



Joint Merced County Mental Health / AOD Board
Meeting and Public Hearing
May 27, 20145
4:00 pm
1137 B Street, Merced, CA

Present:	Richard Hawthorne, Chair; Iris Mojica de Tatum, Vice-Chair; Vince Ramos, Mary Ellis; James Fuller; Keng Cha; Mary Hofmann; Kim Carter; William Hamilton, AOD Board; Lori Newman, AOD Board; Paula Mason, AOD Board
Absent:	David Baker; Sally Ragonut; Supervisor Walsh
Others Present:	Sharon Mendonca, Asst. Director; Chris Kraushar, PRA; Sharon Jones, MHSA Coordinator; Cesar Velasquez, Coordinator; Jan Morita, NAMI; Jennifer Jones, Aegis; Carol Hulsizer, Recorder

MINUTES

I. Call to Order / Flag Salute / Roll Call

Richard Hawthorne, Chair, called the meeting to order at 4:11 p.m. The flag salute was done. Roll call was taken.

II. Mission Statement

Richard read the Mission Statement.

III. Approval of Minutes from May 5, 2015 (BOARD ACTION)

Action/Recommendation: M/S/C (Fuller / Ellis) to approve the minutes from May 5, 2015

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

Discussion/Conclusion: Vince had some printouts on "arts and crafts budget"; he passed out copies. Alice Zamudio mentioned she was present to talk about the arts and crafts budget. Richard stated that this subject is on today's agenda and will be discussed later in the meeting.

Recommendation/Action: Information only

V. Election of Officers

Discussion/Conclusion: Mary E. stated that the Nominating Committee consisted of members from the County Mental Health Board. Mary presented the names of the officer candidates for FY 2015/16. They are: Chair – Richard Hawthorne, Vice-Chair – Iris Mojica de Tatum, and Secretary – Vince Ramos. Mary asked if there were any nominations from the floor; there were none.

Recommendation/Action: M/S/C (Hofmann / Cha) to accept the slate of officers as presented for FY 15/16.

VI. Mental Health Board – Review and Approve Combined MH / AOD By-Laws (BOARD ACTION)

Discussion/Conclusion: Richard stated that it was time for the Mental Health Board to approve the proposed combined Mental Health and AOD By-Laws. He asked if there were any questions. Vince questioned the Merced County employees and them not being able to serve on this Board. He wanted to know if someone worked for the Merced County Fire Department, were they eligible to join the Board. Richard stated that any employee of Merced County is not eligible to be part of the Board. Richard continued that this question was asked of County Counsel; County Counsel indicated that any individual employee of Merced County could not be part of this Board. Lori questioned if this is addressed in Section 6, page 5, line 6, where it talks about "No member of the board or his or her spouse shall be a full-time or part-time county employee. . . ." and goes on to say employee of which services. It doesn't say anything about any other county department and is it addressed somewhere else in the by-laws? Richard stated that County Counsel was asked this very question. County Counsel stated that as long as they work for, or an employee, of Merced County they cannot be a part of this board. Lori feels that it should specify that because it is not what the by-laws say; otherwise, people could say the board is not following its by-laws because it does say, "county mental health service or an employee of the Department of Health Care Services,

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or an employee of or a paid member of the governing body. . .”. Richard stated that “the governing body” covers every employee of Merced County. Mary H. stated it should be run by the Counsel; Richard stated that they did, but he will run it by them again.

Lori then questioned that on page 2, line 13, she sees that the board is going to “review any county agreements entered into pursuant to”. Does this also now include any agreements from Alcohol and Drug? This Board will be reviewing all agreements across the Board? Richard responded they would be. Iris commented that they would have to look at Section 5650 of the W&I Code to see if there are any exceptions. Richard stated that 5650 is specific to Mental Health; these are our by-laws and if we want to include AOD services, we can do that. Richard continued that this subsection 2 comes directly from that section of the Welfare & Institutions Code and that is why it is in here. Richard stated this could be looked at and see if it needs to be modified to include both AOD and Mental Health. Lori continued that in order for the Behavioral Health Board to have teeth, then it would need to be able to at least have the authority to review all agreements; otherwise, from the AOD side, those agreements will just be signed into contract without review from any Board – that’s how it’s always been, but there will not be authority over those agreements if you don’t write it in.

William had a comment on Article 5, Section 2, line 13-15, page 7. It says that next month we will be doing elections again. Richard stated that when we have a new Board, we will do it again; but we have to wait for the BOS to approve the combining of the two Boards. He continued that the Board was elected today because we are not having a meeting in June on the Mental Health side; but when it is a combined Board, this will be done again.

