

SACRAMENTO COUNTY MENTAL HEALTH BOARD
GENERAL MEETING/PUBLIC HEARING TRANSCRIPT

THURSDAY, APRIL 8, 2010

CHAD THOMPSON: OKAY, SO IT IS 6:10. SO WE'RE CALLING THE MEETING TO ORDER. I'M CHAD, CHAIR OF THE SACRAMENTO MENTAL HEALTH BOARD.

TERRY IMAI: VICE CHAIR.

DR. LAURD IRVIN: PUBLIC INTEREST.

JANE FOWLER: CONSUMER.

FRANK TOPPING:

LANGLEY KREUZE: PUBLIC.

SUSAN MCCREA: FAMILY MEMBER.

O.J. PLATT: CONSUMER.

CHAD THOMPSON: TO THE REAR LEFT.

JULIE LEUNG: MENTAL HEALTH.

JANICE SNYDER: COUNTY COUNSEL

MICHELLE CALLEJAS: PROGRAM MANAGER, MENTAL HEALTH SERVICES ACT.

JULIE LEUNG: WE HAVE INTERPRETERS. SO IF YOU NEED INTERPRETERS, RAISE YOUR HAND.

CHAD THOMPSON: CAN FOLKS HEAR NOW?

JULIE LEUNG: WE HAVE INTERPRETERS. IF YOU NEED ONE, RAISE YOUR HAND IF YOU NEED ONE. CAN YOU RAISE YOUR HAND IF YOU NEED AN INTERPRETER?

>> **SPANISH INTERPRETER.**

>> **INTERPRETER SPEAKING.**

>> WE CAN'T HEAR IN THE BACK.

CHAD THOMPSON: OKAY. SO WE HAVE THE INTERPRETER SITUATION TAKEN CARE OF? I'M GOING TO ASSUME THAT IS A YES. TODAY'S APRIL 8TH. WE HAVE THE AGENDA IN FRONT OF US. I'D LIKE TO ENTERTAIN THE MOTION TO APPROVE THE AGENDA.

FRANK TOPPING: THE MIC VOLUME IS OFF.

CHAD THOMPSON: HE NEEDS AN AGENDA.

WE HAVE A MOTION FROM MS. FOWLER ABOUT THE AGENDA. ALL IN FAVOR, AYE. APPROVAL OF THE MARCH 3RD 2010 MINUTES. MOTION TO APPROVE. WE HAVE A SECOND FROM JANE. ANY DISCUSSION ON IT. ALL IN FAVOR, AYE. ANY OPPOSE? UNANIMOUS, WONDERFUL. ANNOUNCEMENTS AND REPORTS. THIS IS WHERE WE HAVE ANNOUNCEMENTS. ANYBODY HAVE ANNOUNCEMENTS THEY'D LIKE TO MAKE?

>> I WANT TO SPEAK FOR MYSELF.

CHAD THOMPSON: ONE SECOND. OKAY. NO ONE ELSE IS HERE. DO YOU HAVE AN ANNOUNCEMENT?

>> NO, I DON'T HAVE AN ANNOUNCEMENT, BUT I CAN TELL YOU WHY I REALLY NEED MY HELP.

CHAD THOMPSON: WE WILL GET TO THAT. BUT THANK YOU. OKAY. YES, MA'AM? IT WOULD BE BEST IF YOU COME UP TO THE PODIUM WHERE THE MICROPHONE IS. ANNOUNCEMENTS ARE LIMITED TO 3 MINUTES. IF YOU DON'T MIND, CAN YOU IDENTIFY YOURSELF, YOU DON'T HAVE TO.

>> I'M LOOKING FOR THE DATE HERE OF THE EVENT. AT THE MHSA MEETING... AT THE MHSA MEETING ON THE FIRST – THERE WAS A LOT OF PEOPLE THAT SAID WE WANT TO DO SOMETHING ABOUT THIS AND WE WANT TO RALLY AT THE CAPITOL AND LOBBY OUR ELECTED OFFICIALS. THURSDAY APRIL 22ND, LOAVES AND FISHES DELANEY CENTER FROM 9 TO 12 NOON, THAT IS AT 460 AHERN STREET AT NORTH 12TH STREET. THIS IS GOING TO BE A CANDIDATES FORUM ABOUT CITY DISTRICT 1 AND COUNTY DISTRICT 1. THERE WILL BE SPEAKERS AND ENTERTAINMENT. IN MAY, THERE IS GOING TO BE A RALLY DAY AT THE CAPITOL. I'M LOOKING FOR THAT DAY. I WILL GET MORE INFORMATION

TO YOU LATER. IT IS CALLED "CAPITOL ACTION DAY" IT IS ABOUT DISABILITY AND MENTAL RIGHTS AND GOING TO YOUR LEGISLATORS, TELLING THEM THE THINGS THAT CONCERN YOU. THERE WILL BE SPEAKERS AND ENTERTAINMENT AND LOTS OF TABLES FOR INFORMATION. IF YOU'D LIKE TO CALL THE CALIFORNIA NETWORK OF MENTAL HEALTH CLIENTS AT 443-3232 FOR MORE INFORMATION. THANK YOU. AND I DID FORGET TO IDENTIFY MYSELF. I'M **PATTY GAINER**, LOCAL CLIENT ACTIVIST AND A MEMBER OF THE BOARD OF THE CALIFORNIA MENTAL HEALTH.

