

**Sacramento County
Mental Health Services Act Steering Committee**

**January 21, 2010
Meeting Minutes**

**Department of Behavioral Health Services
7001A East Parkway, Sacramento, CA 95823
Conference Room 1**

Interested members of the public are invited to attend MHSA Steering Committee meetings and a period is set aside for public comment at each meeting. If you wish to attend and need to arrange for an interpreter or a reasonable accommodation, please contact Mary Drain one week prior to each meeting at (916) 875-4639 or DrainM@SacCounty.net.

Members: Michael Beebe, Mary Ann Bennett, Caroline Caton, Laura Coulthard, Lois Cunningham, Sandy Damiano, Katherine Elliott, Joyce Wright (*alternate for David Gordon*), Suzanne Hammer, Edwina Browning Hayes, Marilyn Hillerman, Ben Jones (*alternate for Andrea Hillerman-Crook*), Reina Kaslofski, David Kiesz (*alternate for consumers*), Michael Lazar, Al Lipson, Hiep Ma (*alternate for consumers*), Sherlie Magers (*alternate for consumers*), Susan McCrea, Valerie Retallack (*alternate for Dave Schroeder*), R.C. Smith, Marguerite Story-Baker, Frank Topping

Alternates: Dorian Kittrell

Facilitator: Eileen Jacobowitz

	TIME	TOPIC
1.	6:05 pm	Comfort Agreement Michael Beebe read the Comfort Agreement. No changes were suggested.
2.	6:08 pm	Approval of Prior Meeting Minutes Mary Ann Bennett requested a correction be made to the Budget Update provided at the last meeting on 1/07/2010: The text should be changed to indicate that counties can partner with providers in applications for California Endowment Grants. Minutes approved, with this revision.
3.	6:10 pm	Agenda Review The agenda was reviewed. No changes were made.
4.	6:12 pm	Announcements No announcements.
5.	6:13 pm	PEI Plan Amendment Review and Collective Comment <i>Michelle Callejas, MHSA Program Manager</i> The 2009-10 Amendment to the PEI Component Project Proposal (see PEI Attachments and Exhibits) was distributed and a PowerPoint presentation reviewed. (see Attachment A – Overview of 2009-10 PEI Plan Amendment). <u>Member Discussion</u> <ul style="list-style-type: none">Several members emphasized the importance of having services available in schools and adding them as a natural setting for those projects that serve children and youth. A committee with community representation (including consumers and

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	<p>family members) should be established to implement school-based projects.</p> <ul style="list-style-type: none"> • Anti-stigma efforts in schools should not be restricted solely to the stigma and discrimination experienced within schools, but should also address problems outside of the school setting, (e.g., damaging parental attitudes). • The Strengthening Families project will serve adults or older adults in families with children or transition age youth, even though they are not listed as the target population. Members requested that this be specified in the project narrative. • The PEI Plan Update should clearly state that all programs should be client and family driven. Moreover, there should be family members and consumers as paid staff in every program, as well as volunteer staff. • Primary health clinics and staff reach all age groups and need more mental health resources and training. • Mental health services should not be isolated from other service delivery systems, but instead be integrated into them. • The PEI Plan Update should contain language clearly stating that PEI programs are designed to transform the system. • The older adult population is growing while some school districts are seeing declining enrollment. Also, returning veteran issues will be even more severe in the coming years. • This entire PEI Phase 2 process has been very ambitious and exciting. Although there is not a great deal of money available for all that we actually want to accomplish, one major benefit is that connections have been forged. • Two Steering Committee members submitted written comment that was distributed to all Steering Committee members: see Attachment B and Attachment C. <p><u>Steering Committee Collective Comment</u></p> <ul style="list-style-type: none"> • Clearly specify in narrative that adults and older adults may be served in Strengthening Families Project. • Schools should be included as a natural setting in Project 3. • Family members and consumers should be paid staff. • Mental Health promotion messages should emphasize that mental health consumers touch all systems. • Establish a committee with diverse representation (beyond psychiatrists) to implement school-based projects. • Clearly state that programs are consumer and family driven. • Clearly state that programs are designed to transform system. • Acknowledge the increase in older adult population and returning veteran population. • Get consumers and plans ready to go so things can be put in place soon after approval.

