

## Nevada County Mental Health Board and Substance Use Advisory Board Minutes

<b>Date:</b>	<b>May 15, 2020</b>
<b>Time:</b>	<b>9:30 a.m. – 12:00 p.m.</b>
<b>Place:</b>	<b>Zoom and Telephone</b>

### 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 on May 26<sup>th</sup> she will be a Superior Region Representative on the California Association of Local Behavioral Health Boards and Commissions (CALBHBC). Sher mentioned part of the Mental Health Board duties is to submit an annual report to the CALBHBC.

Iden Rogers mentioned that it would be useful and informative for Quality Improvement Committee and Cultural Competence Committee member emails (primarily agendas and minutes) to also be sent to the MHSUAB members. This would help board members to stay informed about these committees.

4. **Mental Health and Substance Use Advisory Board Minutes April 3, 2020.**

A motion was made by Ann Kelley to approve the April 3<sup>rd</sup> minutes. The motion was seconded by Sher Banbury. All members present were in favor.

5. **MHSA Report and Public Hearing for the Mental Health Services Act (MHSA) Three Year Plan Fiscal Year 2020/21, 2021/22, 2022/23 and the Annual Progress Report for Fiscal Year 2018/2019 – Priya Kannall.**

Priya Kannall presented a PowerPoint Mental Health Services Act Three Year Plan Overview. Priya reviewed the projected impact of COVID-19 on our MHSA Plan. Prior to COVID-19 our projected MHSA revenue for Fiscal Year 2019/20 was \$5,747,489. With COVID-19 we expect a 5-10% decline in MHSA funds. Projected MHSA funds for Fiscal Year 2019/20 are \$4,807,633. The PowerPoint included an overview of MHSA and funding requirements. The MHSA three-year planning process identified key priorities: Homelessness, Criminal Justice, Child Welfare, Expanded Truckee Services, Transition Age Youth (age 16-25), Performance Outcomes, Community Crises Response, Whole Health Approach, Peer Specialists and Family Centered Programming.

Community Services and Supports (CSS) Categories: Full-Service Partnerships, General System Development, Outreach and Engagement. Program, anticipated provider and budget were reviewed for each category, as well as the percent of total CSS funds. There was a question as to how the percentage from this year compares to prior years.

Prevention and Early Intervention (PEI) Categories: Early Intervention, Access and Linkage, Outreach for Increasing Recognition of Mental Illness, Prevention, Stigma and Discrimination Reduction and Suicide Prevention. Program, anticipated provider and budget were reviewed for each category, as well as the percent of total PEI funds.

Better graphics were created for the Mental Health Needs Assessment and Full-Service Partnership Outcomes.

Public Comment: Request for MHSA plan to incorporate Safe Sanctuary Outdoor Emergency shelter program. Summary of Significant Changes to Plan during Public Comment: Added COVID-19 context to Executive Summary. For more detailed information refer to the PowerPoint presentation that was emailed to the Mental Health Board group email list. There was a question as to how the Mental Health Board can advocate for Safe Sanctuary given the threat of fire from homeless camps. Given the projected decline in revenue, Behavioral Health can not add any large new programs. There are other funding sources for housing and homelessness.

Amanda Wilcox Opened the Public Hearing for Public Comment. There were no comments from meeting participants and no comments were emailed to the Behavioral Health email address. Public Comment was closed. Ann Kelley made a motion to move forward with the Three-Year MHSA Plan and Annual Progress Report. The motion was seconded by Shera Banbury. All members present were in favor. Next steps: to the Nevada County Board of Supervisors and then to the State.

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

**a) Strategies to maintain county operations**

Many Behavioral Health services are now done remotely. Youth where school is a stressor are doing well with remote schooling. It is more difficult on youth where there are issues in the home. Therapists are finding creative ways to engage youth some with art supplies sent to the home for use in therapy sessions. Privacy has been a challenge especially with multiple family members sharing space. Staff quickly realized the need to educate family members about privacy during remote sessions. Remote psychiatry services have been successful with many clients preferring remote sessions. Overall there has been a downturn in the demand for Behavioral Health Services. Other counties are also experiencing this.

