

**EL DORADO COUNTY
MENTAL HEALTH JOINT COMMISSION SPECIAL MEETING
Minutes: October 30, 2013**

TIME: 5:00 PM

**PLACE: Video-Conference at:
Western Slope at 415 Placerville Drive (EMS)
Placerville, CA 95667**

**South Lake Tahoe – Public Health/Mental Health Offices
1360 Johnson Blvd., #103
South Lake Tahoe, CA 96150**

I. Call to order; Roll Call; Introductions

Members: Jim Abram, Claudia Ball, Denise Burke, Ben Ehrler, R.S. Lynn, Bonnie McClane, Guadalupe Medrano, Maria Quintero, Craig Therkildsen, Linn Williamson,

Guests: Kyvele Artinian, Bill Ball, Adela Breaux, Della Clavere, Stephen Clavere, Tamara Clay, Alison Gardey, Marlene Gralicer, Myrna Harp, Jeanne Harper, Gail Healy, Shannon Hoff, Raeann Jones, Jen Kalsbeck, Steve Manheim, Lucy Olivera, DJ Peterson, Barbara Smiley, Jan Wilcox, Michelle Witt, Drew Woodall,

HSA Staff: Don Ashton, Brandi Reid, Ren Scammon, Janet Stevens

Other County Staff: Brenda Bailey

II. Approval of Agenda

- Approved

III. Public Comment (10 minutes)

- None

IV. FY 2013-14 MHSA Plan Update Public Hearing

- Ren Scammon provided an overview of the FY 13-14 Mental Health Services Act (MHSA) Three-Year Plan.

California voters passed Proposition 63, the Mental Health Services Act (MHSA) in November of 2004. The MHSA imposes a one percent (1%) tax on personal income in excess of \$1,000,000. In addition to the approximately \$5M MHSA funds received annually, the County received approximately \$1M per year in Medi-Cal reimbursement. The MHSA requires a stakeholder community input process. We held community planning meetings in six main areas of the community. One of the overwhelming recommendations was that services need to be provided in local communities. The range of services included in the MHSA plan range from birth to end of life. There are five components within MHSA. Prevention and Early Intervention (PEI) refers to programs designed to prevent mental illnesses from becoming severe and disabling and to identify risk factors for mental illness. We have included five programs in PEI including Youth and Children's Services, Community Education Program, Health Disparities Program, Wellness Outreach for Vulnerable Adults, and Community-Based Services. There are many separate projects within each program and a detailed

description of each has been included in the plan posted on the website at <http://www.edcgov.us/MentalHealth/MHSA.aspx>. Community Services and Supports (CSS) refers to service delivery systems for mental health services and supports for children and youth, transition age youth, adults and older adults. These programs provide direct services to adults who have a severe mental illness or children who have serious emotional disturbance. We have included four programs in CSS including the Youth and Family Strengthening Program, Wellness and Recovery Services, Transitional Age Youth (TAY) Services, and Community System of Care. Innovation has not been included in the plan at this point because it requires state approval. Workforce Education and Training (WET) includes education and training programs and activities for prospective and current public mental health system employees, contractors and volunteers. We have included seven programs in WET including Workforce Education and Training (WET) Coordinator, Workforce Development, Psychiatric Rehabilitation Training, Early Indicators of Mental Health Issues, Suicide Prevention Training, Consumer Leadership Academy, and Crisis Intervention Team Training. Capital Facilities and Technological Needs (CFTN) are items necessary to support the development of an integrated infrastructure and improve the quality and coordination of care that will transform the mental health system. We have included three programs in CFTN including Electronic Health Record System Implementation, Telehealth, and Electronic Care Pathways.

- Meeting was opened up for public comment with three minutes for individuals and 5 minutes for organizations.

