

MHSA-Finance Committee Meeting
Wednesday, September 16, 2020, 2020, 3:00-5:00 PM

Via: Zoom Teleconference:

<https://cchealth.zoom.us/j/6094136195>

Meeting number: 609 413 6195

Join by phone:

1 646 518 9805 US

Access code: 609 413 6195

AGENDA

- i. Call to order/Introductions**
- ii. Public comments**
- III. Commissioner comments**
- IV. APPROVE minutes from August 19, 2020 MHSA-Finance meeting**
- V. HEAR budget presentation by Patrick Godley, Health Services Chief Financial Officer, covering the following items:**
 - A. With the latest available Behavioral Health budget information, laying out the Revised 2020-2023 Mental Health Services Act (MHSA) Three Year Plan and how \$ 5-\$9M per year of unspent MHSA funds are proposed to drawdown to “keep whole” specific existing Realignment funded community based programs.**
 - B. Showing how this enables Behavioral Health to maintain the match of Federal Financial Participation (FFP, i.e. Medi-Cal) funding so as to continue to offer the same level of community-based services for the next three years.**
 - C. Laying out the additional 25% drawdown annually in MHSA Unspent Funds if further federal financial stimulus for Realignment funding is not approved.**
 - D. Laying out the effect of these drawdowns on Unspent Funds and the effect on the allowed size (33% of Community Services Supports (CSS)) of Prudent Reserves.**

(Agenda Continued on Page Two)





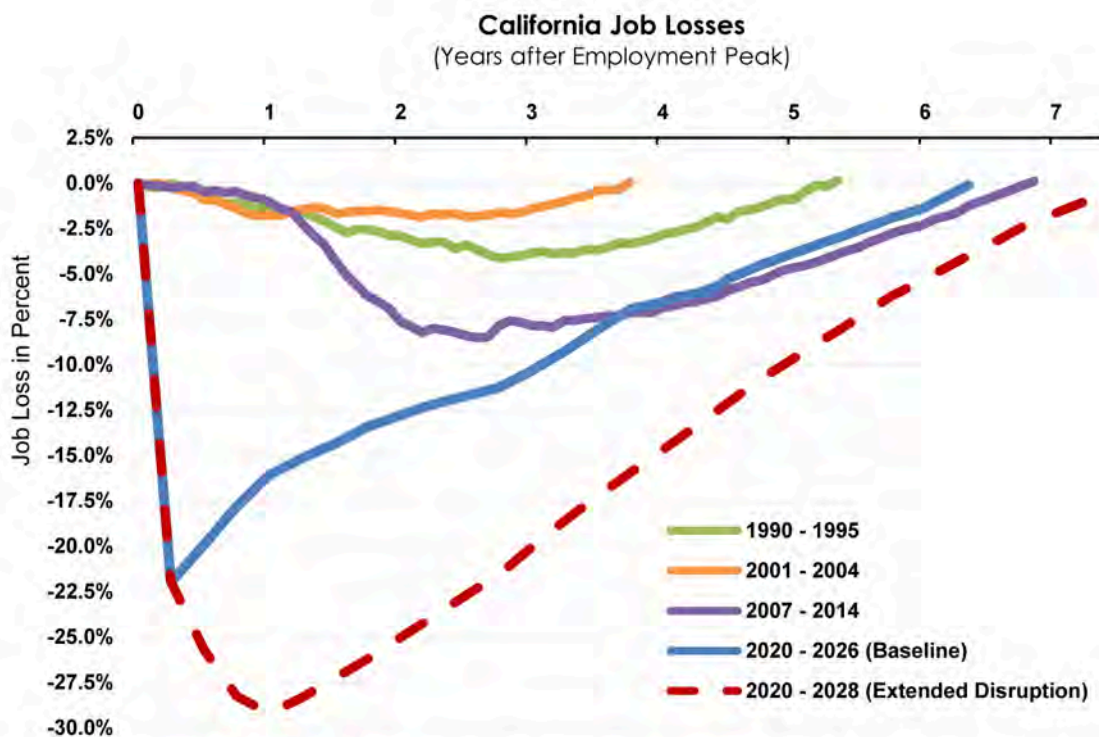
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- E. Laying out the “potential long-term” effect of these MHSA Unspent Funds drawdown on the county Behavioral Health budget and programs if various state tax revenues do not begin increasing by 2023—are there projections for across the board program and services cuts?**
- F. Accounting for Actual COVID-19 Expenses in light of flat CCBHS**
- VI. If the above 2020-2023 Revised MHSA 3 Year Plan, Realignment, and FFP information is sufficient, RECOMMEND the Mental Health Commission proceed with the MHSA Three Year Plan Public Hearing October 7.**
- VII. DISCUSS a motion to recommend that BHS reallocate its 2021-2022 budget to incorporate an additional \$250-\$500 thousand for the countywide Miles Hall Non-Police Response Pilot Program in conjunction with a corresponding match from cities in this county.**
- VIII. DISCUSS a motion to recommend that BHS reallocate an additional \$100-\$200 thousand in its 2021-2022 budget for competitive bid suicide prevention program to help stem the tide of greatly increased numbers of school age children, adolescents and young adults who have seriously considered committing suicide because of the stresses caused by the COVID-19 pandemic.**
- IX. PROPOSE Agenda for October Committee meeting**
- X. Adjourn**