Lori had one more observation. On page 9, section 2, on the Alcohol and Drug Treatment and Prevention Committee – she sees that it will consist of three Board members, but she doesn’t see where those members have to have any AOD background. Richard stated that they are not initially. He continued that initially the only people to have that experience will be William, Paula and himself. The Chair appoints those members and he will take into account that individuals who are part of the AOD Committee will have experience, but he will probably appoint someone from the Mental Health Board as well so that we can begin to educate the members. Lori’s concern was that ten years from now, when Richard Hawthorne is not at the helm, and the Behavioral Board maybe doesn’t have anybody on it with AOD experience, then how will this work. Richard stated that this very question was asked by Christopher Jensen. He continued it should be the goal, when the two Boards are combined, to look for consumers and clients from both the AOD side and Mental Health. Richard hopes that when he is no longer here, that the Board members who take over will continue to seek individuals who have AOD experience as well as Mental Health experience. Lori stated that “hope” is not the same thing as statute. Richard stated that they cannot legislate that before someone becomes a member of the Board that they have to have AOD experience. They can though, in the by-laws, indicate that at least 20% of the Board has to have either AOD or Mental Health experience. Sharon J. asked how you describe the experience – is it being a family member of someone? Richard stated it could be a family member or a consumer. Vince commented that the Mental Health Board is having a retreat soon and maybe AOD could do a presentation. Richard stated this is the goal of the retreat and will be discussed further later in the meeting. Alice Zamudio, a public presence, explained her background going to the Wellness Center, asked if she would be eligible to join this Board. Richard told her that she would be. Iris mentioned that if Alice is interested in joining, she should talk to Carol. Lori stated that this is nothing to prevent them from moving forward with this, it is something that can be amended later, by-laws can be revised. Vince stated that amending the by-laws is mentioned on page 11, article IX – by-laws can be amended.

Recommendation/Action: M/S/C (Ellis / Mojica de Tatum) to approve the draft Behavioral Health By-Laws presented at today’s meeting.

VII. AOD Board – Review and Approve Combined MH / AOD By-Laws (BOARD ACTION)

Discussion/Conclusion: Lori questioned if there was a quorum of AOD members present. It was stated that there is.

Recommendation/Action: M/S/C (Newman / Hamilton) to approve the draft Behavioral Health By-Laws presented at today’s meeting.

VIII. Meeting Schedule – FY 15/16

Discussion/Conclusion: Richard stated that in today’s packet is a meeting schedule for FY 15/16. Richard commented that the meeting schedule currently says “Merced County Mental Health Board” but after the blending of the two Boards, this meeting will be called the Behavioral Health Board. Richard was asked when the combining will become official; Richard stated that the Director indicated that her goal is to try and get this completed and before the BOS in June. Carol stated that the times will probably change from what is indicated on schedule – this is a tentative meeting schedule. William asked when the Board will actually know what time the meetings will be held. Carol indicated that this is up to the two Boards to decide when they want to meet. William stated that the

VIII. Meeting Schedule – FY 15/16 – con't.

reason he was asking is because his school schedule in August will have him in class on Tuesdays and Thursdays. There was discussion on what is a good day and time for everyone to hold this meeting. A day and time that worked for everyone could not be found. It was decided to tentatively leave the meeting as it is now – the first Tuesday of each month at 3:30 – until William knows exactly what his schedule will be in August.

Recommendation/Action: M/S/C (Mojica de Tatum / /Ellis) to accept the tentative FY 15/16 meeting schedule.

IX. Chair's Report
a. Discussion of Retreat – July or August

Discussion/Conclusion: a. Richard stated that when and if the BOS approve the By-Laws and blends the two Boards, he would like to schedule a retreat. In today's packet there was a list of tentative "hot topics" showing areas that could be covered at the retreat. The retreat will most likely take place on a Saturday from 9:00-1:00. There was discussion on when to have this retreat. It was decided to have the retreat on Saturday, August 8, 2015 from 9:00-1:00. William suggested having a presentation on AOD at the retreat.

Recommendation/Action: The retreat will take place on Saturday, August 8, 2015 at the B Street location.

X. Supervisor's Report

Discussion/Conclusion: Supervisor Walsh was not present today.

