

Nevada County Mental Health Board and Substance Use Advisory Board Minutes

Date:	April 03, 2020
Time:	9:30 a.m. – 12:00 p.m.
Place:	Zoom and Telephone

STANDING ORDERS

1. **Call to Order and Introductions** – Self-introductions were made.

2. **Public Comment.**

Members of the public may address the board on items not appearing on the agenda. Please understand that no action shall be taken on items not appearing on the agenda. There were no comments.

3. **Announcements**

Shera Banbury announced California Association of Local Behavioral Health Boards and Commissions (CALBHBC) Training on Saturday, April 18th Teleconference. The Bay Area Region Meeting is from 10:00 a.m. to 12 p.m. and the Mental Health Board Training is from 12:30 p.m. to 3:30 p.m.

4. **Report on Behavioral Health Operations during current crisis – Phebe Bell.**

a) **Strategies to maintain county operations**

It is a challenging time for everyone. Behavioral Health management has been meeting to discuss COVID19 for several weeks. Guidance around social distancing has changed rapidly and has caused plans for continuing county operations to shift. California Behavioral Health Directors Association, Department of Health Care Services, and the County CEO Office have held multiple conference calls to discuss how other counties are handling issues around COVID-19. Nevada County currently has 30 positive cases of coronavirus, twenty cases are from eastern Nevada County. The Public Health Department is contract tracing, it is time consuming work. Nevada County has done a great job in communicating. There is a lot of information on the website: <https://www.mynevadacounty.com/2924/Coronavirus>.

In a short amount of time the County has shifted from in person services to mostly virtual. Behavioral Health is providing all services. Psychiatrists are working from home via laptop and phone with consultations occurring mostly by phone. When the visit needs to be more face to face, the appointment is taking place via Zoom or Facetime. For clients who do not have access to technology, there is equipment available at all three locations where clients with an appointment can come in and be connected through a video link. Adult mental health clients have had fewer no shows and have liked not having to leave home. New intakes continue for mental health and substance use treatment. Children's mental health has had an easier time with technology as many staff already have laptops and work in the field at school sites. It has been more difficult getting the youth to be excited about therapy over the phone.

Personal Service Coordinators have been going into the office and providing services in the community mostly in people's homes. Behavioral Health has been following CDC

guidelines on how to do home visits and how to transport people. Behavioral Health is making an effort to connect more often with clients who are vulnerable and more isolated.

Nurses are continuing to give long acting injectables. Clients are screened first for symptoms and those with symptoms are scheduled further out; potentially clients who are symptomatic may have medication changed to pill form if there is potential risk of infecting staff.

b) Strategies for supporting critical contractors

Two of our main children's service contractors: Victor and Stanford Youth Solutions have done well transiting to online services and are using creative ways to connect with children and their family. The biggest challenge has been with face to face services such as residential programs and homeless programs. SPIRIT, Odyssey House, Granite Wellness Centers, recovery residences, supportive independent living, crisis, and the Crisis Stabilization Unit are environments where people need to interact with each other. Contract providers have had a difficult time with continuing services while keeping everyone safe. When the vulnerable population guidance came out many of our providers lost half their staff. Public Health expanded their capacity by hiring a retired Medical Director, Dr. Trochet. Dr. Trochet has been working with Behavioral Health providing guidance and best practices for congregate care settings.

Crisis numbers are down, but we expect this will change when there are more significant numbers of people with coronavirus.

c) Strategies for people who are homeless

Behavioral Health is just one part of the system in providing services to the homeless. There are housing and homeless services under Mike Dent and Brendan Phillips. The State has developed multiple task forces. One of them is housing and hunger, locally there is a task force that includes the EOC, representation from the cities, Phebe Bell, Ryan Gruver, Mike Dent and many others. There has been a big push to get homeless individuals sheltered due to their vulnerability and concern about virus spread. Since then the guidance has changed to housing people if there is adequate social distancing and avoiding crowded shelter environments. Public Health has provided guidance on what is a realistic number of people for Hospitality House. This has led to a decrease in the maximum number of people who can be sheltered at Hospitality House. Hotel vouchers were provided to individuals no longer able to stay at Hospitality House. Supportive services are being provided at one of the camps. There is an effort to get handwashing stations installed, until then the HOME Team has been distributing hand sanitizer and other supplies. The Home Team nurse has been providing outreach and education to individuals in camp environments.