Individuals:

- Barbara Smiley commented that she has noticed over the years that the County comes out and asks for public comment on what the needs of the community are, but then it seems that the money always ends up going back to the County.
- Myrna Harper commented that there is a huge need in El Dorado Hills, kids are dying. There have been three suicides at Oak Ridge High School and several kids since that have attempted suicide. She stated that there is currently no where in El Dorado Hills to send these kids to receive help.
- Adela Breaux stated that she is a parent of a mentally ill child who saw Rhapsody Flores through Turning Point and was greatly helped. She would like to see more money spent on transitional housing.
- Kyvele Artinian who is a counselor at Rolling Hills Middle School stated that she sees many kids dealing with very traumatic issues who never received counseling even though their parents may have had the means. There is a great unmet need in El Dorado Hills.
- Shannon Hoff with El Dorado Hills Vision Coalition stated that kids in the El Dorado Hills area schools need mental health help. There are only 5 or 6 counselors to serve more than 2,400 kids. The Coalition works to raise funds to help in the schools and has provided school counselors, but there is still an unmet need. Mental health issues affect everyone regardless of income.
- Drew Woodall commented on how successful the PIP program has been in the Black Oak Mine Union School District (BOMUSD). This program has allowed them to identify kids with mental health issues early in order to help them be successful in school. We like being able to serve kids locally and would like to see PIP in all schools.

- Jan Wilcox stated that she would like to see representation from El Dorado Hills on the Mental Health Commission.
- Raeann Jones commented that she is disappointed that the far west end of the county has not been represented in this MHSA plan. The Vision Coalition has worked very hard to collaborate their views and it is not fair that the communities have not been represented equitably. She stated that they have good data which supports their efforts.

Organizations:

- DJ Peterson with El Dorado Hills Vision Coalition stated that the community planning process didn't work. There were a bunch of small, not well attended meetings, sometimes with only 2 or 3 people. Even when input was provided, it didn't get included in the proposed plan. On the other hand, the Vision Coalition meetings are well attended and have included HHSA staff. The needs identified at these meetings were continuation of the PIP program and school counselors. He stated that they received a PIP evaluation and that they were better than the state average. The request for counselors was not included in the MHSA plan, even though the request wasn't for that much money. He wonders if their request somehow wasn't communicated properly to HHSA and the MH Commission? He also stated that EDH has more people below poverty level than Placerville, around 1,900 versus 1,400. He requested that the Vision Coalition be given a week to work with HHSA and the MH Commission to amend the plan to include a small budget (\$125K) for EDH. Until that happens, he remains opposed to the MHSA plan.
- Lucy Olivera from Black Oak Mine Union School District is concerned that the PIP program will be on hold after this year. There aren't duplicate mental health services available for kids in this school district. The PIP program has helped tremendously to reduce stigma for the kids and their families.
- Drew Woodall asked if the term for PIP could be extended beyond the end of the current fiscal year because by the time the contracts are in place, there will only be a few months remaining to provide services. Don Ashton agreed and stated that he would certainly include that in his recommendation to the Board of Supervisors.
- Tamara Clay from the El Dorado County Office of Education (EDCOE) stated that they have surveyed hundreds of school administrators to gauge the needs with the school wide communities to determine what each school wants to focus on. The SAMHSA programs model allows each school to decide what they want for their particular school. She stated that this approach will give each school the flexibility to be able to identify what their own needs are and she is very excited to begin implementation.

V. Commissioners Comments

- Linn Williamson extended an invitation for the public to attend the MH Commission meetings and to participate.
- Jim Abram stated that the MH Commission members are all volunteers that are appointed by the County Board of Supervisors (BOS) for a term. The West Slope is currently full, but anyone wishing to participate can be considered for an associate membership. The MH Commission didn't write the plan, but the commission serves as an advisory board that provides recommendations. He further stated that he is a parent of a mentally ill adult child so he understands. He commented that he comes from an upper middle class background and agrees that mental illness is not solely

socioeconomic. He is a substitute teacher and his wife is a special education teacher and teachers are the ones who see the warning signs of mental illness.