Recommendation/Action: None

XI. Director's Report
a. Budget Line-Item for Art Supplies at Wellness Center

Discussion/Conclusion: Sharon M. passed out copies of the budget showing revenue and expenditures. This report is through the end of April. Some of the revenues have gone down partly because the State hasn't had the authority to pay; this includes SAPT, AOD, 1991 Realignment, and Medi-Cal payments. The State will get caught up though. Sharon went over the budget. a. Sharon M. then asked Sharon J. if she wanted to go over the MHSA budget. Sharon J. continued that there was a question about the Wellness Center budget (*last Mental Health Board meeting*). Being the MHSA Coordinator she does the planning, implementation and helps to get MHSA plans approved. She did not have a handout on this but she did have information to share. Starting with FY 15/16 the approved MHSA funding amount for the Merced Adult Wellness Center is \$1,140,935.00. Part of this amount is staffing. The Wellness Center currently has 17 approved staffing positions starting with the 2 Mental Health Clinician II, Vocational Rehabilitation Counselor (which is 75% of Voc. Rehab), Dual Diagnosis Specialist, 2 Mental Health Worker II, an Office Assistant III, and then there are 10 Consumer Assistant Workers (2 are full time and 8 are extra-help [they only work 1,040 hours each year]). When working on the 3-Year MHSA Expenditure & Program Update, which was approved on December 16, they noticed that some of the positions were vacant. In calculating the amount of money for the Wellness Center, under the Community Services and Support area (CSS), they came up with the fact that with MHSA there is a reversion policy. If you don't use it, you can be subject to reversion. This year for the FY 15/16 budget (which begins July 1, 2015) they worked on getting in the budget certain line items that they felt would be very beneficial in terms of program growth for the Merced Adult Wellness Center. Sharon went over the line items: office supplies - \$5,000; program supplies - \$5,000; recovery art supplies - \$25,000 - recovery art is a huge part of the program – it is also a huge part of healing and moving towards personal growth. A present consumer asked what last year's budget was because there are no art supplies. Sharon M. stated that she can speak to last year's budget on this, but wanted Sharon J. to continue first. Sharon J. continued: community event supplies - \$10,000 - also part of the Wellness Center is outreach to the community or events in the community; maintenance and repairs - \$6,000 (for anything in the Wellness Center); publication/advertising/printing - \$6,000; peer training – \$15,000, out of the 17 employees, ten are peer or consumer assistant workers and training is needed. The goal in FY 15/16 is to have a training. Curt Willems, Assistant Director, is working on a training with Dr. Ragland from the Village; this will be paid for out of the Dept. of Rehab. Computers - \$8,000, the computers need to be updated at the Wellness Center. Life skills development and community integration - \$20,000 – this is for trips the consumers take. Sharon explained how staff must do requisitions for purchase items. She concluded that these are the line items slated to go into the budget for FY 15/16. Sharon was asked about the money for food at events; she responded that there are other items in the budget, but the ones she just covered are the ones highlighted in terms of programming that answer the question that was asked last month. Chris stated that the clients have repeatedly asked about more

