutes provided. The concerns include the following: 1) Brown Act open meeting requirements, such as agenda posting, are not routinely followed; 2) The MHC membership is larger than statutorily required, particularly in small California counties, and this impacts the MHC's ability to regularly achieve a quorum; 3) There is at least the appearance of a potential conflict for the individual serving as MHC Chair because he also serves at the Patient Advocate; 4) MHC agendas do not clearly stipulate anticipated action, nor do they indicate a member of the public's right to speak at the meeting; 5) Annual reporting

and other responsibilities to the Board of Supervisors have reportedly not occurred for some years; 6) transportation or child care reimbursement for Commission members to participate in MHC activities is not evident, despite statutory allowance<sup>4</sup>; 7) PCMH support for routine aspects of MHC business such as minute taking, agenda posting and distribution, etc. is not evident.

The statutory expectations of MHC's are high (see Appendix #3) and some may be unrealistic without allocating significant resources to support their functions. To be most effective, MHC's need to review systems and outcomes, identify mental health service gaps, and provide public opportunities for families, consumer representatives and others to have a forum for discussion of mental health care and involvement in the MHSA planning process. Setting annual goals, and performing the requisite approval of MHSA expenditure plans after conducting the required public hearing process, would be effective ways to sharpen the focus of the MHC to address top priority issues and concerns.

### **Recommendations**

- 10-1. PCMH should seek the support of the California Institute of Mental Health to review the organizational function of the MHC and provide training to Commission members.
- 10-2. PCMH should consider providing support to the MHC through an outside contractor. This support could be responsible for agenda distribution and posting, minute taking, materials distribution, including distribution to members who miss a meeting, orientation and background material development, and completion of a draft annual report to the Plumas County Board of Supervisors, etc.
- 10-3. PCMH should establish an agenda setting meeting between the MHC officers and the PCMH Director two weeks in advance of scheduled meetings. PCMH should be prepared to assist in supporting the desired activities of the MHC (prepare reports or background information) for review and discussion at the upcoming MHC meeting.
- 10-4. PCMH should work with Plumas County Counsel and a by-law review committee of the MHC to determine if MHC by-law revisions are warranted. Particular attention should be given to the following topics: relieving members of service after unexcused vacancies; term limits for members or officers; size of Commission; and, MHSA responsibilities of the MHC.
- 10-5. PCMH should consult with the State Office of the Patient Advocate to determine if a conflict of interest exists for the current Chair of the Commission, who also serves as the

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<sup>4</sup> California Welfare and Institutions Code Section 5604.3. "The board of supervisors may pay from any available funds the actual and necessary expenses of the members of the mental health board of a community mental health service incurred incident to the performance of their official duties and functions. The expenses may include travel, lodging, child care, and meals for the members of an advisory board while on official business as approved by the director of the local mental health program."

Patient Advocate. Further, PCMH should consider contracting with an independent person or agency to serve as the Patient Advocate and widely publicize the availability of these services to clients and their families.

**FINDING #11: There is a lack of clarity among community emergency service providers about PCMH's role and responsibilities during emergent psychiatric situations.**

**Discussion**

The relationship and expectations of emergency service providers and PCMH appears mixed. In the case of one hospital representative, the relationship and mutual expectations were seemingly well understood and the relationship with PCMH was described as good. Despite some very long emergency room stays for those waiting for psychiatric bed placement, there was an expressed empathy for the reality of PCMH's situation in finding an available facility to treat Plumas residents. There was, however, a vocalized need for assistance in some late hour shifts, when very few staff are available hospital-wide, and a volatile person who may exhibiting psychotic behavior, appears in the emergency room.

In other cases however, the roles and responsibilities of PCMH and the seeming inconsistency in response were of concern. In several key informant interviews the difficult and tragic events in a Portola hospital were repeated as an example of inconsistent response from PCMH. One key informant stated, "In some cases PCMH will show up and help deal with the psychotic individual. In other cases, it seems they can't or won't come." This key informant went on to say that it seemed the response was more dependent on which PCMH staff person was on duty at the time of the call, rather than a protocol for this function.

Other key informants spoke to a seeming initial lack of interest from PCMH in working collaboratively on a "Crisis Intervention Training" for local law enforcement. At the time of this writing it appears that PCMH has begun to engage in that effort.

**Recommendations**

- 11-1. PCMH should actively work to develop an MOU with local emergency rooms, law enforcement, Alcohol and Drug services and other emergency facilities and personnel to ensure a clear delineation of roles and expectations in crisis or emergent psychiatric situations, or those appearing to be emergent psychiatric situations. PCMH should seek the advice of the County Supervisors Association of California Excess Insurance Authority attorney with this expertise and may want to invite this attorney to Plumas County to help clarify areas of potential dispute. All PCMH staff or contract providers should be trained in the provisions of the MOU to improve consistency in PCMH response.
- 11-2. PCMH should develop an "After Action" review or "sentinel event" process and/or actively participate in both internal and inter-agency efforts to improve cooperation,

collaboration and protocol/procedure development following a significant community event that has a mental health component.

- 11-3. PCMH should actively participate in and support efforts for Crisis Intervention Training for local law enforcement officials, and others that play a role in crisis response.
- 11-4. PCMH should ensure annual training and documentation for all designated 5150 authorized staff to further emphasize and clarify responsibilities, refresh MOU responsibilities, and identify and problem-solve concerns.

