



Merced County Mental Health Board and Public Hearing

October 7, 2014

3:30 pm – 7:00 pm

1137 B Street, Merced, CA

Present:	Richard Hawthorne, Chair; Iris Mojica de Tatum, Vice-Chair; Vince Ramos, Mary Ellis; Sally Ragonut; James Fuller; Keng Cha; Mary Hofmann; Kim Carter; Cora Gonzales; Supervisor Walsh
Absent:	David Baker
Others Present:	Yvonna Brown; Kurt Craig; Sharon Mendonca; Chris Kraushar, PRA; Sharon Jones; Carol Hulsizer, Recorder

MINUTES

I. Call to Order / Flag Salute / Roll Call

Richard Hawthorne, Chair, called the meeting to order at 3:35 p.m. The flag salute was done. Roll call was taken.

II. Mission Statement

Richard read the Mission Statement.

III. Approval of Minutes from September 2, 2014 (BOARD ACTION)

Action/Recommendation: Sally noted several changes that need to be made to last month's minutes. At the bottom of page 1, 'Sally E.' should be 'Mary E.', and in the same line 'Mary' should be 'Mary H.'. One page 2 there was a duplication of lines that needs to be adjusted. Carol stated she would correct these mistakes. M/S/C (Mojica de Tatum / Fuller) to approve the minutes with the corrections that were previously stated.

IV. Opportunity for public input. At this time any person may comment on any item which is not on the agenda.

Discussion/Conclusion: Mary H. commented that she is a family member whose education, profession and life experience has involved a great deal of reading and research about mental illness. Mental illness is a medical illness. Incidents of mental illness are consistent across countries, cultures and sub-groups although diagnoses and treatment may differ significantly. An external stressor can set it in motion. Mental illness itself is not preventable. Once symptoms begin to present, early intervention seems to lead to much more successful recovery. Family support seems to be a major predictor in recovery. Successful recovery requires long-term, even life-long treatment. Mary hopes that in reviewing the MHSA 3-Year Plan today, that she will see programs which one, provide substantial resource allocation for family involvement including at least one full-time person dedicated to providing assistance and support to family that was in the Mission Statement, and two, substantial resource allocation to help the sickest of the sick get on-going patient and residential treatment that they need for successful recovery. Mary worries that funneling large amounts of funding into well-meant attempts to prevent the unpreventable might preclude our ability to do what really needs to be done to help those that are in most need.

Recommendation/Action: Information only

V. Chair's Report

a. Review Responsibilities

b. Homeless Goals for Board

Discussion/Conclusion: a. Richard went over the Board's responsibilities. These responsibilities are found in the Board binders that everyone has a copy of. b. Richard stated that the recent Board Retreat turned out good. Both Sharon Jones and Sharon Mendonca both had great presentations and he will try to get copies of both Power Points and have Carol forward them to the Board members to at least review what happened at the Retreat. One area talked about was the homeless issue and this was goal #1 set by this Board this year. Richard reiterated, "our goal, in regards to the homeless population, is to review and identify existing Mental Health and AOD services and outreach for the homeless population in Merced County. We intend to complete this goal by inviting those MHD staff members who are specifically responsible for providing mental health care services to the homeless, to educate the Mental Health

V. Chair's Report – con't.

Board at the monthly business meetings. We would like to identify services, review services currently provided, identify outreach provided through the PATH grant, Case Management, evaluations and assessment, and educate the Board members.” Anyone who attended the retreat would have a lot of this information already. Sharon also talked about other programs that are on the horizon or other programs that Mental Health is doing that doesn't involve the PATH grant. If anyone has questions, feel free to contact Richard.

Kim stated that she has been doing some research on this subject. She found out about an innovative idea and passed out copies of the information.

Cora asked if there was any statistical information of how many homeless are served and can we have numbers to show that we have improved on these numbers? Sharon J. stated that under the PATH grant it was identified to serve 100 homeless individuals – this was the targeted number. With the last homeless count – using the HUD definition of anyone that is in a shelter or do not have a permanent dwelling – there are 768 individuals in Merced County. Of the 768, approximately 30% identified themselves as having a mental health concern. Sharon J. will send her Power Point to the Board and if anyone would like more added, let Sharon know. Sharon will try to get more information on this and do a follow-up. Sharon also clarified that there are other programs, besides the PATH grant, that work with the homeless. Supervisor Walsh commented that he appreciated the homeless discussion because he is beginning to sense, even among his liberal friends, of a threshold that says things are not getting better and why are we continuing to do this if we are not getting better. He thinks that we need to be ready to present information to folks that says we are making a difference. Hub continued that the BOS approved two HUD related agenda items today. Both are dealing with more permanent housing here and in Los Banos.