XI. Director’s Report – con’t.

Departmental support for some of their events which includes food. Food has been a significant concern. The Wellness Center engages people to come in. People who think they do not have a problem, but would come in and after being there two to three months, maybe developing some trust, having a few lunches, they would then begin to entertain the idea of maybe they would make an appointment to see a doctor. This was a real engagement tool and food, arts and crafts, fun things, program supplies were all critical to engaging people in a non-threatening way without saying, “you have to see a psychiatrist”. This has been a client concern and a powerful engagement tool. Sharon M. stated that for this current year there is \$3,100 dedicated to food. Sharon J. stated that when you look at community event supplies, there is not an event that happens in Merced County without food being present. Sharon M. continued that there is a cooking class at the Wellness Center and that when the EQRO was here, they went over there and smelled the bacon and eggs because they were fixing a breakfast. A present consumer commented that there is no cooking there, they get the leftover food from other functions and then warm them up in the microwave. They do not clean the kitchen properly and with the fund raisers they do hot dogs, but that is fund raising. They get the leftover food from the inpatient unit. There is no food in there. She continued that nobody plays around – she takes her own cards to play. Some employees would go play on the table and enable a person to talk and show them that there is more out there than drinking and doing drugs. But nobody does this anymore. Everyone is secluded in their room. That is why not many people are going there. The staff do not mingle with the clients. Sharon J. continued that the employees who work there are not present today to speak on how the implementation happens. As the MHSA Coordinator, the items that she mentioned, this is what she ensured was put in the budget. Again, this is just a snapshot of breaking down the line items; Sharon M. has a more thorough idea of the rest of the budget. Lori commented that \$25,000 for arts and craft is great; she questions the \$6,000 being enough in repair and maintenance though. She thinks this is a good job. Sharon J. continued that many requests are made but they have to make sure it is in line with the regulations. Sharon M. continued with an email from Cara Rupp who runs the Wellness Center. She stated that over the last few years, some of the different things they have purchased are: DJ system; replenish snack stand; gift cards; sponsor events providing food, plates, silverware; BBQ gas grill; large television; coffee; George Forman grill; skillet; other items for the kitchen; basketball net; basketball; food for cooking classes and socialization; items for bingo; art supplies; decorations for events; several coffee pots; Wi system; karaoke machine; garden supplies and equipment; plants; work crew equipment for Pathways to Employment; and a large canopy. As for art supplies, Sharon can clearly identify \$371.22 for the Wellness Center, \$963.05 for the Los Banos Wellness Center and \$843.95 for the CUBE. This is for the fiscal year we are in now. As far as art supplies for the Wellness Center, Cara said that almost all the art supplies are donated by the art teacher and volunteers in the community. The clients also purchase art supplies but it is with the money made by the fundraisers, BBQs and snack stand. Sharon specifically asked Cara if the consumers are paying for some of this out of their pocket. Cara said, “it is a mixture of things that come in. Clients spend money of their own to do art here. The art teacher contributes and the Consumer Assistance Committee pays for it. Art is the number one group and everyone really loves this. There are times where consumers will donate things or bring things in. The teacher that does the art therapy there at the Wellness Center contributes and donates. But there is a lot that is purchased out of Community Assistance Committee as well.” Mary H. asked if the teacher is employed by the Mental Health Dept. Sharon M. stated no, she is a volunteer. Linda Viani’s name was mentioned as being the teacher, but she is no longer employed by the Department. Vince stated that all the items Sharon M. read off was prior to 2009. Sharon M. disagreed as did James. Sharon M. stated that what Cara was talking about did cover several years; the canopy was purchased this year. Jennifer commented that this sounds like an awesome program but when it was first introduced staff said they saw gaps and so what was introduced was a way to fill the gaps – moving forward trying to correct some things in the past. It sounds like a really good plan for moving forward and making things better. Sharon J. commented that she and the MHSA analysts will be meeting with the leaders at the Wellness Center to review this. Iris questioned if the vehicles running good, because a lot depends on transportation. Sharon M. stated that their vans and vehicles are good. They have five more that will be coming in July that were ordered last year to help support the Department. The Department is ordering five more in this next fiscal year. Lori suggested, that quarterly, an update be given on how much has been spent and maybe how much money is left. A present consumer commented that when she was attending the Wellness Center they used to go on a lot of trips, but they don’t do that anymore. Sharon M. stated that there are still a lot of trips happening. The Department does have to be a good steward of the money and cannot do so much that it brings the Department into question. One thing they are doing more of is local trips. It is extremely expensive now to hire the Yarts buses; so the biggest expense can be the transportation. Sharon J. commented that it is good to hear the suggestions here, but as the MHSA Coordinator, and someone hears about something not going right, she would like to deal with it on the front end. Please send her an email and she will meet to discuss the issue. The Wellness Center is doing a wonderful job and the Department is very open to suggestions and moving forward in a positive manner. Vince questioned how much money is allocated for trips to Water World and stuff like that. Sharon J. stated that it doesn’t work that way where there budget line items for a specific place. It is more community integration. Individuals come to the Wellness Center trying to be more independent out in the community so they can take their own trips.

Recommendation/Action: Information only

XII. Committee Reports / Updates
a. Executive Committee
b. QIC Report

Discussion/Conclusion: a. Richard stated there is not Executive Committee report. b. Mary E. stated that due to time constraints she will give her report to Carol and have it included in the next monthly packet.

Recommendation/Action: As noted above

XIII. Other Business

Discussion / Conclusion: Vince asked if Sharon J. could send the list of itemized budget items to the Board. Sharon stated she would send it out.

Recommendation/Action: As noted above. This meeting was adjourned at 5:30 pm. Richard invited the AOD members to stay for the Public Hearing.