**FINDING #12: As a first-time Director with limited prior management experience, the PCMH Director faces a learning curve in all of the following areas: program administration and management, finance, leadership and training of staff, community relations, and interagency collaboration.**

### Discussion

There is little doubt that leading a County mental health department in California, particularly in a small rural county, can be a unique challenge. Mental health departments serve a difficult and sometimes unpredictable population with serious and challenging illnesses. Many factors – many of them external to Plumas County – are driving changes to the health care and mental health care systems. Small counties in particular are challenged to run a mental health managed care delivery system for a relatively small client population, where the opportunity to spread administrative and oversight responsibilities across dozens of staff does not exist. Finally, the regulatory, reporting and audit expectations of a mental health department in California could intimidate the hardest health care administrator.

The current PCMH Director is the fourth Director in about a two-year period, and it's clear the broader stakeholder community and PCMH have not recovered from the succession of directors. Much of the institutional knowledge in PCMH has been lost. Many key informants interviewed for this review described their problems with PCMH as problems of long-standing. "It's the way they have always done business. Saying 'no' is what they have always done," said one informant, echoing the sentiment of many others. This poor relationship went back to the longest of the four former directors, and that perspective was reported by most key informants to have carried over to the newest Director.

While key informants generally wished the new PCMH Director success with his efforts, most were skeptical about their future relationship with him and PCMH staff. While many suggested he was an effective clinician, they were less optimistic he would bring the collaborative attitude, temperament, and attention to administration needed to work effectively in the community with others. The fact that he had been an employee inside a department long regarded as not collaborative in working jointly with others in the community raised their skepticism that he could or would be different. Several referenced various interactions with

the Director or PCMH in the prior months that indicated a continuing defensiveness and a lack of willingness to collaborate and partner.

It is a major change to move from serving in a clinician role as a peer with other staff to the top administrator that is called upon to make policy and program decisions affecting department operations and the day-to-day activities of former peers. It is also a major change to move from providing direct client services to overseeing program planning and development, budget preparation, staff supervision and oversight, and effectively carry out public responsibilities to the Board of Supervisors, other county leaders and stakeholders, and the community. In all of these areas, the new Director faces a learning curve. His success will depend upon demonstrating a blend of leadership, technical skill, resilience, and equanimity.

### **Recommendations**

- 12-1. The PCMH Director should seek the support of other California Mental Health Directors, including a contractual relationship with some Emeritus Director(s) for support in carrying out his role as PCMH Director. Further, the PCMH Director should enroll in the California Institute for Mental Health's leadership institute at the next opportunity.
- 12-2. The PCMH Director should demonstrate his commitment to improving collaboration with the internal PCMH staff and with community leaders and other County officials. He has the opportunity to "model" what it means to collaborate for his department and set the expectation for his staff. Reliable and consistent follow-through on agreements and decisions will also be necessary for PCMH staff and external stakeholders to gain confidence that PCMH is ready for a new paradigm of collaborative community service.
- 12-3. The Board of Supervisors should routinely and consistently request feedback from the PCMH Director and others to ensure the improvements and recommendations described in this report are occurring. The responsibilities of a California Mental Health Director are listed in Appendix #5. The specific areas for oversight of the recommendations contained in this report are included in Appendix #6.

**FINDING #13: Some external stakeholders support consideration by the Board of Supervisors of a combined health and human services delivery system as a means to more effectively serve clients, many of whom interact with various different departments.**

### **Discussion**

In the scope of this work, Kemper Consulting Group was not engaged by the Board of Supervisors to investigate options for formation of an integrated health and human services department. Notwithstanding this, several key informants interviewed for this review introduced the concept of an integrated health and human services department during their interviews. These informants identified seeing a more collaborative working relationship

between other health and human service departments in the county than has existed with PCMH and suggested an integrated department offered the opportunity to maximize collaboration through integrated health and human service delivery for clients.

Integrated health and human services departments are a growing phenomenon in California, particularly for mid-size and smaller counties that seek improved economies of scale, elimination of administrative duplication, and integrated services planning. More than 25 California counties now arrange their public health, mental health, alcohol and drug, veteran's services, public guardian, community action, and/or social services departments into various integrated and consolidated combinations to help achieve these goals.

**Recommendation**

- 13-1. The Plumas County Board of Supervisors should consider evaluating the benefits and challenges of establishing a health and human service department at some point in the future.



## **Appendix #1 Key Informants**

Bill Abramson, Plumas County Public Defender (contractor)  
Joe Edwards, California Highway Patrol Plumas Commander  
Michael Gunter, Plumas County Mental Health Department QI/QC Manager  
Mimi Hall, Plumas County Health Department Director  
Greg Hagwood, Plumas County Sheriff  
Bianca Harrison, Plumas County Assistant Auditor/Controller  
Shannon Harston, Plumas County Mental Health Department Program Chief (children's)  
David Hollister, Plumas County District Attorney  
Ira Kaufmann, Plumas County Presiding Judge  
Jon Kennedy, Plumas County Board of Supervisors  
Peter Livingston, Plumas County Mental Health Director  
Jacque Martinez-Blanton, Plumas County Mental Health Department Sierra House/Continuing Care Coordinator  
Dan Prince, Acting Chief Probation Officer  
Bill Prouty, Plumas County Public Defender (contractor)  
Monica Richardson, Plumas County Mental Health Department Chief Fiscal Officer  
Mark Satterfield, M.D., Plumas District Hospital (recent past) Emergency Room Director and Board member  
Pam Schaffer, LCSW, Plumas County Mental Health Department Program Chief (adult)  
Lori Simpson, Plumas County Board of Supervisors  
Elliott Smart, Plumas County Social Services Director  
Sharon Sousa, Plumas County Mental Health Department Shop Steward  
Louise Steenkamp, Plumas County Alcohol and Drug Director  
Ellen Vieira, Plumas County First Five Commission, Executive Director  
Robert Zernich, Plumas County Public Defender (contractor)