Recommendation/Action: As noted above

VI. Supervisor's Report

Discussion/Conclusion: Supervisor Walsh reported that there was a presentation from the Health Dept. today at the BOS meeting regarding the Affordable Care Act (ACA). It was an overview of the implications and the connection between Behavioral Health and the ACA. There is more to come.

Recommendation/Action: Information only

VII. Director's Report

- a. Update on Building Project
- b. Update of Laura's Law

Discussion/Conclusion: a. Yvonnia reported that they have narrowed this down to three possible proposals. They are still looking at the feasibility. For one grant we are trying to pursue for crisis residential, the Calif. Health Facility Financing Authority (CHFFA) is coming down to look at a possible location – we are looking at the old hospital location. The Dept. was looking at having twelve beds but now is looking at sixteen. One other county, Stanislaus, has joined us in order to have a six-county initiative for crisis residential. The Dept. has also applied for an additional \$1.9 million on top of the \$2 million that we have already secured. Hopefully within the next few weeks Yvonnia will have more answers with the building project. The Dept. would like to have all AOD and Mental Health adult services under one roof. b. Iris went through the Power Point presentation on Laura's Law. Kurt then gave a fictional case example. Kurt was asked to give an idea of how many potential clients Merced County would have with Laura's Law. We have had fifteen (15) SMI cases this year and Kurt determined that there would be one (1) client. There are 23 individuals declared incompetent to stand trial in Merced County jail. According to the Treatment Advocacy Center in NY State, Kendra's Law (similar to Laura's Law) is used to help approximately 1,000 of the estimated 230,000; that is a ratio of 1 out of 230 people living in the State with untreated schizophrenia or severe bipolar disorder in any given year. Using the Axis 1 criteria we have 3,406 individuals listed with an Axis 1 diagnoses which includes schizophrenia and bipolar. That gives us 14 using this methodology. Kurt clarified that this is only for Merced County Dept. of Mental Health clients. Kurt emphasized that it is very hard to predict the number of eligible that are in our County. The question came up as to what the criteria is for being hospitalized, inpatient, and Sharon J. stated what those grounds are. Sharon continued that there is a law now that you have to take information from the families regarding a client. There is always a family collateral that needs to be made to get a global, broader perspective on what is actually happening. Kurt then continued with the potential costs. Costs would be based on the procedures developed for the program. Part of the cost is the administration of overhead – court petitions, cost of hearings, cost of investigations, etc. The treatment plan is 100% clinical and is billable – this is an additional cost to the program that has to be considered. Then there is the contracted, or supportive services, cost. This is where Turning Point comes into play because there is all the additional services that go along with each individual participant that has to be maintained. In

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Nevada County their average cost is \$29,000/person based on 2012 data. San Francisco estimates \$40,000/person – but they do not have an implementation plan developed yet. Yolo estimates costs at \$25,000/person via the Turning Point contract. This does not include potential costs incurred by the other Departments; there are still possible County Counsel costs, Public Defender costs, etc. The funding question then came up. MHSA money can be used to support a Mental Health action. For example, MHSA money could be used for the Public Defender but it could not be used for County Counsel or court time. There is funding here but it is limited funding. Basically, the way Laura's Law would benefit the County is if it is integrated into the current services that we already have. The limitation to Laura's Law is that it is not an enforceable service. You can get the order but once the person is non-compliant the only thing you can do is put them back in the CSU, psychiatric health facility or go back before the judge. The benefit fit is that you are not putting them in the CSU, the psychiatric health facility nor sending them out to a State hospital or such. You are trying to get them on a voluntary program. Kurt was asked what the timeframe might be to get this accomplished. Kurt responded that he sees this taking a year. He then mentioned that the sun sets on this on July 1, 2017 in State law unless it is extended; an extension was already done this year.

Chris Kraushar, PRA, stated that she is on the other side of this. She was notified by Disability Rights California that said they were filing a lawsuit in LA County against Laura's Law and they were including the other four counties in the lawsuit. It was going into a class action lawsuit.

