



COUNTY OF SAN MATEO MENTAL HEALTH & SUBSTANCE ABUSE RECOVERY COMMISSION

**Unadopted Minutes
Wednesday, May 6, 2020
Zoom Meeting**

BOARD MEMBERS PRESENT: Cherry Leung, Chris Rasmussen, Donald Mattei, Jan Wongchuking, Jean Perry, Leticia Bido, Mark Duri, Patricia Way, Randy Torrijos, Sheila Brar, Yoko Ng

STAFF: Scott Gilman, Chantae Rochester, Claudia Saggese, Doris Estremera, Jairo Wilches, Lee Harrison, Sylvia Tang, Vanessa de la Cruz

BOARD MEMBERS ABSENT:

Excused:

Un-excused:

OTHERS PRESENT (signed in): Bruce Adams, Ellen Darnell, Lynda Kaufman, Michael Lim

CALL TO ORDER

The meeting was called to order at 3:32 p.m. by Sheila Brar

INTRODUCTIONS

APPROVAL OF TODAY'S AGENDA

► **M/S/C** Way/Rasmussen

APPROVAL OF MINUTES

Approval of minutes from the March 4, 2020 Mental Health & Substance Abuse Recovery Commission Meeting.

► **M/S/C** Rasmussen/Way

Approval of minutes from the March 18, 2020 and the April 15, 2020 Executive Committee Meeting

► **M/S/C** Rasmussen/Way

Correspondence, Announcements, and Public Comment

Ellen Darnell

I live in supported housing in San Mateo County for mental health. I want to talk about the co-occurring disorders. Most people in supported housing have come from homelessness, they have mental illness and a lot of them have co-occurring disorders and it seems like a lot of people of picking up, in one way or another, because of the stress of sheltering in place. I think we are going to hit a large mental health crisis.

I have no good suggestions as to how to reach out or how we help but I definitely think that is something the commission should think about during this time. We know when people are in crisis, they turn to the substance that keeps them from feeling.

Lynda Kaufman-CALMHB/C

We are following a bill and wrote a letter of support for AB2589 to allow Board and Cares to be part of the Proposition 2 (No Place Like Home) funding.

The CALBHCC wrote a letter with CBHDA in support of increasing the SSI Board and Care rate from \$1069 per month to \$2666 per month. A lot of Board and Cares are in crisis and are struggling.

I am also here as a provider at Synergy. We received a lot of support from BHRS from Betty, Star, Kristin, and Talisha. When we have had a crisis, they have been right there to support us.

Michael Lim

Health Ambassador for Cal Voices in Sacramento

Late March the County Behavioral Health Directors Association sent a letter to Governor Newsom with a few requests and one of the request was that due to COVID 19 that the counties be granted leeway to be able to move MHSA funds to be used for COVID-19 and that the stakeholder process be bypassed. I am against this and ask the commission to be mindful of this and keep the stakeholder process.

Randy Torrijos

May is Mental Health Awareness Month (MMHAM) and the BOS will be adopting that proclamation on May 19, virtually.

The City of South San Francisco (SSF) is working with our County BHRS to declare MMHAM in the City of SSF on May 13, the original plan was to light their city hall lime green for the month of May but because of the current situation that has been delayed.

A. Committee for Children & Youth

Did not meet

Next meeting will be held on May 20, 2020 at 4:00 p.m.

B. Committee for Adults

Reported by Yoko Ng

Next meeting will be held on May 20, 2020 at 10:30 a.m.

Via Zoom

C. Committee for Older Adults

Reported by Patricia Way

The next meeting will be held on June 3, 2020 at 11:00 a.m.

Director's Report

Please see Presentation for Director's Report.

MHSA Update

Reported by Doris Estremera, MHSA Manager

Thank you to everyone who attended the Mental Health Services Act Steering Committee (MHSASC) Meeting last week. Reminder, you are all members of the MSHASC, please be on the lookout for an email I sent with instructions on follow-up action items. I am asking that you help rank and rate the strategies and initiatives that we reviewed at the meeting. I also included the links to the presentation and public comments.