### **Other Contacts, Activities and Acknowledgements**

Discussion with Gayla Trumbo, Plumas County Human Resources Director  
Attendance at Mental Health Commission Regular Meeting on July 9, 2014

Kemper Consulting Group gratefully acknowledges the support of Nancy Da Forno, Plumas County Clerk of the Board of Supervisors, for assisting in scheduling key informant interviews, allowing use of work space, and assisting in the location of key documents.

## **Appendix #2 Documents Reviewed**

APS External Quality Review Organization final report for FY 2013/14 dated 7/29/14, and the final report from FY 2012/13

### **FY 2013/14 Budgets**

- MHSA - Community Services and Supports
- MHSA – Workforce Education and Training
- MHSA – Prevention and Early Intervention
- MHSA - Information Technology
- Criminal Justice Set Aside
- General PCMH Budget
- Sierra House
- CalWORKS

PCMH Program Adjustments Overview – 2014

Plumas County Grand Jury FY 2013/14 Final Report

Various Board Request Items (heard/acted by the BOS, and others prepared but not acted upon)

- Geiss Consulting
- Gary Ernst professional services
- Salary Adjustment for Therapists and Psychiatric Nurses
- Salary Premium for BH Therapists
- Allocation Increases for Core MH Services, Criminal Justice, MHSA, Psychiatric Nursing
- Permission to create new job descriptions for MHSA Coordinator and MH Regional Lead Therapist

PCMH Organizational Charts

PCMH California 58 County Salary Survey Results

PCMH Clinical Recruitments for the period 2013-2014

Plumas County Mental Health Commission

- By-laws approved by Plumas County BOS May 13, 2014

- Agenda for July 9, 2014 and August 13, 2014 Meetings

- Minutes for June 11, 2014, July 9, 2014 and August 13, 2014 Meetings

California Welfare and Institutions Code Sections 5607 and 5608: MH Director Requirements and Duties; Code Section 5604: Local Mental Health Board; and Code Section 5848:

- Oversight of MHSA Planning by the Local Mental Health Board (Appendices #3-5)

Various e-mail correspondence from/to Peter Livingston

**Appendix #3**  
**California Welfare and Institutions Code**  
**Local Mental Health Boards**

**5604.** (a) (1) Each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. One member of the board shall be a member of the local governing body. Any county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. Nothing in this section shall be construed to limit the ability of the governing body to increase the number of members above 15. Local mental health boards may recommend appointees to the county supervisors. Counties are encouraged to appoint individuals who have experience and knowledge of the mental health system. The board membership should reflect the ethnic diversity of the client population in the county.

(2) Fifty percent of the board membership shall be consumers or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

(3) (A) In counties under 80,000 population, at least one member shall be a consumer, and at least one member shall be a parent, spouse, sibling, or adult child of a consumer, who is receiving, or has received, mental health services.

(B) Notwithstanding subparagraph (A), a board in a county with a population under 80,000 that elects to have the board exceed the five-member minimum permitted under paragraph (1) shall be required to comply with paragraph (2).

(b) The term of each member of the board shall be for three years. The governing body shall equitably stagger the appointments so that approximately one-third of the appointments expire in each year.

(c) If two or more local agencies jointly establish a community mental health service under Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the mental health board for the community mental health service shall consist of an additional two members for each additional agency, one of who shall be a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health services.

(d) No member of the board or his or her spouse shall be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a mental health contract agency.

(e) Members of the board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code.

(f) If it is not possible to secure membership as specified from among persons who reside in the county, the governing body may substitute representatives of the public interest in mental health who are not full-time or part-time employees of the county mental health service, the State Department of Health Care Services, or on the staff of, or a paid member of the governing body of, a mental health contract agency.

(g) The mental health board may be established as an advisory board or a commission, depending on the preference of the county.

**5604.1.** Local mental health advisory boards shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code, relating to meetings of local agencies.

**5604.2.** (a) The local mental health board shall do all of the following:

(1) Review and evaluate the community's mental health needs, services, facilities, and special problems.

(2) Review any county agreements entered into pursuant to Section 5650.

(3) Advise the governing body and the local mental health director as to any aspect of the local mental health program.

(4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.

(5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.

(6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.

(7) Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.

(8) Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

**5604.3.** The board of supervisors may pay from any available funds the actual and necessary expenses of the members of the mental health board of a community mental health service incurred incident to the performance of their official duties and functions. The expenses may include travel, lodging, childcare, and meals for the members of an advisory board while on official business as approved by the director of the local mental health program.