In accordance with the Brown Act, if a member of the public addresses an item not on the agenda, no response, discussion or action on the item may occur. In the interest of time and equal opportunity, speakers are requested to observe a 3-minute time limit. If special accommodations are required to attend any meeting, due to a disability, please contact the Executive Assistant of the Mental Health Commission, at: (925) 957-2619

demand for services in these industries increases in the near future. For example, regular teleworking may become a permanent arrangement for some industries.



Source: U.S. Bureau of Labor Statistics; CA Employment Development Department, Labor Market Information Division; CA Department of Finance, May Revision Forecast.

While the state will experience an unprecedented increase in unemployment and loss of jobs, the average wage per job in California is projected to grow slightly by 1.4 percent in 2020 after growing by 3.9 percent in 2019. Average wage growth is then expected to rise gradually each year—by 2.6 percent in 2021, 3.1 percent in 2022 and 3.4 percent in 2023. By comparison, during the Great Recession, wage growth slowed to 0.4 percent in 2009, before rising each year to reach a growth of 4.2 percent by 2012. The slight positive wage growth in 2020 largely reflects the changing composition of jobs, as businesses in higher-paying sectors are more likely to retain staff due to the ability to telework, while job losses will be greater in lower-paying sectors.

Average wages in most sectors are projected to decline as firms freeze hiring, postpone bonus and salary increases, and cut hours for hourly wage earners. In 2020, the average leisure and hospitality job is expected to lose around \$1,800 or 5 percent of its 2019 average yearly wage of around \$37,000. By comparison, during the Great Recession in 2009, leisure and hospitality jobs lost around 1.5 percent of their average yearly wage.

Startling CDC stat about young adults highlights effect of coronavirus pandemic on mental health



Adriana Belmonte

·Senior Editor

September 10, 2020, 5:18 AM PDT

The [coronavirus pandemic](#) has had a devastating effect on Americans, with over 6 million confirmed cases across the country, at least 190,000 deaths, and widespread [psychological trauma](#).

Accentuating the angst, a Centers for Disease Control and Prevention (CDC) [survey](#) of 5,412 Americans this summer found that 25.5% of respondents between the ages of 18 and 24 reported having seriously considered suicide in the previous 30 days.

“When people don't feel that they have the capacity to cope and to manage and to face these kinds of threats and uncertainties, that's when some of us think about suicide,” Dr. Lynn Bufka, senior director for practice research and policy at the American Psychological Association, told Yahoo Finance. “We hope that all of these individuals who are experiencing those kinds of thoughts realize that there are ways to cope, that there are things that can be done. ... We're just sort of having to compress it all into a very short period of time for all of us wants, which makes it especially challenging.”

TABLE 1. Respondent characteristics and prevalence of adverse mental health outcomes, increased substance use to cope with stress or emotions related to COVID-19 pandemic, and suicidal ideation — United States, June 24–30, 2020

Characteristic	All respondents who completed surveys during June 24–30, 2020 weighted* no. (%)	Weighted %*						
		Conditions				COVID-19–related TSRD [§]	Started or increased substance use to cope with pandemic-related stress or emotions [¶]	Seriously considered suicide in past 30 days
	Anxiety disorder [†]	Depressive disorder [†]	Anxiety or depressive disorder [†]					
All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
Gender								
Female	2,784 (50.9)	26.3	23.9	31.5	24.7	12.2	8.9	41.4
Male	2,676 (48.9)	24.7	24.8	30.4	27.9	14.4	12.6	40.5
Other	10 (0.2)	20.0	30.0	30.0	30.0	10.0	0.0	30.0
Age group (yrs)								
18–24	731 (13.4)	49.1	52.3	62.9	46.0	24.7	25.5	74.9
25–44	1,911 (34.9)	35.3	32.5	40.4	36.0	19.5	16.0	51.9
45–64	1,895 (34.6)	16.1	14.4	20.3	17.2	7.7	3.8	29.5
≥65	933 (17.1)	6.2	5.8	8.1	9.2	3.0	2.0	15.1

