

Approved: 4/15/10

Santa Cruz County  
**Mental Health Board Meeting Minutes**

**March 18, 2010**

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Facilitator: Joan McVay, Chairperson  
Recorder: Linda Betts  
Staff Ex-Officio: Rama Khalsa, Director – Health Services Agency  
Meeting Location: 1400 Emeline Avenue, Room 207, Santa Cruz, CA

**Regular Business**

**Meeting Began:** Joan McVay called the meeting to order at 3:05 p.m.

**Roll Call:**

**Members Present:** Ann Andrews, Barbara Bentley, Denise Ostlund, Ginny Gomez, Guy Grant, Joan McVay, John Laue, Linda Wilshusen, Maria Corriea, Supervisor Neal Coonerty, and Robert Ackerly

**Members Absent**

**Excused:** N/A

**Members Absent**

**Unexcused:** N/A

**Guests:** Bill Lewis, Carol Williamson, Ron Sessions, Kim Nadeau, and Aileen Joys

**Minute Review:** A quorum was present. Linda Wilshusen motioned to approve the February 2010 meeting minutes with additions and Barbara Bentley seconded the motion. The motion passed and the minutes were approved.

**Guest Introduction, Announcements, and Public Comment**

- Ginny Gomez reminded members of the handout on “informed consent” that she has provided and the information on Peer Respite (saving money to help people).

**Public Hearing: 2010-11 Mental Health Services Act (MHSA) Plan Update (3-minute public comment or submit in writing)**

- Alicia Nájera: The State requires that we submit an update of the previous approved plans and what we expect to do next year for CSS (community supports and services), PEI (prevention and early intervention), and WET (workforce, education, and training). The update was posted on 2/13/10 for public review.
- Ginny Gomez: Suggest everyone on this board look at it (Prop 63/MHSA) and think outside of the box – not business as usual. Consider using some of the money to hire a naturopath instead of psychiatrists. This is an opportunity to educate and provide better options. Would like the “work first” plan for Innovative Projects to fall under PEI.
- Robert Ackerly: My son works with First Alarm at the Dominican Behavioral Unit. He recommended that people that are hired understand the mentally ill.
- Linda Wilshusen: Does this update incorporate all plans approved? Would innovative/alternative be incorporated into that?
  - Alicia – yes to both questions. The report reflects each plan and describes the target population and service being provided. The Innovative Project plan was sent to the state DMH and OAC for review and approval. It contains alternative services and traditional programs for persons with co-