**5604.5.** The local mental health board shall develop bylaws to be approved by the governing body, which shall:

(a) Establish the specific number of members on the mental health board, consistent with subdivision (a) of Section 5604.

(b) Ensure that the composition of the mental health board represents the demographics of the county as a whole, to the extent feasible.

(c) Establish that a quorum be one person more than one-half of the appointed members.

(d) Establish that the chairperson of the mental health board be in consultation with the local mental health director.

(e) Establish that there may be an executive committee of the mental health board.

**Appendix #4**  
**California Welfare and Institutions Code**  
**Mental Health Services Act Planning and Local Mental Health Board Oversight**

**5848.** (a) Each three-year program and expenditure plan and update shall be developed with local stakeholders, including adults and seniors with severe mental illness, families of children, adults, and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests. Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans.

(b) The mental health board established pursuant to Section 5604 shall conduct a public hearing on the draft three-year program and expenditure plan and annual updates at the close of the 30-day comment period required by subdivision (a). Each adopted three-year program and expenditure plan and update shall include any substantive written recommendations for revisions. The adopted three-year program and expenditure plan or update shall summarize and analyze the recommended revisions. The mental health board shall review the adopted plan or update and make recommendations to the county mental health department for revisions.

**Appendix #5**  
**California Welfare and Institutions Code**  
**Duties of a Local Mental Health Director**

**5607.** The local mental health services shall be administered by a local director of mental health services to be appointed by the governing body. He or she shall meet such standards of training and experience as the State Department of Health Care Services, by regulation, shall require. Applicants for these positions need not be residents of the city, county, or state, and may be employed on a full or part-time basis. If a county is unable to secure the services of a person who meets the standards of the State Department of Health Care Services, the county may select an alternate administrator.

**5608.** The local director of mental health services shall have the following powers and duties:

- (a) Serve as chief executive officer of the community mental health service responsible to the governing body through administrative channels designated by the governing body.
- (b) Exercise general supervision over mental health services provided under this part.
- (c) Recommend to the governing body, after consultation with the advisory board, the provision of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable in accomplishing the purposes of this division.
- (d) Submit an annual report to the governing body reporting all activities of the program, including a financial accounting of expenditures and a forecast of anticipated needs for the ensuing year.
- (e) Carry on studies appropriate for the discharge of his or her duties, including the control and prevention of mental disorders.
- (f) Possess authority to enter into negotiations for contracts or agreements for the purpose of providing mental health services in the county.

Item	<b>Appendix #6</b> <b>Summary of Report Recommendations</b>	PCMH	BOS
1-1	Key community and County leaders note improvements in PCMH collaboration.		X
1-2	Assignment/recruitment of staff to the criminal justice system, and on-going use of fund reserve for this purpose.	X	X
2-1	Standardized reporting format for linkage of staff FTE to service levels, and quantification of areas of challenge (EHR, caseloads, productivity, new responsibilities).	X	
2-2	Results of 10 county/nearby salary comparison, and resultant salary increase request.	X	
2-3	Request for a Behavioral Health Therapist III, and the reclassification/promotion of existing PCMH staff who meet the qualifications.	X	
2-4	Request for licensure bonus or other means to maintain interns past their required supervised hour completion.	X	
2-5	Quantification of direct service time available for clinical services provision.	X	
2-6	Report on completion of Anasazi training and support for those staff unable to make improvements in EHR conversion.	X	
2-8	Formalized duty assignments for Program Chiefs.	X	
2-9	Summary of in-house COD advantages/disadvantages and resultant decision about a potential contract.	X	
2-10	Progress in contracting for services with external providers.	X	X
2-11	Plans/progress in developing capacity among medical providers to meet MH needs.	X	
2-12	Inclusion of mental health provider enhancement in three year MHSA plan.	X	X
2-13	List of mental health providers authorized in the managed care system, and the results of contacts with those providers.	X	
2-14	Internal PCMH policy for training budget to include allowance for 2- year accumulated expenditure.	X	
2-15	BOS to consider pre-approval for filling open but allocated PCMH positions.		X
2-16	Status of the department's waiting list.	X	X
3-1, 3-3	Initiation of MHSA planning process, including contractor, and request for an internal MHSA coordinator position.	X	X
3-2	Result of letter to State about expended MHSA funds without plan approval.	X	X
3-4	Multi-year MHSA reserve expenditure plan completed.	X	X
3-5	MHSA plan includes efforts to expand care integration, and develop additional MH providers within in Plumas County.	X	X
3-6	Reported numbers of unduplicated clients is increasing, and utilization management process developed.	X	X
4-1	Multi-year general MH fund balance reserve expenditure plan is completed.	X	X
4-2	Multi-year MHSA expenditure plan and MH reserve plans are linked.	X	X
5-1	MHSA plan includes clinician staff for enhanced services to 0-5 year olds and veterans.	X	X
5-2	Protocols/procedures and MOU's are developed for Katie A. implementation.	X	
5-3	Protocol/procedures for prioritization of parents in the foster care system is developed and stakeholders perceive improvement.	X	
5-4	Peer review of services provided to foster children is complete.	X	
5-5	Expansion of services to areas where high-risk youth reside, or the MHSA plan includes this expansion.	X	X
5-6	Sentinel event analysis process is developed and practiced.	X	
6-1	MOU developed between PCMH and PCAD.	X	X
6-2	Regular assignment of staff to drug court.	X	
6-3	Plumas County should assess the integration of Mental Health and Alcohol and Drug Services.		X
7-1	Multi-year quality improvement plan developed and resources assigned.	X	
8-1	Communications staff is deployed and PCMH community messaging is occurring.	X	X
9-1	Request for additional PCMH administrative support staff.	X	
10-1-5	MH Commission improvements are evident, including potential contract provider.	X	
10-5	Report on role of Patient Advocate, and potential contract provider.	X	
11-1	MOU for emergency psychiatric services is developed and roles and expectations are clear to community stakeholders.	X	
11-3	PCMH participates and actively supports CIT training.	X	
11-4	Annual 5150 training is completed and staff has demonstrated competence in role.	X	
12-1	PCMH evaluates MH Director Emeritus contract or enrolls in CIMH Leadership Institute.	X	
13-1	BOS to consider study of Health and Human Services formation.		X