We will bring for 30-day public comment regarding how to use the MHSA unspent dollars.

Liaison, Task Force and Ad Hoc Committees

Suicide Prevention Committee

Reported by Yoko Ng

We meet the first Tuesday of each month from 1:30-3:00 p.m. via Zoom.

Isabella Gaddini, Notre Dame High School Student, produced a short film titled "The Tracks" after a friend committed suicide. She also works with an Executive Director from a non-profit in Redwood City called Brave Maker and they have invited us to view the film. He wants to start a documentary series and would like input from people with experience or a family member who have committed suicide. He is still in the early stages of the process. Please contact Sylvia Tang if you are interested in connecting with Brave Maker regarding the docuseries.

Old Business

The Tony Hoffman Awards have been postponed and we are not sure when they will be held because they do need to be in person. The nominations will be sent out whenever we determine which month to have the presentation. There are several categories to that award:

- Housing/Landlord
- Law Enforcement
- Service Provider
- Media
- Family Member
- Client/volunteer
- Business

New Business

Nothing to report.

Program Presentation

COVID-19 Update

Presented by Scott Gilman, Director

Behavioral Health and Recovery Services

When we started almost 10 weeks ago our priority was to maintain our emergency services to individuals and to be prepared to do everything, we can do to help address the surge in the hospital system. All our staff are emergency workers and can be pulled to help at any time. We needed to mobilize as many staff as we could to work from home for several reasons:

1. Keep the employee safe and the consumer safe
2. Get them home and working and connected telephonically so that we could resume treating patients as stress and issues of social isolation begin to hit

Within about one week we moved over 400 employees out of office settings and to homebased settings. Our orders were to get as many people home as feasible. Currently, we have about 19% of our workforce still working onsite.

It was the same process with our community partners and community-based organizations. We are working with them trying to help them understand the enormous amount of regulatory reform and regulations that came down regarding HIPAA and billing. The state did an incredible job of relaxing a lot of regulations to make it easy for us to see people through video or to have telephone contact with them and continue to bill for those services.

We never shut down operations in any of our clinics, even though we did close for walk-in visits until we had appropriate PPE. We felt strongly that we needed to be available to do face to face crisis work if it was necessary. That was happening and is still happening to this day.

We do have a skeleton crew in every building. We wanted to make sure that we had real people answering the telephone when/if someone called and needed help. We have staff available to do injections and if the Psychiatrist felt they needed to see someone in person they could. Fortunately, when this first happened we had a small number of PPE available we rationed those and made them available to staff. To this minute we have not been successful in procuring any PPE for BHRS staff through the Emergency Operations Center (EOC0 of the County. We have done a lot of work on our own and received some donations for PPE for staff and we have started distributing PPE to our CBO'S.

We are trying to support the CBO's as much as possible to be able to maintain clients safely and to reduce the surge on the emergency room. BHRS has worked hand in hand with primary care to make sure that we have medications for folks. We do everything we can to keep people out of the emergency room and handle all emergencies that come our way to keep any sort of pressure off the emergency room.

The other priority we had was to resume operations and regular treatment for clients. Once we worked out some bugs all our clinical staff were able to resume operations (about 2 weeks in) and begin doing telephone work with their folks. Exceptions to that are consumers who don't have the ability to connect, especially on the coast. We are very worried about individuals out there that we haven't been able to connect with or individuals who have disappeared and we don't have the ability to find them. Overall, I believe that 90% of the children that were in service, we reconnected with them. And 70% of the adults that were in care have reconnected over the phone.

We have over 600 contracts with different providers that are all providing a variety of services. One of our biggest priorities over the past couple of weeks has been working with our CBO's and the Contractor Association to try to help them address their cash

issues. Many of our small non-profit partners that we rely on to provide services operate on a shoestring budget so when their fee for service revenue tanked, they began having cash flow issues and we are concerned about that and are doing what we can to try to figure out a solution. The problem is that we anticipate and have been told that our revenue for BHRS will suffer significant reductions. The MHSA funds and some of the realignment dollars, all our funding streams are based on tax dollars. We are preparing ourselves for a significant contraction. The County has implemented a hiring freeze.