Recommendation/Action: Information only

VIII. Committee Reports / Updates

- a. Executive Committee
- b. Annual Review
- c. Annual Retreat Review
- d. QIC Report

Discussion/Conclusion: a. Richard stated there was nothing new to report. b. Richard and Cora talked to Supervisor Walsh on the best way to make appointments with the other Supervisors. As soon as they make these arrangements, he and Cora will meet with each of the Supervisors and give them a copy of the Board's Annual Report. c. Richard stated that he is looking for feedback from those who attended the recent Retreat. Sally thought it went very well; she liked that it was just four hours, there was good information and she was glad that Yvonna attended. d. Sally passed out copies of her QI Committee report from September 23rd. In January they will be going to a monthly meeting. Sally then went over her report. Sally stated that Anthony Prieto did an outstanding report on Medical Health Records and she would like him to come to one of these Board meetings and give the same report. It was really encouraging to see how far Anasazi has come.

Recommendation/Action: Information only

IX. Other Business

Discussion / Conclusion: Cora stated that some members have participated in the Regional Collaborative Meeting. The next meeting is scheduled for January 2015. This is where multiple counties get together and the meeting in January will be in Bakersfield (Kern County) and will be from 10:00 to 2:00. She will bring this to the Executive Committee. The County will either provide a County vehicle or there will be one driver who is then reimbursed for mileage.

-Mary H. commented that she has found serving on the Mental Health Board has become extremely time problematic for her. She has decided that if she is going to stay on the Board, she is going to be a very active advocate. Nothing is personal but there are things that need to be said that are not being said. She is a family member and very concerned for many family members who do take their relatives to Marie Green, who have been threatened seriously and are not taken seriously. She is afraid that if there is an incident like in Nevada County that we will be in for a major lawsuit. On the other hand, she also wants to be an advocate for consumers in that it is incumbent on everyone and the entire staff to remember that these people are not schizophrenics, they are not bipolars – they are people who have an illness and we should make a serious effort to change our language.

-Vince reported that the CALMHB/C is having on Saturday, October 11th, a meeting in Stockton from 9:00-3:00. Training will include Mental Health Board 101, Advanced Mental Health Board and a State update for Mental Health Board members addressing realignment, mental health services rules of the Board and Commission, and understanding contracts on how and why they are critical for our programs. There is a webinar on drug abuse from 1:00-2:30. Vince will send the information out to everyone.

X. Adjournment

Discussion / Conclusion: The meeting was adjourned at 5:10 p.m. The next meeting is November 4, 2014.

XI. 5:30 p.m. – OPEN PUBLIC HEARING: Mental Health Services Act (MHSA) Proposed Program Update
a. Close Public Hearing – 7:00 p.m.
1. Approve MHSA 3-Year Update

Discussion/Conclusion: The Public Hearing opened at 5:30 p.m. Sharon J. began with presenting her Power Point for the hearing. After Sharon completed presenting her power point she opened the floor for comments from the public. They were as follows:

Ashton - he is 23 years old and has been coming to the Wellness Center for about 3-4 years. At first when he was admitted to Marie Green he was kind of out of his mind. A lot of things were going on with him and he was homeless and had no place to stay. He was with John from school and didn't have enough money to stay there. It was very emotional and he lost trust in a lot of people. Just being out, wherever, people from Turning Point and the Wellness Center would come to see what's wrong with me and I just wouldn't respond. It was hard too, you know, he couldn't speak to anyone – the trust was gone – and he was so far out of his mind – so he finally had to trust and receive the help that was given to him. It's just great that he stumbled across a place where they really helped him change his life and now that he is doing well in his recovery, he just wants to look at what's next and the opportunities and the doors that open that are for him. Ashton thanked everyone.

Irvin – he is a Consumer Assistant Worker at the Wellness Center and a consumer at Mental Health. He wanted to share his story that he was also in bad place when he first started and came to Merced. He had manic episodes. He didn't go to Marie Green but he was in the facility in Sacramento where he was admitted there and then he came here because of his mom moving. She helped him and family is really important in the Latino community and she helped him get through this and so did the Wellness Center. He would go there – he was low income so he would go to the doctor's appointments there and nurse appointments also when they did offer them there and they would always made a feeling of trying to have him open up and release all the stuff he was going through. They even helped him find a job which was great and they got him stable with his meds and they also had him in a high-functioning state where before he was so manic that he was out of reality. He just wanted everyone concerned to find more for the Wellness Center so other people can have the same opportunity that he did.