## ALCOHOL AND OTHER DRUG SERVICES

270 County Hospital Road, Suite 111, Quincy, CA 95971  
Treatment (530) 283-7050 Prevention (530) 283-8118  
<http://www.plumascounty.us/index.aspx?nid=2349>

**Date:** September 5, 2014  
**To:** Honorable Board of Supervisors  
**From:** Louise Steenkamp, AOD Director  
**Agenda:** Item for BOS meeting on September 16, 2014, Consent Agenda

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### Recommendation:

Approve and authorize the Chair to sign contracts in amounts not to exceed \$50,000 per each organization listed below to provide residential treatment and/or detoxification services:

1. Agreement #AOD1415CORR with Community Recovery Services, Grass Valley
2. Agreement #AOD1415EMPIRE with Empire Recovery Center, Redding
3. Agreement #AOD1415SKYWAY with Skyway House, Chico
4. Agreement #AOD1415PHI with Progress House, Placerville
5. Agreement #AOD1415WHH with West Hills Hospital, Reno

Approved as to form by County Counsel. Copies of the agreements are on file with the Clerk of the Board for your review.

### Background Information:

In accordance with the Substance Abuse Prevention and Treatment (SAPT) program requirements established by the California Department of Health Care Services/Mental Health and Substance Use Disorders division, Plumas County Alcohol and Other Drug Services (AOD) include treatment for alcohol and substance abuse. Outpatient treatment services are provided by AOD certified counselors for individual and group counseling and intensive outpatient treatment. SAPT allowable treatment services also include residential services for short-term recovery (up to 30 days) and long-term recovery (over 30 days). There are no in-county facilities that provide residential treatment services and, therefore, Plumas AOD contracts with out-of-county facilities for these services. AOD certified counselors refer consumers to residential services based on their individual assessments and appropriate level of care.





# Plumas County Public Health Agency

270 County Hospital Road, Quincy, California 95971

Mimi Khin Hall, MPH, CHES, Director

☐ Administration & Health Education  
Suite 206  
Quincy, CA 95971  
(530) 283-6337  
(530) 283-6425 Fax

☐ Clinic & Nursing Services  
Suite 111  
Quincy, CA 95971  
(530) 283-6330  
(530) 283-6110 Fax

☐ Senior Nutrition & Transportation  
Suite 206  
Quincy, CA 95971  
(530) 283-3345  
(530) 283-6425 Fax

☐ Environmental Health  
Quincy Office  
Suite 127  
Quincy, CA 95971  
(530) 283-6355  
(530) 283-6241 Fax

☐ Environmental Health - Chester  
222 First Avenue  
Post Office Box 1194  
Chester, CA 95020  
(530) 258-2536  
(530) 258-2844

Date: September 8, 2014  
To: Honorable Board of Supervisors  
From: Mimi Khin Hall  
Agenda: Consent Item for September 16, 2014

**Item Description/Recommendation:** Approve and direct the Chair to sign Agreement #PARUC1413SLASZEL with Michael Staszal for the Ryan White Part C Program for FY 14-15.

**History/Background:** As the Board is aware, Plumas County Public Health Agency has served as fiscal and administrative agent for the various HIV/AIDS programs for Plumas, Sierra, Lassen, Modoc, and Siskiyou Counties. Plumas County Public Health Agency will continue to serve to our five county regions for the RW Part C Program.

Ryan White Part C funds provide for direct outpatient HIV primary care that includes HIV counseling, testing & referral, medical evaluation and clinical care, and referral to specialty and other health services. The program maintains four HIV clinic sites within the five county regions to provide these services. Services available to clients include primary medical care, HIV specialty care, laboratory services, medications, dental care, nutrition counseling, psychosocial counseling, health education and risk reduction counseling, medication adherence counseling and nutritional supplements.

Please contact me if you have any questions, or need additional information. Thank you,



## Plumas County Office of Emergency Services

270 County Hospital Road #127  
Quincy, California 95871

Phone: (530) 283-6332  
Fax: (530) 283-6241

4c

**Date:** September 5, 2014  
**To:** Honorable Board of Supervisors  
**From:** Jerry Sipe  
**RE:** Consent Agenda Item for September 16, 2014

**Recommendation:** Approve Continuation of Local Emergency Due to Drought

**Background and Discussion:** On August 19, 2014, the Board proclaimed a local emergency due to drought. This proclamation cites the Portola drinking water situation, catastrophic wildfire risk, economic losses and other factors. It seeks relief from curtailment for junior water rights holders using isolated springs for drinking water. It also seeks to ensure adequate water supplies are available for wildfire suppression and community protection.