- occurring disorders. The focus is on “work first” to provide meaning for them when ready for this stage in their recovery. We are awaiting final approval.
- Barbara Bentley: I would like to hear more information on MHSA service and infrastructure components.
    - Alicia: Service components consist of CSS, PEI, and Innovative Projects. Infrastructure components are WET and Capital Facilities and Information Technology. The following illustrates what we have implemented with MHSA funds:
      - CSS has 9 work plans that enhance services to our target populations (adults with serious and persistent mental illness and children with severe emotional disturbance). Some services that were added include the Wellness Centers (MHCAN and Mariposa), transition age youth and older adult “full partnership” teams, and a jail discharge planner.
      - PEI focuses on prevention and early intervention. The County has not had funding to provide prevention services prior to this. We added programs for persons across the life span. Children’s services include collaboration with County Mental Health, Dominican, and Welfare services for the 0-3 age group; Contract school intervention; Collaborating with Primary Health to coordinate services; Cara y Corazon offering cultural specific parent education; Education and hands on help to families of transition age adults (17-25) and adults who show the first signs of mental illness will be available; Added a part-time Veterans liaison; Outreach is provided out in the community. Another resource is a brochure that was developed that highlights key possible signs of mental health issues for different age groups. For older adult services, we have included a peer support/companion program.
      - WET – Carol Williamson and Ginny Gomez were instrumental in the early stages of planning. This component focuses on attracting more people into the mental health field as well as training existing staff and contractors about new ideas of services. The Workforce Education & Training Task Force that includes clinical and admin staff, contractors, consumers, family members, and Cabrillo College staff, meets monthly to develop trainings on what is needed and offered to the whole community. We are also supporting staff in the licensure process.
  - John Laue: Received a report from the person in charge of Youth Programs and he said only have one to two people in the behavioral psych unit per year. Must be less than any other county. Amazing – good work on the part of staff!
  - Joan McVay: I worked with Children’s Services for 15 years and they do a good job.
  - Ginny Gomez: People in the community want to come to these meetings but are working or have no transportation. Suggest we continue the Public Hearing at the next meeting.
    - Alicia: The update was posted on our website, notice provided via newspapers, and announcements to stakeholders via email were sent out a month ago.
    - Joan: Written input is acceptable if people would like to comment.
  - Guy: Regarding PEI and early childhood sign of mental illness, is there a universal program with experts to observe and is there a nutritional assessment done?
    - Alicia: We have an early childhood intervention program for ages 0-3/5 thru collaboration with First Five, Dominican Hospital, and Child Welfare, which includes a medical assessment.
  - Robert Ackerly: I would like to know what everyone is getting in the new program and a copy of the MHSAS component plans.
    - Information on what everyone is getting is confidential. MHSA component plan information is located on our MHSA website - <http://www.santacruzhealth.org/cmhs/2cmhs.htm>
  - Eileen Joy (w/Suicide Prevention): I was part of the PEI planning and congratulate the Board for all the work over the past year. We are now reaching out to LGBT and alternative schools. (Guy: what is your opinion for one on one suicide help versus counseling on the phone? Eileen: I’m not sure, due to the sensitive nature of the call the persons anonymity is protected over the phone.)
  - Carol Williamson: Want to thank the Board and the County. The MHSA process (2 –5 years) was a lot of hard work with numerous meetings and conversations. I’m proud of the outcome and input that was given. Am looking forward to the unfolding of these plans. Working on the WET Task Force, I have the privilege of seeing it as it develops. We are now on the second session with a NAMI training and find it interesting, exciting, and the discussions are very informative. We learn what hurts and what helps. Without this plan I don’t think we could do this. NAMI and the County are working as one – it’s all good. It’s sad the State is not publicizing what the different counties are doing and just criticize. I believe it is important we be supportive publicly before we lose this funding.

- Ginny Gomez: Thank you for your great work. I spoke with a nurse from Watsonville High School and she felt her voice was not heard during planning process. Will do some follow-up with her.  
Public Hearing closed at 3:50 p.m.