Olivia – (she had someone translate for her) – she is 58 years old and has a schizophrenic son and she is looking for a place to, or if they give him the mental help and the opportunity to work or to train in schools. Her son is 31 years old. Mainly she is asking for job training and treatment for her son. *NOTE: Another attendee told Olivia that the Wellness Center has a DOR program and would talk to her after the meeting.*

Rosa – she attended one of the NAMI meetings just because they were working together on it. At the end she realized that her daughter had an issue. She was depressed and she just wanted to say thank you for providing these trainings for these people to come and teach them about this illness that they really don't know. Especially in their culture – it is something you don't talk about – you don't say anything, you just try to hide that problem at home and nobody knows anything. But, the main reason is that she knows NAMI is volunteering. She has seen how some people work. It is a lot of work. And to really focus on bringing parents to these meetings, bringing personnel, it's a lot of effort. And with a job, kids to deal with, it's very difficult to really concentrate. She doesn't know if this is the right place to ask, but if they can, give a little incentive for them to – gas money – something, because she has seen that lady going back and forth – bring your parents to the meetings, taking parents from the meeting. She thinks it is fair – for her it was a big help. She got back her daughter, she can talk to her. It is a good program, she really likes it. She is looking for some help for those parents that are willing to give up their nights to be with other parents. A little incentive, gas money – lunch money – something that they can. . because it is a hassle, especially Miss Irma – she goes the extra mile. She knows how it is when you don't have money and you are broke and cannot say no to a parent that wants to go to a meeting but doesn't have a ride. But thank you for NAMI, it is a very good program.

Juan – he is the President of the Winton Educational Foundation, a new non-profit organization. The reason for the Winton Educational Foundation is to improve the quality of life of the Winton residents. That mission can be accomplished by three objectives: 1. To improve the education of the Winton High School student population. They will do this by planning and establishing a Winton High School and they are in the process of that. 2. To increase the economic development activities in Winton. They have talked to the Economic Development Director and have already made some progress in trying to get some companies to come into Winton and ideally provide that type of push. 3. To act as a referral agency for the Winton population with the Federal, State and County agencies. A good example was four weeks ago they were invited by Fresno to be trained on Mental Health 1st Aid. Three went for both

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Saturdays. They got their certificate, but they don't want to stop there. But most important, the letter he sent to the Director along with the Coordinator and the Supervisor, was based on them looking around for all type of services that they could gather and put in place and hopefully doing their facility which they are doing some right now. He thanked everyone ahead of time for having responded to him even though he hasn't seen the letter. His purpose for being here is that Winton, for whatever reason, has been neglected tremendously. He gave an example – the Calif. Endowment – the ten year plan for Merced County – Merced County, no; Le Grand, Planada, South Merced, Franklin and Beachwood, no Winton. So he called the Director, Peter, and was told, 'sorry Dr. Martinez, that's the way it is for the next ten years of the plan'. He did say any activity you are going to have dealing with health, let him know so that he can assist but they will see what they can do. And Atwater High School got a \$250,000 grant for after-school activities for the high school students. He happened to be in Delhi when he received the only after-school grant in the County way back in 2005/06. He was able to do wonders with that money for after school. He called the Director and told him that they are established in Winton now and can they coordinate efforts to start some of the mentoring programs, tutoring programs, youth leadership development, whatever you put in the plan for the youth in Winton. He was told that the grant was only to be used at Atwater High School. By them establishing this charter high school, and it will be a comprehensive high school because the plan is that as soon as possible, they will start the process for Winton to become a Unified High School District. They will qualify for everything – except that it will take from three to five years to do that. The short-term solution to this long-term solution is to get a charter high school going. They are in the process. Tomorrow they have the public hearing at Buhach and they have another 30 days to give them a response – yes or no and why. They do feel that the need is there. Nobody can challenge the need of the Winton population to have their own high school. But most important, this high school is going to be the 'hook' to be able to bring all of this employment as well as the economic development to that area. Dr. Martinez was here to put himself on the list of any type of programs or projects that anyone might need help on. They would love to coordinate. Presently they are doing ESL classes, they are doing homeless feeding – hot meals for the homeless, they are doing literacy classes for the parents and children, they are doing tutoring classes, they are trying to develop the mental health portions of first aid. They are going to do quite a few things. As soon as he gets the letter he will be contacting every one of those providers. Most important is that Winton will start changing its image. He thanked everyone.