As required by Section 8630 of the California Emergency Services Act, the governing body shall review the need for continuing the local emergency at least once every 30 days until the governing body terminates the emergency. While some progress has been made on the Portola drinking water situation, other impacts, issues and concerns remain largely unchanged since the original proclamation. Accordingly, the Board is asked to approve continuation of the local emergency due to drought.

If you have any questions, please do not hesitate to contact me at 283-6367.

Thank you.

# PLUMAS COUNTY • DEPARTMENT OF PUBLIC WORKS

1834 East Main Street, Quincy, CA 95971 - Telephone (530) 283-6268 - Fax (530) 283-6323

Robert A. Perreault, Jr., P.E., Director Joe Blackwell, Deputy Director



## CONSENT AGENDA REQUEST

For the September 16, 2014 meeting of the Plumas County Board of Supervisors

September 08, 2014

To: Honorable Board of Supervisors

From: Robert Perreault, Director of Public Works

A handwritten signature in black ink, appearing to read "Robert A. Perreault", is written over the printed name.

Subject: Authorization to Auction Public Works Surplus Equipment

### Background:

Public Works has the need to auction off surplus equipment to remain in compliance with California Air Resource Board Emissions, Cal-OSHA and to remove obsolete miscellaneous surplus items listed below. In addition to the Public Works surplus items, the Department is requesting to include the items removed from a tax delinquent property cleanup project from Chilcoat that was performed earlier this year.

<u>Equipment #</u>	<u>Year/Make/Model</u>	<u>VIN#</u>
G	1992 Ford Explorer	1FMDU34X8NUC88380
46	1988 International 1600 dump truck	416060H827469
CD-6	1956 Garwood crane	1181521
CD-9	1983 Pettibone crane	28-8-A1-7876P
M-124	1975 MB-53M pull broom	130057

### Miscellaneous

Parts support for CD-6 (old crane, engine, transmission, implements, etc.)  
Miscellaneous non-acquisition items.  
Used noncompliant engines.

### Chilcoat Items:

3 trailers  
2 vehicles  
Scrap and miscellaneous household items

### Recommendation:

Public Works is requesting authorization to utilize the existing Service Agreement with Bar None Auction to auction off the surplus equipment listed above.



# PLUMAS COUNTY MENTAL HEALTH

Peter Livingston, LCSW, Director  
270 County Hospital Road, Suite 100 Quincy, CA 95971  
(530) 283-6307 FAX (530) 283-6046  
plivingston@kingsview.org



## MEMO

DATE: September 8, 2014  
TO: HONORABLE BOARD OF SUPERVISORS  
FROM: PETER LIVINGSTON, LCSW, DIRECTOR  
SUBJECT: BOARD AGENDA ITEM FOR SEPTEMBER 16, 2014, CONSENT AGENDA  
REGARDING: RECEIVE, AUTHORIZE SIGNATURE AND RATIFICATION OF  
BHC SIERRA VISTA CONTRACT RENEWAL.

**IT IS RECOMMENDED THAT THE BOARD OF SUPERVISORS:** RATIFY AND SIGN THE CONTRACTS FOR BHC SIERRA VISTA HOSPITAL, FY 2014-15, APPROVED AS TO FORM BY COUNTY COUNSEL

**BACKGROUND AND DISCUSSION:** BHC Sierra Vista has had a long-standing association with Plumas County Mental Health. Sierra Vista Hospital provides psychiatric hospitalizations and services for Mental Health on an "as-needed" basis.

**FINANCIAL IMPACT:** There are no General Fund dollars involved in this matter. Any costs associated with this matter are covered by a combination of Federal and State funds.

### Services Agreement

This Agreement is made by and between the COUNTY OF PLUMAS, a political subdivision of the State of California, by and through its Mental Health Department (hereinafter referred to as "County"), and BHC, Sierra Vista Hospital, Inc. d/b/a Sierra Vista Hospital, a California corporation (hereinafter referred to as "Contractor").

The parties agree as follows:

1. Scope of Work. Contractor shall provide the County with services as set forth in Exhibit A, attached hereto.
2. Compensation. County shall pay Contractor for services provided to County pursuant to this Agreement in the manner set forth in Exhibit B, which is included on Exhibit A. The total amount paid by County to Contractor under this Agreement shall not exceed Fifty Thousand Dollars and NO/100 (\$50,000.00).
3. Term. The term of this agreement shall be from July 1, 2014 through June 30, 2015, unless terminated earlier as provided herein.
4. Termination. Either party may terminate this agreement by giving thirty (30) days written notice to the other party.
5. Non-Appropriation of Funds. It is mutually agreed that if, for the current fiscal year and/or any subsequent fiscal years covered under this Agreement, insufficient funds are appropriated to make the payments called for by this Agreement, this Agreement shall be of no further force or effect. In this event, the County shall have no liability to pay any further funds whatsoever to Contractor or furnish any other consideration under this Agreement and Contractor shall not be obligated to perform any further services under this Agreement. If funding for any fiscal year is reduced or deleted for the purposes of this program, the County shall have the option to either cancel this Agreement with no further liability incurring to the County, or offer an amendment to Contractor to reflect the reduced amount available to the program. The parties acknowledge and agree that the limitations set forth above are required by Article XVI, section 18 of the California Constitution. Contractor acknowledges and agrees that said Article XVI, section 18 of the California Constitution supersedes any conflicting law, rule, regulation or statute.
6. Warranty and Legal Compliance. The services provided under this Agreement are non-exclusive and shall be completed promptly and competently. Contractor shall guarantee all parts and labor for a period of one year following the expiration of the term of this Agreement unless otherwise specified in Exhibit A. Contractor agrees to comply with all applicable terms of state and federal laws and regulations, all applicable grant funding conditions, and all applicable terms of the Plumas County Code and the Plumas County Purchasing and Practice Policies.
7. Amendment. This Agreement may be amended at any time by mutual agreement of the parties, expressed in writing and duly executed by both parties. No alteration of the

terms of this Agreement shall be valid or binding upon either party unless made in writing and duly executed by both parties.

8. Indemnification. To the furthest extent permitted by law (including without limitation California Civil Code Sections 2782 and 2782.8, if applicable), County shall not be liable for, and Contractor shall defend and indemnify County and its officers, agents, employees, and volunteers (collectively "County Parties"), against any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics; liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorney's fees and court costs (hereinafter collectively referred to as "Claims"), which arise out of or are in any way connected to the work covered by this Agreement arising either directly or indirectly from any act, error, omission or negligence of Contractor or its officers, employees, agents, contractors, licensees or servants, including, without limitation, Claims caused by the concurrent negligent act, error or omission, whether active or passive of County Parties. Contractor shall have no obligation, however, to defend or indemnify County Parties from a Claim if it is determined by a court of competent jurisdiction that such Claim was caused by the sole negligence or willful misconduct of County Parties. The obligations of this indemnity shall be for the full amount of all damage to County, including defense costs, and shall not be limited by any insurance limits.
9. Insurance. Contractor agrees to maintain the following insurance coverage throughout the term of this Agreement:
  - a. Commercial general liability (and professional liability, if applicable to the services provided) coverage, with minimum per occurrence limit of the greater of (i) the limit available on the policy, or (ii) one million dollars (\$1,000,000).
  - b. Automobile liability coverage (including non-owned automobiles), with minimum bodily injury limit of the greater of (i) the limit available on the policy, or (ii) two-hundred fifty thousands dollars (\$250,000) per person and five hundred thousand dollars (\$500,000) per accident, as well as a minimum property damage limit of the greater of (i) the limit available on the policy, or (ii) fifty thousand dollars (\$50,000) per accident.
  - c. Each policy of commercial general liability (and professional liability, if applicable to the services provided) coverage and automobile liability coverage (including non-owned automobiles) shall meet the following requirements:
    - i. Each policy shall be endorsed to name the County, its officers, officials, employees, representatives and agents (collectively, for the purpose of this section 9, the "County") as additional insureds. The Additional Insured endorsement shall be at least as broad as ISO Form Number CG 20 38 04 13; and

- ii. All coverage available under such policy to Contractor, as the named insured, shall also be available and applicable to the County, as the additional insured; and
- iii. All of Contractor's available insurance proceeds in excess of the specified minimum limits shall be available to satisfy any and all claims of the County, including defense costs and damages; and
- iv. Any insurance limitations are independent of and shall not limit the indemnification terms of this Agreement; and
- v. Contractor's policy shall be primary insurance as respects the County, its officers, officials, employees, representatives and agents, and any insurance or self-insurance maintained by the County, its officers, officials, employees, representatives and agents shall be in excess of the Contractor's insurance and shall not contribute with it, and such policy shall contain any endorsements necessary to effectuate this provision. The primary and non-contributory endorsement shall be at least as broad as ISO Form 20 01 04 13; and
- vi. To the extent that Contractor carries any excess insurance policy applicable to the work performed under this Agreement, such excess insurance policy shall also apply on a primary and non-contributory basis for the benefit of the County before the County's own primary insurance policy or self-insurance shall be called upon to protect it as a named insured, and such policy shall contain any endorsements necessary to effectuate this provision.

d. Workers Compensation insurance in accordance with California state law.

If requested by County in writing, Contractor shall furnish a certificate of insurance satisfactory to County as evidence that the insurance required above is being maintained. Said certificate of insurance shall include a provision stating that the insurers will not cancel the insurance coverage without thirty (30) days' prior written notice to the County. County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time. Contractor shall require all subcontractors to comply with all indemnification and insurance requirements of this agreement, and Contractor shall verify subcontractor's compliance.

10. Licenses and Permits. Contractor represents and warrants to County that it or its principals have all licenses, permits, qualifications, and approvals of whatsoever nature that are legally required for Contractor to practice its profession and to perform its duties and obligations under this Agreement. Contractor represents and warrants to County that Contractor shall, at its sole cost and expense, keep in effect at all times during the term of this Agreement any licenses, permits, and approvals that are legally required for

Contractor or its principals to practice its professions and to perform its duties and obligations under this Agreement.