The county has been working to secure hotel rooms for individuals that are homeless or live in dense living situations and test positive for coronavirus or need to be quarantined. It is challenging to find hotels willing to accept people who are COVID positive. The county is working on contracts with a few facilities that have verbally agreed to provide hotel rooms. There is a focus on finding more shelter options for individuals who are vulnerable due to age or pre-existing health conditions.

d) Best thinking on future impacts

COVID-19 will have a significant impact financially to the Behavioral Health budget. The budget is built on planned expenses and expected revenue. Up to 1/3 of our revenue is based on the services we provide and bill for through Medi-Cal. When we provide fewer services our revenue decreases. With the stay at home order and social distancing, fewer services are being provided. This also impacts our contract providers as they invoice Behavioral Health for services provided. Contract provider billings are down, but their costs are the same. Currently we are paying most contractors 1/12 of their contract. There is a focus on ensuring we are providing services at the same level as prior to COVID-19; so that we can cover our costs. Mental Health Services Act (MHSA) revenue is down significantly for March. This will change what we can do for next year's MHSA contracts.

The number of people applying for Medi-Cal and other benefits has increased dramatically. Social Services is swamped with new applications. Behavioral Health's target population is individuals on Medi-Cal. We expect an increase in the number of individuals eligible for Behavioral Health services. Most likely this will impact Children's Mental Health more than Adult Mental Health. The numbers of people we need to serve will increase while our budget contracts.

There is new guidance on wearing masks, but we do not have enough for everyone who needs one.

5. Peer Support – Pauline Abrons.

SPIRIT Peer Empowerment Center has been connecting with people both by phone and at the center. Similar to many people these days, plans to take the next step in their lives have been stalled, but many maintain hope and clarity around what they need to do when the opportunity arises again. Anxiety of course is higher, although I'd say most are keeping their chins up as best they can. A few are having a lot of trouble emotionally, feeling left behind when they hear of folks in hotel rooms, or feeling alone without family to call on or stay with. We are doing our best to walk with them through these feelings, offering hope along with our support.

At the center participants are careful to maintain distance and wash hands frequently and carefully, although it hasn't been perfect. We continue to come up with ways to negotiate the physical space so that it naturally creates more distance between people.

RFP Grant - we did not get the grant to fund our Integrative RESToration program, but we will be starting a scaled down version of it. We will soon be offering places to rest while listening to CDs with sounds shown through research to support the body and mind into relaxation and release - nature sounds, binaural beats, and iRest yoga nidra (guided resting meditations).

6. Truckee – Anne Rarick, Lori Malone and Phebe Bell.

Anne Rarick reported that Sierra Community House offices are closed, but they are holding office hours by phone. Food distribution has changed to home delivery system. There has been a big increase in the number of households signed up for food from 188 to approximately 350. All of the food distribution operations have moved to the Boys and Girls Club in Kings Beach to allow for more space. Included in the food distribution boxes is information on community resources, Calfresh and self-care strategies. There has been a lot of support from the community. A local distillery has donated hand sanitizer.

Phebe Bell reported there is an increase in calls for domestic violence issues.

Lori Malone reported that the outpatient lab at Tahoe Forest has moved to the Medical Office Building. The NAMI Walk will be a virtual walk on Saturday May 2nd.

7. Mental Health Services Act – Priya Kannall.

The California Behavioral Health Directors Association (CBHDA) has been working closely with the Department of Health Care Services (DHCS) to figure out flexibility with spending requirements and plan updates. Nevada County is moving forward with our three-year plan, though this is challenging given we do not know what the fiscal impact will be. There will be an MHSA Meeting on Tuesday, April 14th 3:00 p.m. to 5:00 p.m. via Zoom. The public hearing will be held on May 15th at the Mental Health and Substance Use Advisory Board Meeting.

8. Mental Health and Substance Use Advisory Board Minutes March 6, 2020.

Shera Banbury made a motion to approve the March minutes. The motion was seconded by Lori Malone. All members present were in favor.

9. Communication – Future Mental Health Board Agenda Items.

Email future agenda items to Annette LeFrancois at annette.lefrancois@co.nevada.ca.us.

Below is a list of future presentations and speakers that Mental Health and Substance Use Advisory Board members have suggested.

- a) Client Satisfaction Surveys, Yvonne Foley
- b) Toby Guevin, Suicide Prevention Coordinator
- c) Granite Wellness Center
- d) Medication Issues
- e) Sheriff Shannan Moon
- f) 211/Connecting Point
- g) Project Heart
- h) Lynn DeMartini, PhD

ATTENDANCE:

Members Present: Amanda Wilcox, Iden Rogers, Janice Deardorff, Shera Banbury, Lori Malone, Anne Rarick, Ann Kelley.

Excused Absent: Supervisor Hall, Laura Preston.

BH Staff: Phebe Bell, Annette LeFrancois, Priya Kannall.

Visitors: Pauline Abrons, Gayatri Havighurst, Marley Mueller, Melissa Parrett.

Minutes by Annette LeFrancois