**b) Strategies for supporting critical contractors**

Behavioral Health has been able to get cloth masks as well as surgical masks that have been shared with the congregate care settings in our system. Public Health hired Dr. Trochet, a former Sacramento County Public Health Officer. Dr. Trochet has been working with Behavioral Health providing guidance and best practices for congregate care settings.

**c) Strategies for people who are homeless**

The county has secured 140 hotel rooms for individuals that are homeless or live in dense living situations and test positive for coronavirus or need to be quarantined.

**d) Best thinking on future impacts**

The fiscal picture and economic impact on the public behavioral health system is very unclear. There is an increase in people eligible for Medi-Cal as jobs are lost. Phebe Bell reviewed Behavioral Health's main funding streams: 1991 Realignment, 2011 Realignment, MHSA, Medi-Cal Revenue, and other funds (grants). 1991 and 2011 Realignment are from sales tax and vehicle license fees. Estimated 10% drop in Realignment. Mental Health Services Act (MHSA) is a 1% personal income tax on millionaires. There is an estimated 61% drop in MHSA revenue for May through July 2020.

Fiscal solutions include cuts of 3% in Behavioral Health for Fiscal Year 2019/2020. Potential cuts for next year of 4% from vacant positions, training, travel and some contracts that are under-utilized such as hospital contracts that are often budgeted for more than what is used. Behavioral Health is moving forward with next years' contracts with no cuts anticipated at this time.

**Other updates**

There have been 4 State audits in the last 6 weeks. Audits have been by phone or zoom. There is one more audit to go.

May is Mental Health Awareness Month. Behavioral Health has a youth mental health video on YouTube and Facebook: <https://www.youtube.com/watch?v=yicS5XEAcFA>.

**7. Peer Support – Pauline Abrons.**

Peers play an important role during the coronavirus outbreak. Peers have been working on building resilience at SPIRIT Peer Empowerment Center. (guided resting meditations).

**8. Truckee – Phebe Bell.**

The Emergency Warming Center has been open for drops in five days per week.

There was discussion of having a Truckee focus for the June 5<sup>th</sup> Mental Health and Substance Use Advisory Board Meeting. There were suggestions of asking Alison Schwedner from the Tahoe/Truckee Community Collaborative to report on the strategic plan. Mental Health Board members expressed an interest in updates from the Emergency Warming Center and Sierra Community House.

**9. Forensic Task Force.**

There have not been any meetings.

**10. Continuum of Care.**

Gayatri Havighurst mentioned there will be a presentation on Safe Sanctuary Outdoor Shelter on June 18<sup>th</sup>. There is frustration in things not happening more quickly for a growing problem.

**11. Suicide Prevention Task Force.**

The task force has held zoom meetings. They have been working on a list of resources that is now complete and has been posted.

**12. Zoom Participant Toll Charges.**

For individuals who participate in the Mental Health and Substance Use Advisory Board Zoom Meetings by phone there maybe phone toll charges (depending on an individual's phone plan). Behavioral Health will provide a \$10 stipend to individuals who participate by phone and incur a phone charge to participate in the meeting. Behavioral Health did not want toll charges to prevent participation in the meetings. Contact Annette LeFrancois to apply for a stipend.

**13. Mental Health and Substance Use Advisory Board Goals.**

Suggestion to add: establish a procedure to educate and train the public on what the Mental Health Board is. Include the vision statement. Report on what goals and Mental Health Board accomplishments. Goals can be tracked from the minutes.

**14. Communication – Future Mental Health Board Agenda Items.**

Email future agenda items to Annette LeFrancois at [annette.lefrancois@co.nevada.ca.us](mailto: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, Laura Parker, Shera Banbury, Ann Kelley.

**Excused Absent:** Supervisor Hall, Lori Malone, Anne Rarick.

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

**Visitors:** Pauline Abrons, Gayatri Havighurst, Rocio Mojica Bierwirth.

Minutes by Annette LeFrancois