XIV. 5:30 p.m. – OPEN PUBLIC HEARING: Mental Health Services Act (MHSA) Proposed Program Update – FY 2014/15, 2015/16 & 2016/17
a) Close Public Hearing
1) BOARD ACTION

Discussion/Conclusion: The Public Hearing opened at 5:40 pm. Sharon J. introduced herself and explained that this is for the MHSA Proposed Program Update. It has been posted for thirty days. The Public Hearing has to happen after 30 complete days of being posted, so this is in compliance. She hopes to have this go to the BOS for their approval on June 16, 2015. Sharon then went over her PowerPoint presentation. Iris had a concern regarding the \$6 million for the building project and the money being taken from CSS. This was not discussed at the Community Planning Process meeting and the community was not told that there was \$6 million available for a project. The homeless could have said that they need more housing or more vouchers to get into an apartment. There was not a dialogue in what other ways these MHSA funds could be used. Sharon J. stated that you can only use Capital Facilities for bricks and mortars. You cannot use it for housing vouchers or anything like that. Iris questioned the 20% that was in CSS. Sharon J. stated that the 20% in CSS but was still designated for bricks and mortars – it is within the W&I regulations for capital facilities – it cannot be used for housing. Iris stated that the money that was in the other pot, shouldn't the community been involved in the process of what other ways to spend this \$6 million on MHSA. Sharon J. continued that in the 3-Year Program and Expenditure Plan it was in the December 16th plan that was approved stating they wanted to use 20% from the CSS for capital facilities. This is what the 30-day process, that just ended, was for. The concern about this going through a proper planning process is something that should have been addressed during this 30-day period. Iris clarified that it is then up to the stakeholders to get this information and challenge it. Sharon J. continued that this is still a proposal using capital facilities for a one-stop shop building that supports Mental Health, AOD, and Wellness Center services – bringing everyone together for services. In terms of capital facilities, the regulations are pretty clear – even though it is coming from CSS, you still follow the rules and regs for capital facilities which means it is only for renovation, bricks and mortars. You cannot use it for housing vouchers or other things like that. Iris clarified that her concern is that at some point those groups did not know that money was available for other stuff. Maybe at the Planning Council this needs to be discussed on how to get that information out. Sharon J. continued that the money was not really available in terms of going out to individuals like RFP, but this is a decision that was discussed in terms of expanding out the goals of the original project which was trying to co-locate Administration together. Feedback is very important and she wants everyone to know that the monthly Ongoing Planning Council meeting is the place to express these types of concerns and, if not, she also has an open door policy to discuss issues. Vince questioned borrowing \$25 million and why would these funds be used in another location. Sharon clarified that the Department is not borrowing \$25 million and basically this is just a MHSA portion that is going towards the building project. Sharon continued that another part of this program update is that the electronic health record – Anasazi/Cerner – was an approved project in 2010 for \$2.1 million. Electronic health records (EHR) are very expensive and part of that 20% from CSS will be used to keep the EHR going. EHR is used for the billing process and tracking all outcomes now. Sharon continued her report explaining the benefits of Prevention and Early Intervention to our community. It means our Community Developmental Partners are out in the community and if they see someone that is not well, it is their job to get them the services they need. They also help serve those who are underserved out in areas where there is no mental health outpatient clinic. Sharon concluded her report and asked for questions and comments. Mary H. commented on the Latino penetration rate, which in the past has been low, and will this help in that area. Sharon explained that the programs will be doing quarterly reports with the number being served. All FOHCs (Federally Qualified Health Centers) that are funded by MHSA will have to

XIV. 5:30 p.m. – OPEN PUBLIC HEARING: Mental Health Services Act (MHSA) Proposed Program Update – FY 2014/15, 2015/16 & 2016/17 – con't.