(Source: CDC)

‘All of us have experienced changes in the way we live our lives’

The CDC survey also found that over 40% of respondents reported at least one adverse mental or behavioral health condition as a result of the coronavirus, echoing a [previous survey](#) of more than 10,000 American adults. Adverse mental effects include symptoms of anxiety or depressive disorder, symptoms of a trauma- and stressor-related disorder, and substance use issues to cope with coronavirus-related stress or emotions.

“What we do know is happening: For many people, this is a very stressful, for some, very traumatic period,” Bufka said. “All of us have experienced changes in the way we live our lives.”

In comparison to the 2019 survey, anxiety symptoms are twice as high and depression symptoms are four times higher.

“I hope that individuals understand that mental health is important and maybe even more so at a time that the nation is faced by a pandemic, and that we’re mindful of our own personal mental health [and of] those around us,” Rashon Lane, a CDC behavioral scientist, told Yahoo Finance. “We’re all impacted by this. So thinking of your neighbors, your friends, co-workers, who may also be having challenges with symptoms of anxiety or depression or even suicidal thoughts.” ([September is National Suicide Prevention Month.](#))

Teens in face masks shopping at a Publix grocery store in Miami Beach in May 2020. (Photo by: Jeffrey Greenberg/Education Images/Universal Images Group via Getty Images)More

Specific demographics, along with young adults, are disproportionately affected: [Minorities](#) (particularly Hispanic and Black respondents), essential workers, and unpaid adult caregivers — all communities that have been hit particularly hard by COVID-19 and the resulting [economic ramifications](#) — reported relatively elevated adverse mental health symptoms.

“Recognizing that young adults, Hispanics, Blacks, essential workers, adult unpaid caregivers, and those who have previous psychiatric conditions are disproportionately affected, I think is something that we need to be mindful of,” Lane said. “If we start to break that down by different demographic groups, we see, for example, with young adults 18 to 24, that almost three out of four, 74.9%, reported at least one adverse mental health condition. And I think that, for us, some of those figures are pretty concerning that we’re interested in understanding more about and continuing to monitor.”

There wasn’t much difference between rural and urban communities, though people in the South and the West reported more mental/behavioral health issues than those in the Midwest and Northeast.

‘It’s important that we think about the continuing effects’

[COVID-19 hospitalization rates](#) for Black and Latino Americans are about 4.7 times the rate of white individuals, while American Indians and Alaska Native people are seeing hospitalization rates 5.3 times as high.

Minorities also make up nearly half of [essential workers](#) amid the pandemic: Latinos are 18.5% of the U.S. population and 21% of all essential workers; Black Americans are 13.4% of the population and 15% of essential workers; and American Indian and Alaska Natives are 1.3% of the population and 6% of all essential workers, according to [U.S. Census data](#).

“These are populations that may be more at risk for COVID-19 or additional challenges due to the severity of COVID-19,” Lane said. “It’s important that we think about the continuing effects that this might have on some sub-populations, such as essential workers or racial ethnic minorities... [and] that we think through cultural and linguistically appropriate intervention.”

‘Financial insecurity, housing challenges ... creating additional stressors’

Aside from health-related fears, financial insecurity is a major factor for mental health — particularly as the U.S. continues to experience elevated [unemployment numbers](#) and Americans remain dependent on [government stimulus](#) amid the pandemic-induced recession.

“I will say anecdotally, we understand that given the COVID-19 pandemic, there are individuals who are experiencing financial insecurity, housing challenges that may be creating additional stressors,” Lane said. “Additionally, just thinking about ways in which to increase social support during a pandemic like COVID-19 is important to consider in the things that individuals are encountering that are impacting their mental health.”

A [psychological survey](#) of 10,368 American adults conducted by the University of Arkansas specifically cited issues like fear about losing jobs, not being able to pay bills or afford food, and “the unique juxtaposition of extreme physical distancing, approaching geographical isolation, coupled with sustained isolation.”

Although there is no one solution to fixing these mental health effects on Americans, Lane suggested regular screening for mental health, substance use, and suicide ideation.

“This can be in the form of traditional treatment, but also thinking about expanding use of telehealth as an effective means for delivering treatment for mental health,” she said. “In general, expanding our mental health services in the United States is important.”