

**EL DORADO COUNTY
SPECIAL MEETING OF THE JOINT COUNCILS
Minutes: July 16, 2014**

TIME: 5:00 PM

**PLACE: In person and councils connected via tele/video-conferencing:
Western Slope – Health and Human Services Agency – Sierra Room
3057 Briw Road
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

Mental Health Commissioners: Jim Abram, Stephen Clavere, Ben Ehrler, R.S. Lynn, Bonnie McLane, Guadalupe Medrano, Jan Melnicoe, Lori Pond, David Sterkin, Craig Therkildsen

Mental Health Commission Associate Members: Dan Boals, Steve Ehrler, Diana Hankins

Supervisors: Supervisor Ron Mikulaco

Guests: Nancy Courser, Alexis Foley, Lindsay Jones, Chris Croft, Lucy Oliveira

HHSA Staff: Don Ashton, Patricia Charles-Heathers, Sabrina Owen, Brandi Reid, Jamie Samboceti, Ren Scammon`

Other County Staff: Lt. Jackie Noren

II. Approval of Agenda

- **MOTION:** A motion was made by Jan Melnicoe, seconded by Bonnie McLane, to approve the agenda as written.

Yes: 9 – Abram, Clavere, Ehrler, Lynn, McLane, Medrano, Melnicoe, Pond, Therkildsen

Absent: Sterkin

III. Public Comment (15 minutes)

- R.S. Lynn reported that the California Mental Health Planning Council will be having a meeting October 15-17, 2014 in Folsom at the Lake Natoma Inn. Stephen Clavere stated that he plans to attend the meeting and will report back to the Commission.
- Nancy Courser from El Dorado Hills Community Vision Coalition stated that El Dorado Hills has been historically underrepresented and thinks that representation on the Commission should be realigned based on overall County population. She supports the proposal on the agenda to have eleven regular members on the West Slope and four regular members in South Lake Tahoe.
- Supervisor Mikulaco stated that the Pledge of Allegiance should be recited at all government commission meetings and recommended that the Mental Health Commission make this part of all their public meetings.

IV. Recommendation by Commissioner Abram that there shall be no further nominations to fill vacant Commission seats until the amended Bylaws are approved by the Commission and the Board of Supervisors

- **MOTION:** A motion was made by R.S. Lynn, seconded by David Sterkin, to approve Commissioner Abram's recommendation that no further nominations to fill vacant Commission seats shall be made until the amended Bylaws are approved by the Commission and the Board of Supervisors

Yes: 10 – Abram, Clavere, Ehrler, Lynn, McLane, Medrano, Melnicoe, Pond, Sterkin, Therkildsen

V. Proposed changes to the El Dorado Mental Health Commission Bylaws

A. Organizational Structure: Recommendations for consideration and one to be selected by the El Dorado County Mental Health Commission:

- Recommendation #1: The El Dorado County Mental Health Commission shall comprise a Western Slope Council of eleven regular members, a South Lake Tahoe Council of four regular members, and a member of the Board of Supervisors.
- Recommendation #2: The El Dorado County Mental Health Commission shall comprise a Western Slope Council of ten regular members, a South Lake Tahoe Council of five regular members, and a member of the Board of Supervisors.

- Jim Abram stated that the Commission needs to make a decision regarding the organizational structure of the Mental Health Commission. There are two options based on the discussions that took place at the June 25, 2014 meeting.
- **MOTION:** A motion was made by Craig Therkildsen, seconded by Jan Melnicoe, to implement Recommendation #1 as written.

Yes: 5 – Abram, Medrano, Melnicoe, Sterkin, Therkildsen

No: 4 – Ehrler, Lynn, McLane, Pond

Abstained: 1 – Clavere

Motion carries by simple majority.

B. Meetings: Recommendations to be considered and one to be selected by the El Dorado County Mental Health Commission:

- Recommendation #1: The two councils shall combine to hold Joint Countywide Mental Health Commission meetings no fewer than nine times per calendar year. No requirement for individual Council meetings, but each Council retains authority to convene individual Council meetings.
- Recommendation #2: The two councils shall combine to hold Joint Countywide Mental Health Commission meetings no fewer than ten times per calendar year. No requirement for individual Council meetings, but each Council retains authority to convene individual Council meetings.

- **MOTION:** A motion was made by R.S. Lynn, seconded by Bonnie McLane, to implement Recommendation #2 as written.

Yes: 10 – Abram, Clavere, Ehrler, Lynn, McLane, Medrano, Melnicoe, Pond, Sterkin, Therkildsen

- C. All other changes discussed and agreed upon at the June 25, 2014 Joint Commission meeting to be included in final draft of Mental Health Commission's Bylaws to be read and considered for final approval by the Commission at its next Joint Council monthly meeting on July 23, 2014.