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	<p data-bbox="347 153 574 184"><u>Public Comment</u></p> <ul data-bbox="347 212 1536 1759" style="list-style-type: none"> <li data-bbox="347 212 1536 344">• Hillary Kroge, educator, said that throughout the planning sessions, schools, in-home settings, and primary care clinics had all been named as natural settings. She would like to see homelessness and victims of domestic violence put back into the plan as part of the stressed families identifier. <li data-bbox="347 369 1536 432">• Karen George, educator, also requested that homeless be reinstated as part of the stressed families identifier. <li data-bbox="347 457 1536 632">• Diane Lampe, Elk Grove USD, emphasized that schools are a logical location to reach children and families. She believes that the best use of MHSA PEI dollars is on prevention, serving broad numbers of children with less severe needs rather than smaller numbers of children with more intensive needs. She also thinks that preschools are a fabulous place to start preventive efforts. <li data-bbox="347 657 1536 758">• Barbara Kronick, Sacramento City USD, said that it is important to put prevention into schools because the majority of schools do not have mental health services or staff knowledgeable about mental health issues. <li data-bbox="347 783 1536 884">• Cheryl Raney, Sacramento County Office of Education, spoke about how schools provide access to 240,000 children and youth in this county and how having trained staff would really help them and the community. <li data-bbox="347 909 1536 989">• Jane Carr, educator, asked that the budget for Strengthening Families Program 3 be revisited and increased, as it does not amount to significant dollars per student. <li data-bbox="347 1014 1536 1146">• Patty Gainer, client advocate, asked that MHSA programs be client and family driven. An important way to accomplish this is to ensure that all programs have budgeted staff who are clients and/or family members who are empowered in their roles. <li data-bbox="347 1171 1536 1409">• Allison Collier, Center USD, said that when consumers and family members are used as volunteers and there are paid staff in the same programs, a value statement is made, even if unintended. It is important to have strong linkages between services in the primary care setting and the home and preschool settings. She asked that we look at each project in the plan and attempt to maximally leverage our resources. She urged that we look at mental health professionals in the plan not as providers but as supervisors, trainers, and champions. <li data-bbox="347 1434 1536 1671">• Poshi Mikalson, LGBTQ Project Coordinator with Mental Health America of Northern California, referred to the Community and Engagement section on p.57 of the Plan Update and asked that the state-identified unserved, underserved, and inappropriately served groups of Latinos, Asian/Pacific Islanders, and LGBTQ be added to the list of targeted communities. Regarding violence prevention efforts, she requested that harassment be addressed as well as bullying because attitudes lead to violent behavior. <li data-bbox="347 1696 1536 1759">• Michael Wilkins, consumer advocate, spoke from personal experience of the value of peer-to-peer contact. <p data-bbox="347 1791 435 1822"><u>Action</u></p> <ul data-bbox="347 1850 1536 1913" style="list-style-type: none"> <li data-bbox="347 1850 1536 1913">• Eileen Jacobowitz re-read the collective comments. No corrections or additions were offered.

	TIME	TOPIC
6.	7:35 pm	MHSA Steering Committee Charter & Process Ad Hoc Committee Formation Eileen Jacobowitz, Facilitator, announced that this committee will meet February 19, 2010, at 7001-A East Parkway. This Ad Hoc Committee will provide progress updates to the Steering Committee.
7.	7:36 pm	Budget Update Mary Ann Bennett, Mental Health Director, gave a budget update: The Governor's Budget proposal was discussed. She suggested that anyone who goes to speak at the State budget hearings should present/propose an alternative plan to cover budget shortfalls. On February 2, 2010, DBHS will go before the Board of Supervisors for authority to open a 12-bed Psychiatric Health Facility (PHF).
8.	7:40 pm	Next Steps Mental Health Funding 101 There will be a mental health funding presentation at a future Steering Committee meeting – possibly in February.
9.	7:44 pm	Upcoming Meetings (meetings are held the 1 st and 3 rd Thursday of each month, from 6:00 – 8:00 pm) <ul style="list-style-type: none"> • February 4, 2010 • February 18, 2010
10.	7:45 pm	Adjourn

Minutes taken by: Michael Sheridan, Administrative Services Officer I

Approved: Michelle Callejas, MHSA Program Manager

Distribution: MHSA Steering Committee, MHSA Distribution List, MH Division Management, posted to MHSA website