submit a quarterly report with what they are doing. They will also have to have measurement tools, goals they are working on, objectives, and sign-in sheets. Mary wondered if the Department will be able to increase the penetration rate. Sharon stated it will assist in the audit to show that Mental Health is collaborating with FQHCs. But, technically the penetration rate is geared toward the Mental Health Plan and the number of eligible Medi-Cal recipients. The way it will help out is through the reporting – Mental Health can say they partner with the FQHCs and this is the amount they are serving. Cesar Velasquez interjected that they will be able to count those numbers as long as they are Medi-Cal eligible recipients and if they are Hispanic. Before, if they were PEI, they were not able to count it because they were not getting treatment. Now, if they are CSS and are open for services, Mental Health will be able to count. Sharon M. stated that based on EQRO numbers this last year, the Department was reaching out and seeing more Hispanics, but the numbers of those that are eligible for services has greatly increased. It doesn't look like the Department is doing as much as they used to, however, they are seeing more clients. Vince then questioned the SMART goals and Sharon explained that they are measurable and have percentages attached to them. Vince feels that the \$3-4 million could be used to employ more CSS clinicians where they can cover more schools and strengthening families at the schools to inform the clinicians on what is needed in the community. There is even enough money to employ a full-time psychiatrist with this money. Sharon M. stated there is not a shortage of money to hire a psychiatrist – there is a shortage of psychiatrists. Vince continued with the Strengthening Families technology and adding this to what they had before so you double their income so some are getting \$2 million. This money could be used somewhere else or something that is really needed. Sharon J. continued that she has two analysts tracking this and making sure that everything with MHSA stay in line and according to the regs. Vince continued that there are all these other little towns like Ballico that haven't been hit yet. He questioned what the financial incentives, \$37,000 – were on page 29. Sharon J. stated this is the Workforce, Education and Training (WET) plan. There is an approved WET plan and the incentives under this helps students go to school. The only contract is the one with CSU Stanislaus; stipends and incentives are given to students in order to help build the workforce. Jan Morita commented on the analysts. They have come up with some ideas to simplify reports and where the reporting is more accurate. She thinks it is a really good improvement and will be easier to implement. Iris stated she had a concern regarding the clinicians in schools. When PEI first came up, the Los Banos community came forward and because of this a clinician was added in the Los Banos area. Then there were consistent reports from Delhi, Hilmar, Winton – all these schools came to the Planning Council and their voice was heard. In February of last year five clinicians were added and went to the schools. Initially when this came to the Planning Council it was about transferring to CSS to be able to capture the revenue from Medi-Cal. Now she is seeing the deletion of a program – the school based program – and change it to be a community program. Now the five clinicians are going to be used in a different way. Sharon J. stated that she doesn't believe the program is going to be deleted, it is going to be transferred to CSS where the clinician should be able to do PEI on the front end, treatment, and then post-treatment on the back end. It is still a school-based program. The only thing that is changing is the funding where the Department can leverage more Medi-Cal funding, treat more severely mentally ill children. The clinician in the school will be able to deal with just about everything. Iris asked if the clinicians will be under Cesar now and will these clinicians still be serving these same schools. Cesar stated they will be under him and they will still have dedicated time at the schools that there are MOUs with. It is a component of the community based services that they will be part of the schools. The other community based services could be home-based services, seeing kids at other programs that are underserved. Clinicians are community based; they can see clients anywhere in the community. That is what they are trying to do here – maximize the clinicians to be able to do community-based services. He has been looking at the demand for these clinicians at the schools and based on last year's demand they will have dedicated time at schools. Iris asked about the Katie A. kids and aren't they in the schools. Cesar stated that some are in the schools, some are in foster care, group homes – really all over the place. The kids that require the more intense services are not at school sites. Sharon J. stated that a large percentage of Katie A. kids are from zero to five in age. The whole goal behind moving PEI to CSS is not to take away services but to give the schools what they want. When a school thinks they are getting something – they are thinking treatment – they are not thinking prevention. They want someone who can deal with treatment and help with the crisis and under CSS they will be able to do this. Iris questioned if they can address the “zero to five” need through the Annual Update and if more clinicians are needed for CSOC for the zero to five population, then that is what should be looked at. Sharon J. stated that CSOC is not really a MHSA program so it would have to be CSS. Another component of CSS is that the schools are closed during the summer but the clinicians still need to see these families so now they can see them in the home or wherever the family feels comfortable. Vince questioned if the caseloads are still going to be at 50-60 clients each. Cesar stated that it is around 40 per clinician. These are severely, emotionally disabled kids so they are talking about treatment. It is not just prevention and early intervention. In order to provide quality of service it really has to be around 40 per clinician. There were no other questions or comments. Richard closed the public hearing. He then asked the Board for their approval or disapproval of the MHSA Program Update.

Recommendation/Action: Iris stated that with all the concerns she addressed and the feedback, she wasn't going to vote for this, but with Sharon's information she is being assured that things will come of this, with that she moved to go ahead and approve the document. M/S/C (Mojica de Tatum / Ellis) to approve the MHSAs Proposed Program Update – FY 2014/15, 2015/16 & 2016/17 as submitted by the Department. Vince abstained because he felt the money could be used in another section.

XV. Adjournment

Discussion / Conclusion: Richard reminded everyone that there will not be a meeting in June. The meeting was adjourned at 6:23 p.m. The next Mental Health Board meeting is July 7, 2015

Submitted by: _____
Carol Hulsizer
Recording Secretary

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

Date: _____

Date: _____