- Dr. Lynn asked what Don Ashton's reaction is to the expressed needs of the community members. Don Ashton stated that public input is an essential part of the process. He stressed the importance of getting the MHSA plan approved as soon as possible with the option of making amendments as part of the plan update process. He stated that there are two pots of money available for mental health services, traditional and MHSA. At the current rate of traditional fund spending, we will be out of money by the end of the current fiscal year. We must have a shift to evidence based services in order to start using the MHSA money. Otherwise, the two options are to 1) ask for more general fund money or 2) eliminate services, neither of which are appealing options. All the while, the department has MHSA money sitting in reserves with the potential of reverting to the State. We are five months into the fiscal year without an approved plan in place. With regards to the PIP funding for this year, there were responses to the request for proposal (RFP) and his recommendation at this point would be to support all three PIPs. He also clarified that only two or three projects in the plan have particularly identified locations for service, otherwise locations have not yet been determined. Regarding the SAMHSA model programs for EDCOE, he stated that he can see arguments both for and against. It is a definite shift from the past. EDCOE has a pulse on all the school districts and is a logical choice for administering the SAMHSA model programs, however he can understand why there might be concern about getting lost in another bureaucracy.
- Dr. Lynn asked how easy it is to shift money between programs once the MHSA plan has been approved. Ren Scammon responded there is some flexibility. For instance, counties can use a portion of their CSS funds for WET and CFTN, but it must go through the community planning process. However, money cannot be transferred to or from PEI, but we can operate on fund balances at first.
- Maria Quintero asked how the money is divided up between schools, especially for school not represented here tonight. Tamara Clay responded that money is typically divided up based on population.
- Craig Therkildsen confirmed that the community needs are basically a snapshot in time right now. If at a later point, the need previously identified no longer exists, can the money be moved between communities where a new need has been identified? Ren Scammon responded that it depends on the program. A contract can be amended, but if a new provider comes in, then a new RFP must be submitted.
- Claudia Ball stated that the MH Commission is not comprised geographically, but is required to follow demographics and must have a balance of consumers, family members and professionals. Associate members can be on committees and can be added any time, but they cannot vote.
- Denise Burke stated that South Lake Tahoe (SLT) is short on commission members, but reiterated that she would love to see EDH come and participate to the extent that they can. Also, she commented that SLT does not want to receive any of the \$10K that has been proposed for NAMI training. She also requested that the Wellness Center survey in the plan be broken out by slope.
- Craig Therkildsen asked where we are with the time line. Is there something that we have to do today? Don Ashton responded that the final recommended plan has to be approved by the Board of Supervisors (BOS), but board agendas are filling up fast and

we could be looking into January before the plan could be approved by the BOS. Ren Scammon stated that the MHSA plan update process, which is done annually, will have the same community planning process requirement. Through that process, programs can be added, deleted or amended.

- Claudia Ball stated that the highest rate of suicide is with the older adult population. She would like to see more programs for older adults and see Senior Peer Counseling expanded.
- Bonnie McLane commented that the commission needs to pass the plan as is for now because otherwise we might lose the money. We can always make adjustments during the plan update process. She also stated that we can get more “bang for the buck” if we put the money into non-profits for service rather than tie up the money in government bureaucracy.
- Linn Williamson stated that despite a few changes that need to be made, this is by far the best plan that we have ever had. Don Ashton stated that in his role, he can recommend changes or verbiage to be added, but reiterated that the BOS still has to vote on it.
- Jim Abram asked what the impact would be to CSS programs in FY 14-15 and FY 15-16 when money is proposed to be moved from CSS to WET and CFTN? Ren Scammon responded that no impact is anticipated because we have sufficient fund balance. Jim Abram also asked for clarification for why some proposals have both the county and the contractor box checked. How will we know where the money goes? Ren Scammon responded that many programs are currently run by county staff with the potential to transition to contract providers through the Request for Proposal (RFP) process.
- **MOTION:** The Mental Health Commission supports approval of the FY 13-14 MHSA Three-Year Plan. Motion approved; the Plan Update will be presented to the Board of Supervisors for their review and final approval.

VI. Adjournment