Jim – he is the Associate Principle of Livingston Middle School. Earlier everyone heard about one of his programs called MAPS. This evening Chief Chavez from Livingston Police Dept. and their new officer stationed at their school, Officer Baldevia, he is part of the MAPS grant. He and Fabian Aguilar, the Mental Health Clinician, both started in August and in the short time they have been there, they have had a huge impact. Not only on their middle school but on their District because both Officer Baldevia and Mr. Aguilar not only serve their middle school but they also serve their elementary schools. He cannot begin to tell everyone the good will that Officer Baldevia has brought to their campus nor can he even begin to describe how Mr. Aguilar has been able to liaison with mental health services with kids that they have not been able to reach before. From day one, they came in and hit the ground running. He knows it is only the "honeymoon period", it's only been six weeks, but so far it has been a resounding success. This is his testimony. Chair Hawthorne asked Chief Chavez how they blend the officer's work with the Mental Health Clinician. Chief Chavez responded that as far as the program in concerned, Officer Baldevia is the sole school resource officer that is partnered with Fabian. They work together like 'Batman and Robin' – working together. They identify the students they are going to work with, they do home visits, they've done several home visits, work with the families, try to ensure that the families have what they need, the resources they have to make sure that the students are successful – that they continue going to school, they don't start to associate with the wrong elements – whether it's the gangs or folks that might use narcotics, and then make sure they want to come to school and go to school and graduate. They have done a tremendous amount of work in the short time they have been there. They have specific goals that he know they will achieve at the end of the school year – increase graduation rates and reduce truancy. Officer Baldevia was selected specifically for his skill set, for his personality, for his ability to work and partnership with the Mental Health Clinician and reach out to those students.

Jan – she is with NAMI and there are a handful of people from NAMI who came tonight to support NAMI. This is important because without their testimony, people would not have a complete picture of what NAMI is really all about. They do their surveys, they provide statistics, they do their reports, but they don't tell the whole picture. The best way is if they invite their NAMI members and class participants to tell a little bit about their experiences. A couple people were not able to be here tonight, they asked if Jan would read a statement. The first one is from Kat D., an awesome young lady who first came to NAMI and couldn't lift her head up, had her sun glasses on and her hood pulled down over her head, sat away from everyone else. This young woman is now going to school to do organic farming. This is what she wrote, "I guess what I would like to say about NAMI is how important the group meetings have become. It is the only place for some people to have a sense of common ground, understanding, personal growth and common compassion with others. NAMI support groups give a place to go and just be ourselves comfortably without judgments of each person's uniqueness. NAMI support groups have helped me recognize my strengths and the ability to manage my own mental

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illnesses. With mental illness recognition on the rise continually, more services are needed to address the needs of the people. More support is needed to empower people with mental illness to know that we are totally capable of being a functional part of our communities.” Jan continued that the second one comes from a couple who have been struggling for many, many years with an adult child who lives with a mental illness. They had become at their whit’s end and didn’t know where to turn – “In 1997 we noticed a drastic emotional change in our son. He thought people were watching him. He would call in the middle of the night and ask his dad to come check out his house to see who was there. He thought people were following him and tapping into his phone. We tried to get him help through Marie Green and we were told that he did not meet the criteria. Several times our son asked for help and was turned away. He had a hard time getting along with people and lived in the mountains for over ten years. During this time his mental state just got worse. We started looking into options. We talked to family counselors, psychiatrists, therapists and finally we were told about NAMI. We didn’t think a support group could help us. We went and we listened to all the stories and told our story. We actually realized that sharing our story with others and discussing how we were handling our situation and listening to suggestions helped. The Family-to-Family classes were starting and since we didn’t know much about mental illness we decided to take the classes. It opened our eyes to the illness. We understand the illness is just that – an illness. We have a family and the support group that we can lean on. We have knowledge from the classes to cope with our situation.” Jan continued that those are the only written reports she had but she did want to make a couple of statements. She is a consumer and does facilitate consumer classes, Peer-to-Peer and NAMI Connection, which is their support group. She goes into the classes thinking that she is going to really help people. What happens is that when she gets into class, she finds out that it helps her more. She comes away with such respect and admiration for the people in their class because they are resilient, they are fighters, they work hard. She is proud of their efforts and how they have worked hard to recover and to be able to go back out in the community and to be successful and productive. Jan then asked others present to speak as well.