**Presentation - CA MH Planning Council data and quality improvement training:**

- The CA MH Planning Council is a state level planning body to develop a MH master plan of CA (pre-Prop 63). It includes family, consumers, MH Directors, and health professionals. Ginny Gomez, Maria Corriea, and Joan McVay attended the workshop sponsored by CAMHPC on using data. The purpose of the data-training workshop is to improve quality of services. LMHB's are asked to complete a series of questions developed by CAMHPC on data regarding their respective county. It is recommended the Board work on this at the April and May Board meetings. We will learn "how to use data" for improving services.
  - The three categories we will work on are: age, gender, and ethnicity; What seems to work best is if we break out into 3 groups to review data in detail, with Maria, Ginny, and Joan leading each group and come up with goals we want to submit by the 7/1/2010 deadline.
  - Linda Wilshusen: It is great that you went to this training; data is a good tool. What are you applying these categories to? (Joan – We will bring that in at the next meeting. We'll be looking at access and retention to services (low long they stay in the system).)
  - Barbara Bentley: Are there evaluation professionals that work in the County? (Rama – we have some staff that is trained in analyzing data.) I am concerned about the Board members experience/training to assess data accurately and believe it is way beyond the scope of this Board.
  - Maria Corriea: We will analyze data collected and as a group will verify if we can do better.
  - John Laue: Some data is ambiguous; For example a high school grad could signify 5 different things. (Joan – We will only be looking at age, ethnicity, and gender.)
  - Linda Wilshusen: We're looking at differentiation on what the numbers show. It might be worth trying this for one meeting (organized so all understand what they are supposed to do). Then evaluate after the first meeting to see if everyone feels we have met the goal. Not everyone needs to participate.
  - Joan McVay: The Board can be divided into 3 groups.
  - Rama Khalsa: The chart with prevalence rates may show the number of people in each category but not getting reached. Outreach technique may need improvement.
  - John Laue: What will mental health board task be? (Joan – we will make recommendations for improvements, one of our charges as the Mental Health Board.
  - Ginny Gomez: The Planning Council meets quarterly and I will bring packets to share with the Board members.
  - Joan McVay: The groups will be as follows: Age – Ann Andrews, John Laue, and Maria Corriea. Ethnicity – Denise Ostlund and Ginny Gomez. Gender – Barbara Bentley and Joan McVay.
- Children's Mental Health Report – "California's 58 Counties: Do Their Prop. 63 CSS Plans Reach Transition Age Foster Youth"
  - Stan Einhorn: The reports reflects a study of 58 counties and the MHSA plan regarding supporting services to transition age (16-25 yrs) youth specifically involved with foster care. (This is the highest risk group of kids!) It looks at how well counties target/service this age group. According to the numbers, everyone is doing poorly. However, our county ranked among the top 5. Although we received a "C" grade, there was only 1 "B" and 4 "C's" in the state (26 counties rec'd an F). The data did take into account the size of the county.
    - Ann Andrews: The report only reflects "Foster" youth, not youth in general? (Stan – Correct, the report looked at the MHSA funding program used to serve these kids.)
    - Linda Wilshusen: The "A" grade has too narrow a gap. (Stan – Yes, it is a very narrow picture, but they deemed it important to look at. Some PEI plans are also targeted to this age range.)
    - Joan McVay: Is there a goal your department can suggest to help us recognize what we are doing well and improve? (Stan – Will work in partnership with the Board to determine goal.)
    - Guy Grant: Are there any records of success rates of mental illness in this community? (Stan – Yes, we look at the outcomes in our annual system of care report.)
    - Linda Wilshusen: I think children's mental health does a great job. In focusing on this one risk group we overlook others and it's important to look at that. (Stan – We do have exciting prevention services getting started via PEI (designed for more resources at schools and the community.)

### **Standing Reports**

- Board of Supervisors, Supervisor Coonerty: Nothing new to report.
- Mental Health Director Report, Rama Khalsa, Director of Health Services Agency (filling in for Leslie Tremaine)
  - We go to the Board of Supervisor's 3/23 meeting with the written report and full transcript of the Town Hall meetings regarding the PHF (Psychiatric Health Facility). The Board will have one action item, to approve the master agreement with Dominican, to extend through 12/2013. While we continue planning for the Psychiatric Health Facility, public comment will continue to be heard. We are coordinating with the rest of the county to identify a potential site. Based on the Crossroads report, the criteria for the facility includes that it be located in the County, by a bus line, pleasant surroundings, and have outdoors space. It should also be no smaller than 1.5 acres and ample space for a fire engine to make a complete circuit around the facility. Please submit suggestions for facility needs (our website has a link to submit comments), particularly if you know of someone with property to sell. Some of the suggestions to date are very good and could apply to a crisis center where people are there for 30 or more days, whereas the PHF would be shorter. There are 22 counties that have such facilities. It would be a good idea to contact your counterparts and ask their feelings, particularly with regards to treatments areas and what works (will provide list).
    - Ginny Gomez: Who is on the PHF committee? (Rama –for land use issues, 2 people from the Planning Dept., 1 Land Use Consultant, paid by Dominican, and 1 architect consultant for the vetting process to ensure there are/were no toxic spills, fault lines, or archeological site, to cover environmental issues.)
    - Denise Ostlund: How do we cut costs? (Rama – When people are doing better it does cut costs.)
    - Ginny Gomez: The CA Network of MH Clients has a \$750,000 per year grant I recommend we look at.

### **New Business**

- Upcoming Agenda items were discussed
  - Children's mental health and PEI (Prevention & Early Intervention).
  - Brown Act training
  - Retreat to share ideas
  - Elect new officers
  - MHSA presentation

### **General**

- Supervisor Neal Coonerty:
  - Thank you, Linda Wilshusen, for all your hard work as a member of the Mental Health Board. You have been invaluable.
  - Introduced our newest member, Bill Lewis, who will take Linda's place on the Board.
- Ann Andrews motioned to adjourn and Joan McVay seconded the motion.