We are encouraging our CBO's to apply for some of the San Mateo County Strong Dollars that are available from some of the foundations. We continue to help and provide them with technical assistance with all the Health Officer orders and the PPE needs they have and how they continue to provide services. The problem we have is that our health partners have been really overwhelmed, we've had to support them and ourselves and figure out the best path to go.

This week we feel that we have our employees' home and we feel that they're working. March productivity level was the highest it has ever been. One of our revenue correction plans for last year was to increase the number of billable hours that we have both in our provider network and at BHRS. The productivity was double what is normally, so there are lessons to be learned there that we want to explore. Is the telework working better for our clients, do we have higher levels of satisfaction and levels of clinical outcomes that are better than office space work.

As we start to look at remobilizing our staff, we want to learn the lessons that we can and figure out is this something that we want to continue some level. The criteria for that would be consumer satisfaction and stakeholder satisfaction and clinical outcomes. We are beginning to work with our CBO's and our clinics to put in place all the physical distancing that must happen in order to bring staff onsite. We are beginning to work with our CBO's and all our clinics to implement social distancing and to acquire the PPE that will be needed for staff and clients. We will need to reconfigure the lobbies and conference rooms. All of these must be in place prior to everyone returning to work.

We have not done a lot of financial budget planning. We have staff who have been participating in the State Association meetings. The state is trying to figure out a way to work with elected officials to infuse funding into our system as we are anticipating it to take a nose dive.

We participated in a Legislative Day where all our elected officials received information from their local mental health agencies regarding the impacts of COVID-19. We have Senate Bill 89 that was passed which puts billions of dollars out there to respond to COVID. Our state requested \$100 million of that, we are not optimistic that Behavioral Health will receive any of those funds.

We are asking for some flexibility with our MHSA dollars. When our providers need help, they need it right now. If we have a provider who can't cover the payroll, we need to be able to help them and move dollars from Prevention into COVID related activities. That is being debated at the state level. NAMI and several other advocacy groups are involved and there are very strong opinions about how that should happen.

We are beginning to prepare for a Behavioral Health surge which will be spread out over years as we will see the effects of the trauma that our kids are experiencing, and that people are experiencing as they face bankruptcy and businesses close. We know this

happened after the recession and we know it happened after 9/11, we have lessons learned on how to retool our workforce and move forward. Part of that retooling is relying on technology and making sure that until we have a vaccine and wide spread testing, we will have to do the majority of our BH work through technology.

The issues around racism are very much alive and well in San Mateo County. The BOS has formed special committee to address the issue. Our staff through the Office of Diversity and Equity have been providing a lot of educational information to really help dispel the myths. As we look at our budget reduction plans, we must keep racial equity and equity in mind as we go forward to make sure we don't impact any community more negatively than the others.

Unfortunately, in the middle of all this bail reform hit and two weeks ago we had 130 individuals released from the San Mateo County Jail, most for drug offenses and many of them homeless. I'm really proud of our community-based organizations and service providers, they rallied and over a weekend were able to place 16 people in motels, get vouchers for food, clothing and worked with Correctional Health for other needs.

School-based staff have been fully engaged with our youth partners. We have staff who are participating in IAP's, staff doing individual sessions with kids and families. Working with kids is not as successful as it is working with adults. This is a hurdle we will have to cross as we go forward. To the extent possible all school-based staff are engaged with the schools that use our services.

Meeting Adjourned:

The meeting was adjourned at 4:30 p.m. by Sheila Brar

Next MHSARC Meeting:

June 3, 2020 from **3:30-5:00** p.m.
Zoom Meeting

Next Executive Committee Meeting:

Wednesday, June 17, 2020 at 3:00 p.m.
Teams Meeting

PLEASE BE SURE TO CONTACT CHANTAE ROCHESTER AT 650.573.2544 IF YOU ARE UNABLE TO ATTEND EITHER THE MHSARC OR EXECUTIVE COMMITTEE MEETING.

In compliance with the American with Disabilities Act (ADA), auxiliary aids and services for this meeting will be provided upon request when given three-day notice. Please call 650.573.2544.