Megan – she was here to speak for her support for NAMI. Four days ago she met with a graduate school recruiter. Four weeks ago she co-authored a presentation on artificial intelligence. Four months ago she accepted an NSF research fellowship for her work. And four years ago she was in four-point restraints at Marie Green. She would like to think that she has come a long way from since that time. But she didn’t do it in a vacuum. NAMI was really a big part of where she is today. They not only showed her, but taught her, that recovery is not just some remote possibility in some alternate universe - that it is real and that it is possible and that it is attainable. Yes, it is a lot of hard work and it is not easy – it is never easy. It is possible and you can do it. You are not alone. And just because you have an illness, you are not broken. But you can do it. And there are people and organizations like NAMI that are here to help. That is why NAMI is so important in our community.

Janey – she has also attended NAMI classes as well as attending their support group on a regular basis. Her son has been suffering from schizophrenia for some time now and it has been a difficult road with him which is still not resolved. But, attending the meetings and going to the classes has helped immensely. Unfortunately, she does not get a lot of assistance from other places so they are pretty much the only place she can turn to for help. She just wanted to give NAMI a thank you.

Dan – he has a strong accent and asked everyone to bear with him. He was in the NAMI Family-to-Family class not knowing what NAMI was. After he completed the class, he learned a lot. From what he learned from the community, these people sitting here, are the people who from this country and still have this much problem. Those people who have come from another country have been screened from help from other aspects. And they came here and don’t want to declare themselves that they are mental – they are labeled as crazy people and seek services at Mental Health. They have done a tremendous job for those people but because of the law sometimes you cannot. . . you have the problem and you get rejected. And the new people struggle. If they don’t seek help, they will be in trouble. If they do go, they get rejected. That is big confusion for the Southeast Asian community. After he joined the class here, he learned that there are lots of people out there that they really need the services. This group of people can be treated prior to the collapse on the street of being hit by vehicles. There are lots of numbers that can be saved. He really feels like, in his community, because they don’t have anyone to volunteer, he decided that no matter how busy he is, he would join and spread the word to his community so they know where to seek services. He really thanked everyone for having this opportunity to serve the community. He realizes that there are many things that they still need to seek together. This country is something neat about what they are coming to seek and share and input in order to get a better way to serve their community.

Mary H., MH Board Member – she stated that as a long-time NAMI member and supporter, and NAMI does receive some monies from MHSA and they appreciate it, and they appreciate the fact that they can use the Mental Health facilities for their classes and so forth. As people were saying, these people are basically all volunteers. Mary then asked for someone to tell the group how much money is allocated every year. Jan responded that they are allotted \$12,000/year and, of course, there is no payment to any of the volunteers –

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it strictly covers the materials and any of the associated costs – but there are not paid employees. Mary continued that it is important to know that because they give a big bang for the buck. They have nine programs and they have Family-to-Family classes in Spanish and English and are offered twice a year – for 12 weeks – and are very extensive, in-depth classes. They have Peer-to-Peer which is a 10-week class for consumers and is offered twice a year. If they can get more people to volunteer, they will offer more of them. They have Basics which is for people with young children who have a mental disorder. They have outreach to schools. The main things are the Family-to-Family and Peer-to-Peer and In Our Own Voice. If anyone here has not seen In Our Own Voice, it is one of the most remarkable things she has ever seen.

Irma – she is a volunteer for the Family-to-Family class in Spanish. They were blessed to have the Principal from Buhach allowing them to use her office in the Career Center. It is great. She is still looking for people because she is going back to school – she is transferring to Stanislaus in January. It hurts her to leave her NAMI class – she won't be able to teach it anymore. They are always looking for volunteers to help them out. This is her fourth year teaching. She has a daughter that is affected. That's how they become volunteers. One of the main problems she sees, with those coming to the classes, is the frustration to see that their loved ones cannot find jobs. If they have behaviors affected by the illness, they are judged and eventually have to leave the job. They wonder why they don't have a place like the adult programs for handicapped individuals where they can go and be trained and have jobs. This is what she has heard throughout her classes. She is not sure this is the right place to be saying this. They also have dreams and ideas that they will be a comprehensive team so that when the person gets in a crisis, there is a doctor, nurse, social worker, police, everybody talking together to help that person. She had a student who said that when she went to Marie Green to ask for help, she is a drug addict besides her mental illness, so she couldn't get help unless she was in trouble with the law. Why do we have to wait until she goes that route to get help. She thanked everyone.

Officer Baldevia – he works for the Livingston Police Dept. He just wanted to say that with the short amount of time that MAPS has been in Livingston, they are starting to see this work. He works with this one specific kid and he is glad to know that when he matures, he will not be dealing with him out in the street because he knows that he will be a productive person. He just wanted to say thanks.