- **MOTION:** A motion was made by Jan Melnicoe, seconded by Guadalupe Medrano, to read and finalize the Mental Health Commission's Bylaws at the next regular Joint Council meeting to be held on July 23, 2014.

Yes: 10 – Abram, Clavere, Ehrler, Lynn, McLane, Medrano, Melnicoe, Pond, Sterkin, Therkildsen

- Stephen Clavere stated that he had a couple of minor language changes. R.S. Lynn asked him to e-mail the changes prior to the meeting and he will incorporate the changes. Jim Abram asked that once all the changes are made, that the final copy be e-mailed to both him and Ren Scammon for printing.
- Don Ashton stated that the timeframe for approval of the Mental Health Commission Bylaws by the Board of Supervisors should be in September. He agreed to provide an update at the Mental Health Commission Joint Council meeting in August.

VI. Public Hearing on the Draft Fiscal Year 2014-15 MHSA Plan Update (5:30 pm)

- Ren Scammon presented an overview of the FY 14-15 MHSA Plan Update.
- Community Planning Process: Started at the end of January and ran through the end of March. There was some additional input in April and May through the CalMHSA Community Forums. Over 250 individuals attended the public meetings. Participants were provided with comment forms and other information about MHSA, participated in one-on-one/small group meetings, or participated in discussions that were heard by Mental Health staff. The total number of unique participants at the FY 2014-15 public MHSA community planning meetings was 96, and the total attendance was 108, which was a significant increase over both FY 13-14 and FY 11-12.
- The following issues were of primary concern to the planning participants: transportation, housing, locally provided services, services provided on school sites, parental involvement, underlying causes of and issues related to mental illness, stigma reduction, after crisis care, dual diagnosis / co-occurring disorders, getting the word out about programs and resources, training / education / staff development, and services for those with mild to moderate mental illness.
- The following priority populations were identified by the planning participants: middle and high school age youth, transitional age youth, older adults, and the homeless population.
- Several new proposals were received, many of which were incorporated into existing programs. The full MHSA Plan update can be accessed at: <http://www.edcgov.us/mentalhealth/mhsa.aspx>

PEI Programs

- Jim Abram stated that the majority of the PEI programs are the same as last year except for an increase to the budget for Project 2a-Mental Health First Aid, Project 2b-National Alliance on Mental Illness Training has been discontinued, and the addition of one new proposal, Project 1f-Prevention and Early Intervention for Youth in Schools.
- Jan Melnicoe asked for a definition of PEI to ensure that the proposed PEI programs are successful in preventing of serious mental illness. Ren stated that PEI programs are designed to prevent mental illnesses from becoming severe and disabling. PEI programs emphasize improving timely access to services for underserved populations and include the following service components:
 - 1) Outreach to recognize early signs of potentially severe and disabling mental illnesses;
 - 2) Access and linkage to medically necessary care;
 - 3) Reduction in stigma associated with diagnosis of a mental illness or seeking mental health services; and
 - 4) Reduction in discrimination against people with mental illness.

The PEI programs are to emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:

- 1) Suicide;
 - 2) Incarceration;
 - 3) School failure or dropout;
 - 4) Unemployment;
 - 5) Prolonged suffering;
 - 6) Homelessness; and/or
 - 7) Removal of children from their homes.
- Nancy Courser from El Dorado Hills Community Vision Coalition stated that she supports the MHSA PEI Plan and commended Don Ashton and Ren Scammon for listening to and incorporating community input into the plan.
 - **MOTION:** A motion was made by Bonnie McLane, seconded by Jan Melnicoe, to accept the MHSA PEI plan as presented by HHS staff.

Yes: 10 – Abram, Clavere, Ehrler, Lynn, McLane, Medrano, Melnicoe, Pond, Sterkin, Therikildsen

CSS, WET, and CFTN Programs

- Jim Abram provided a handout to the Commission members detailing two proposals for the Commission to consider for recommendations on reductions to the CSS programs budget. He stated that the current proposed budget will spend down the fund balance to a point of deficits in future years. The Mental Health Commission needs to provide input and recommended that cuts be made now to ensure the survival of existing CSS programs in the future and recommended that the Commission consider MHC Proposal #2.
- Don Ashton provided a historical perspective of the Mental Health budget for new commissioners, including information on traditional (realignment) funding, MHSA funding, and General Fund contributions.
- Craig Therikildsen asked if there has been any comparison done with like sized counties in terms of General Fund contribution levels. Don Ashton stated that no study has been completed to compare this information.
- Jan Melnicoe commented on CSS Project 2a-Wellness Centers. She stated that attendance at the Diamond Springs Wellness Center has increased dramatically and

that expanded hours are needed to accommodate the increase in attendance and to provide time for all the activities that are happening.