11. Relationship of Parties. It is understood that Contractor is not acting hereunder as an employee of the County, but solely as an independent contractor. Contractor, by virtue of this Agreement, has no authority to bind, or incur any obligation on behalf of, County. Except as expressly provided in this Agreement, Contractor has no authority or responsibility to exercise any rights or power vested in County. It is understood by both Contractor and County that this Agreement shall not under any circumstances be construed or considered to create an employer-employee relationship or joint venture.
12. Assignment. Contractor may not assign, subcontract, sublet, or transfer its interest in this Agreement without the prior written consent of the County.
13. Non-discrimination. Contractor agrees not to discriminate in the provision of service under this Agreement on the basis of race, color, religion, marital status, national origin, ancestry, sex, sexual orientation, physical or mental handicap, age, or medical condition.
14. Choice of Law. The laws of the State of California shall govern this agreement.
15. Interpretation. This agreement is the result of the joint efforts of both parties and their attorneys. The agreement and each of its provisions will be interpreted fairly, simply, and not strictly for or against either party.
16. Integration. This Agreement constitutes the entire understanding between the parties respecting the subject matter contained herein and supersedes any and all prior oral or written agreements regarding such subject matter.
17. Severability. The invalidity of any provision of this Agreement, as determined by a court of competent jurisdiction, shall in no way affect the validity of any other provision hereof.
18. Headings. The headings and captions contained in this Agreement are for convenience only, and shall be of no force or effect in construing and interpreting the provisions of this Agreement.
19. Waiver of Rights. No delay or failure of either party in exercising any right, and no partial or single exercise of any right, shall be deemed to constitute a waiver of that right or any other right.
20. Conflict of Interest. The parties to this Agreement have read and are aware of the provisions of Government Code section 1090 *et seq.* and section 87100 *et seq.* relating to conflicts of interest of public officers and employees. Contractor represents that it is unaware of any financial or economic interest of any public officer or employee of County relating to this Agreement. It is further understood and agreed that if such a financial interest does exist at the inception of this Agreement and is later discovered by the County, the County may immediately terminate this Agreement by giving written notice to Contractor.



21. Notice Addresses. All notices under this Agreement shall be effective only if made in writing and delivered by personal service or by mail and addressed as follows. Either party may, by written notice to the other, change its own mailing address.

County:

Mental Health Department  
County of Plumas  
270 County Hospital Road, #109  
Quincy, CA 95971  
Attention: Peter Livingston, LCSW - Director

Contractor:

Sierra Vista Hospital, Inc.  
8001 Bruceville Road  
Sacramento, CA 95823  
Attention: Mike Zauner, CEO

22. Time of the Essence. Time is hereby expressly declared to be of the essence of this Agreement and of each and every provision thereof, and each such provision is hereby made and declared to be a material, necessary, and essential part of this Agreement.
23. Contract Execution. Each individual executing this Agreement on behalf of Contractor represents that he or she is fully authorized to execute and deliver this Agreement.
24. [Retention of Records. Pursuant to California Government Code section 8546.7, the performance of any work under this Agreement is subject to the examination and audit of the State Auditor at the request of the County or as part of any audit of the County for a period of three years after final payment under the Agreement. Each party hereto shall retain all records relating to the performance and administration of this Agreement for three years after final payment hereunder, and Contractor agrees to provide such records either to the County or to the State Auditor upon the request of either the State Auditor or the County. **NOTE: Only for contracts in excess of \$10,000.]**

IN WITNESS WHEREOF, this Agreement has been executed as of the date set forth below.

**CONTRACTOR:**

BHC, Sierra Vista Hospital, Inc.  
a California corporation

By: \_\_\_\_\_  
Name: Mike Zauner  
Title: CEO

**COUNTY:**

County of Plumas, a political subdivision of  
the State of California

By: \_\_\_\_\_  
Name: Peter Livingston, LCSW  
Title: Director

Date signed:

By: \_\_\_\_\_

Name:

Title:

Date signed:

Date signed:

APPROVED AS TO FORM:

Stephen I. Mansell 9/3/14

Steve Mansell

Plumas County Counsel, Deputy

CAO

\_\_\_\_\_  
Jon Kennedy, BOS Chair

**EXHIBITS A & B**

**Scope of Work with Fees**

### Children's Mental Health Services

<u>Medi-Cal Rates (per child per day)</u>	<u>Rate per day</u>
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Room & Board (Excludes Psychiatric Support Services fees)	<u>\$747.00</u>
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In-Patient Professional Fees (Psychiatric Support Services fees)	<u>\$ 90.00</u>
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Administrative Day	<u>\$521.19</u>
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### Short-Doyle Rates (per child per day)

Short Doyle (Excludes Psychiatric Support Services fees)	<u>\$747.00</u>
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Short Doyle (Includes Psychiatric Support Services fees)	<u>\$837.00</u>
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Administrative Day (Excludes Psychiatric Support Services fees)	<u>\$521.19</u>
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Administrative Day (Includes Psychiatric Support Services fees)	<u>\$611.19</u>
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### Adult Mental Health Services

<u>All-inclusive rate per adult per day includes:</u>	<u>Rate per day</u>
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Room & Board, psychiatric services, medication,	<u>\$950.00</u>
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laboratory fees, medical history and physical, and

all ancillary medical and psychiatric services,

but excludes the day of discharge.