Marilyn – she is also a member of NAMI and a member of Building Healthy Communities Health Equity Project. In partnership with Mental Health, NAMI has received some MHSA State grant funding to do some things that allowed them to build relationships in Livingston, Planada and Merced to open up opportunities for community dialogues about mental illness and to follow-up with the Mental Health 1st Aid classes with the African-American faith-based community, to work with the Hmong community with an adapted Mental Health 1st Aid training, and then, of course, in Spanish and English in Planada and Livingston. They have noticed that in Building Healthy Communities working with youth, is a lot of undiagnosed mental health issues. This time in partnership, again with Mental Health, they will have the first Mental Health Youth Forum on October 17th. Marilyn thinks that there are still considerable unmet needs with youth. It does require a team to really think of all the ways they can get information to the young people and to their parents about mental health issues and mental wellness and that as a community how they can best work together to meet those needs. In her community roll, the Punjabi-speaking community is often not getting their needs addressed – this is an area that there is still a gap. The LGBT community is also another group that needs some additional services. There is not a lot of follow-up plans as a community that do need to be followed up with. She thinks that the partnership with Mental Health has been a way of supporting and expanding the services that they are able to provide. She thanked everyone and looks forward to continued work.

Kathleen – she gathered from the testimonies that they were recognizing some of the partnerships that have been fostered through the MHSA Advisory Committee. Kathleen is the Public Health Director here in Merced County and they have been pleased in their partnership with MHSA Advisory Council to really start to bridge the chronic health conditions that many of the mental health consumers experience with the mental health services they are receiving. They know through research that individuals with mental health diagnoses often die 25 years younger than others with chronic health conditions, often co-occurring with substance abuse matters and just not getting to the doctor and not taking care of their health. They have embarked in partnership with Mental Health over the last year to introduce the Chronic Disease Self-Management Program which is a Stanford, evidenced based model into this community on two tracks. One is offering services directly at the Day Treatment Center which have now started and they are rolling these out. From what she has heard from the staff that provide these classes, there is a lot of positive feedback so far. They have engaged an evaluator to actually look at the outcomes of that effort because it's a unique marriage of the public health work that they do and the mental health work that is happening in this community. They will have some evaluation results to share over the next year. They are also interested in when they take this model out to the general community actually identifying individuals who may not be recognizing mild to moderate symptoms such as depression because they have been diagnosed with diabetes and don't know how to cope with their health condition. Their ultimate goal is to identify or develop some sort of warm-handoff so that they can begin to assist

XI. 5:30 p.m. – OPEN PUBLIC HEARING: Mental Health Services Act (MHSA) Proposed Program Update – con't.

these individuals into services whether they are through their primary care provider or through the mental health providers in our community. They feel, that in particular, they have a lot of interest from the Latino community. She knows that we need to find avenues of trust to begin bridge healthcare needs and mental health needs.

Monica – she is with the Merced County Office of Education – Early Education Dept. She thanked Mental Health for continuing to support Prevention and Early Intervention services for the youngest children and families in Merced County that have mental health concerns. She invites everyone to visit with them to learn more about their Caring Kids work. She also thanked Mental Health for the evaluation support and hope they consider allocating funding to support the much-needed evaluation efforts that help show all their programs and show how valuable and cost-saving the services and outcomes are.

Fernando – he works with the iMatter program with Sierra Vista. He thanked Mental Health for providing funding for their iMatter program. It is a social skills group and they also just added the anti-bullying component. He was thankful for this also. He thinks through the focus groups with Sharon there shows a great need that the schools are starting to have. They are currently in 7 schools, hold 35 groups and have 7 schools on a waiting list. They received funding for 2.5 positions and last year they provided services to 1,900 students in Merced County. They provide services in all the different communities in Merced County – including Snelling. They did offer some services in the Winton area and are looking to do outreach in that area again this year. He thanked everyone.

Mary H. had questions on the CUBE but there was no one present from the CUBE to give her answers. Yvonnia stated that Mary could email her the questions.

Vince questioned the Capital Facilities figure, \$3,300,000, and if this is the total for the hospital repairs. Yvonnia stated this figure would go “towards” the project, but it is not the overall cost.

Marilyn – she stated that one of the unmet needs that has been recently identified is with post-partum depression. She understands that Sierra Vista Child & Family Services do provide some counseling but the support group is no longer funded. This is a significant loss to the community. First 5, HSA and possibly some foundations could communicate and begin to think about solving this.