- Don Ashton stated the HHS needs the Mental Health Commission's recommendations over the next few months to prioritize what programs to focus on since there is not enough money to have all the programs that we would like to. He would like to see deliverable and measurable results going forward so that we can make more informed decisions. Jim Abram stated that the next step would be to form a committee to take a more in depth look at mental health programs.
- Patricia Charles-Heathers commented on CSS Project 2b-Adult Full Service Partnership. She stated that the \$800K proposed MHC reduction would have a negative impact on services to clients. A large part of the budget for this project funds the Intensive Case Management (ICM) team that was designed to be an alternative trade-off for closing the CRT and expanding the PHF. The ICM team maintains clients who are living in local transitional houses. There has been so much invested in staff training and program development. Don Ashton added that most of these programs are just now rolling out and we haven't had a chance to evaluate their effectiveness yet. Additionally, cutting this program so soon would hurt the County's credibility.
- Jan Melnicoe commented on the proposed cuts to the CSS Project 3a-TAY Engagement, Wellness and Recovery Services. She stated that TAY represents a critical age group for risk of serious mental illness and that it is important to keep them engaged in services.
- Jamie Samboceti commented on CSS Project 4a-Outreach and Engagement Services. She stated that the proposed MHC reduction will decrease access to services. This program fund the QA/UR team which handles all the requests for services for medical necessity, urgent care needs both on the phone and in person, contract authorization, monitoring and review, all audits, outreach to the homeless population, engagement of PHF discharges, and all training for new staff. Jan Melnicoe commented that this is an area that the Mental Health Division has struggled with for years in their EQRO audits. The work that the QA/UR team is doing in this program is evident; consumers have been provided better access to services.
- Craig Therkildsen commented on WET Programs. He asked if the proposed transfer from CSS to fund WET programs is required. Ren Scammon stated that counties are required to have a WET coordinator and a WET program, but counties are able to decide what programs to have and how much to spend.
- Stephen Clavere commented on CFTN Programs and stated that CSS dollars should not be reallocated to CFTN. He stated that this program should be funded with traditional funding and not MHSA funding and felt that the Board of Supervisors should make a General Fund contribution to support these costs.
- Jim Abram commented on the proposed addition of CSS Project 2d-Assisted Outpatient Treatment. He stated that the Mental Health Commission is adamant about putting this program in place. He also advised that Los Angeles County has approved MHSA funding this week for Assisted Outpatient Treatment.
- Stephen Clavere commented on the proposed addition of CSS Project 2d-Assisted Outpatient Treatment. He stated that other small counties have shown significant cost savings as a result of implementation and that El Dorado County needs to have the program.
- Craig Therkildsen commented on the proposed addition of CSS Project 2d-Assisted Outpatient Treatment. He stated that implementation of this program will save time, money, victimization and lives.
- Dan Boals commented on the proposed addition of CSS Project 2d-Assisted Outpatient Treatment. He stated that AOT is the right thing for El Dorado County. The

program saves lives, saves money, and just makes sense. He stated that the Board of Supervisors should support the program with a General Fund contribution.

- Don Ashton recommended that the Mental Health Commission consider amending the MHC Proposal #2 to keep the funding for CSS Projects 2b and 4a for FY 13-14 only at the levels proposed in the draft MHSA Plan. This would keep proposed expenditures through FY 15-16 at least neutral, while providing some time to see if the programs are successful and to see if MHSA funding increases. He also stated that it would be much more powerful if HHSA and the MHC can make a united recommendation to the Board of Supervisors.
- **MOTION:** A motion was made by Bonnie McLane, seconded by Lori Pond, to accept the Mental Health Commission's Proposal #2 with the changes proposed by Don Ashton to CSS Project 2b-Adult Full Service Partnership and CSS Project 4a-Outreach and Engagement Services.

Yes: 10 – Abram, Clavere, Ehrler, Lynn, McLane, Medrano, Melnicoe, Pond, Sterkin, Therkildsen

Innovation Programs

- Ren Scammon advised that Innovation projects are defined as one that contributes to learning rather than a primary focus on providing a service. They must introduce a new mental health practice that has never been done before, modify an existing mental health practice to adapt to the needs in our county, or introduce a new approach adapted from another industry to the mental health practice. The Innovation Plan will be developed and published separately from the rest of the MHSA Plan.
- **MOTION:** A motion was made by Jan Melnicoe, seconded by Stephen Clavere, to accept the entire MHSA Plan presented by HHSA staff with the Mental Health Commission's recommendations to CSS programs as discussed.

Yes: 10 – Abram, Clavere, Ehrler, Lynn, McLane, Medrano, Melnicoe, Pond, Sterkin, Therkildsen

- Don Ashton asked the Mental Health Commission to consider having an agenda item every month going forward to discuss mental health programs.

VII. Commissioner's Comments

- None

VIII. Adjournment