Cora thanked everyone for attending this Public Hearing. She commended them for their brave courage in stepping forward and letting this Board know what works, what does not work, what needs help and what needs to be addressed.

Chris (Patients' Rights Advocate) stated that, though infrequently, people who are not getting services in the CSU sometimes come to her asking for help. They say that they have been denied services. There is whole group of people who never wanted to be there that do not always get the assistance that maybe they should. She stated that there has been a long standing perception in the community that you come to Mental Health and you get turned away – whether it is the CSU or at the front door of some of the clinics. She encouraged the Board to look at the statistics about the number of people getting served, the number of people being turned away, and the statistics in terms of the CSU in terms of people who are actually referred to services because they needed help but didn't get it there. For a long time Chris has been asking about Notice of Actions (NOAs) which are a required notification to somebody that they don't meet medical necessity. She has asked in these meetings several times about NOAs and what the number is being generated in this Department and whether they are being done as required. The information, for a long time, has always been very sketchy. She just wanted to bring this to the Board's attention. This is her own personal observations, feelings and request to look at this.

Mary H. commented that this is where she was heading in terms of what constitutes 'danger to self and others'. What constitutes danger to self and others might well be someone who is threatening suicide, threatening murder, etc., and then they get down there and can hold it together for ten minutes. This is the story that she hears the most. Chris continued that there has to be a lot of education not only for people coming in but also for members of the community about the criteria for getting services and why people are getting denied. Many times there is not an adequate explanation as to what the Dept. is funded to do and this is the population that can be served. Sharon J. questioned if this is a training issue. Chris stated that to some extent it is a training issue but it also needs to be a training issue for public agencies that send people to Mental Health. Mary H. stated that NAMI has a program for that; it is called Provider Training. Yvonnia stated that she wants to do the research around the number of clients who are referred to the CSU, the number that has been denied and the reason; she wants to make sure before she states it is a training issue or lack of understanding, in order to determine if there is a chronic, systemic issue, if it is a training issue, or lack of understanding on how to do an assessment. Yvonnia stated that she will get back with the Board within the next few weeks on what she finds out. From there training needs can be mapped out, look at the Department's performance and accountability measures – everything.

Recommendation/Action: At 7:00 p.m. the public hearing was closed. Richard asked if anyone on the Board had issues or questions regarding the MHSA Program Update. Vince questioned technology needs and the figure stated – \$1,900,052.00 – that is almost the cost of the program when it first started. He questioned why it is so high. Sharon J. stated that \$362,000 is unspent funds and that is for capital facilities. The other part pays for the ongoing, yearly maintenance of the software – the Dept. has to pay to use the software every year. It is also for contracted support services to keep the electronic health record going. The Dept. has to have an electronic health record – it is connected to all the Medi-Cal billable services. It has to be ongoing and maintained; it is very costly. Sharon R. reiterated that every year we have a review by the EQRO. One thing they really stressed this last year is the importance of data and data outcomes. The Department also needs to make sure the system works. Years ago all the internal services for the billing system was done at downtown administration and the Dept. had to pay them for it; now it is being done in-house and this is a cost. The State has mandated that by 2015 the Department has to have a workable, electronic health record system. The Department has to have the data and show the State that the Department is giving them the best bang for their buck. There are other components being brought in to strengthen and build the program to make it do everything that is needed. It is an ongoing expense. Vince then questioned why is there an increase built into this for County staff and not for contract providers. Sharon J. replied that contract providers negotiate their contract each year and many contract providers have already received increases. Yvonna stated that for the contractors she is looking at 'contract monitoring'. Performance outcomes are being generated but she wants to be able to assess, from a customer's standpoint, their abilities. Sharon J. and Kurt Craig will be making sure they are in compliance with their contract. M/S/C (Ragonut / Ellis) to accept the MHSA Proposed Program Update for FY 13/14.

Sharon J. commented that with this Board's approval they will be working towards getting this item on the BOS agenda for November 4th. After that it will be going to the Mental Health Services Oversight and Accountability Commission thirty days after the BOS approval. She will send everyone a copy of the latest version of this document.

XII. Adjournment

Discussion / Conclusion: The meeting was adjourned at 7:10 p.m. The next meeting is November 4, 2014.

Submitted by: _____
Carol Hulsizer
Recording Secretary

Approved by: _____
Vince Ramos, Secretary
Merced County Mental Health Board

Date: _____

Date: _____