>> I'M **MARILYN HILLERMAN**. I WOULD LIKE TO ANNOUNCE THAT APRIL 24TH, NAMI SACRAMENTO IS GOING TO – IT IS SEVERAL COUNTIES COMING TOGETHER AND WE'RE GOING TO HAVE A WALK-A-THON. IT IS THE FIRST ANNUAL THAT NAMI SACRAMENTO HAS PUT ON. I'D LIKE TO INVITE EVERYONE TO BE A WALKER AND IF YOU'D LIKE TO FORM YOUR OWN TEAM, THAT WOULD BE GREAT. OR THERE ARE VISITING TEAMS YOU CAN JOIN. YOU CAN GO TO NAMI.ORG, IT IS SATURDAY, 9 A.M. AT WILLIAM LAND PARK. REGISTRATION IS AT 8, BUT THE WALK IS AT 10. IT IS ALL ON THE WEBSITE.

CHAD THOMPSON: THANKS MARILYN. OKAY. NOW CONTRACTORS ASSOCIATION REPORT.

>> I'M **PAUL POWELL**, PRESIDENT OF THE SACRAMENTO COUNTY MENTAL HEALTH CONTRACTORS. WE'D LIKE TO THANK JULIE AND THE STAFF FOR THE LATE CHANGES IN THE VENUE IN ORDER TO ACCOMMODATE ALL OF THE INDIVIDUALS THAT WOULD LIKE TO TALK THIS EVENING. WE UNDERSTAND THE MAJOR TOPIC FOR TONIGHT'S DISCUSSION IS THE 3-YEAR PROGRAM THAT EXPANDS THE PLAN'S UPDATE. YOU WILL FIND THAT MANY OF THE FOLKS TONIGHT HAVE MORE PRESSING ISSUES ON THEIR MIND. AND THEY PERTAIN TO WHAT WE BELIEVE MARY ANN WILL DISCUSS IN ITEM 4, WHICH IS THE SUBSEQUENT EMERGENCY REDUCTION PLAN. SINCE THERE ARE CONNECTIONS BETWEEN THE TWO, BOTH THE POSTED PLAN UPDATE AND MAYBE MICHELLE WILL ADDRESS THIS BETTER. IT IS CONFUSING BECAUSE WE HAVE THIS PLAN THAT ALMOST IS FEELING DATED NOW BECAUSE AFTER THIS PLAN WAS DEVELOPED AND POSTED, WE HAD KIND OF A SUBSEQUENT EMERGENCY DBHS BUDGET REDUCTION PLAN AND THERE ARE COMMON ELEMENTS. ONE OF THE THINGS THAT I THINK WOULD HELP MANY OF THE PROVIDERS AND THE FOLKS HERE TONIGHT, IS HOW THIS BOARD WILL ADDRESS COMMENTS THAT PERTAIN NOT ONLY TO THIS, BUT TO THE VERY RELATED DBHS 10/11 BUDGET REDUCTION PLAN. THANK YOU. WE HAVE OTHER COMMENTS THAT WILL PERTAIN TO THE PLAN, BUT I THINK THOSE ARE BEST LEFT FOR THE APPROPRIATE PORTION OF THE MEETING.

CHAD THOMPSON: THANK YOU, PAUL. LAW ENFORCEMENT?

MARY ANN BENNETT: MATT COULD NOT BE HERE TONIGHT DUE TO FAMILY ILLNESS AND WILL BE HERE AT THE NEXT MEETING.

CHAD THOMPSON: THAT BRINGS US TO YOUR REPORT, MARY ANN.

MARY ANN BENNETT: MENTAL HEALTH DIRECTOR FOR THE DIVISION OF BEHAVIORAL HEALTH SERVICES.

CHAD THOMPSON: WOULD YOU LIKE TO COME UP HERE.

MARY ANN BENNETT: NO, I'M GOOD. (LAUGHTER)

CHAD THOMPSON: THERE IS A WALL BACK HERE YOU KNOW.

MARY ANN BENNETT: WHAT I'M HERE TO TALK ABOUT TONIGHT, I COME WITH A HEAVY HEART AND I'M HAPPY TO SEE THE ATTENDANCE AT THIS MEETING. LAST WEEK WE UNVEILED OUR PLAN TO DEAL WITH 17.5 MILLION DOLLAR SHORTFALL THAT THE DIVISION IS FACING FOR FISCAL YEAR 10/11, WHICH BEGINS JULY 1. BEFORE I GET STARTED, I WANT TO GIVE YOU A LITTLE BIT OF BACKGROUND ABOUT ME FOR THOSE THAT DON'T KNOW ME. I'VE BEEN THE MENTAL HEALTH DIRECTOR FOR LESS THAN A YEAR IN THE DIVISION. SINCE I HAVE BEEN THERE, ALL WE HAVE DONE IS REDUCE, WHICH I HAVE NOT SIGNED ON TO DO. IT IS WITH A HEAVY HEART THAT I COME HERE BECAUSE I HAVE A BACKGROUND AS AN ADMINISTRATOR AND WORKED WITH THE COUNTY FOR 30 YEARS. BUT I HAVE BACKGROUND WITH MENTAL HEALTH AND MY HUSBAND WAS DIAGNOSED WITH BIPOLAR IN 2002 AND AS A RESULT, DIED OF THAT DISEASE. I UNDERSTAND THE CONCERN AND STRESS THIS IS CAUSING. I HOPE TONIGHT THAT MY REMARKS CAN HELP YOU FEEL MORE ASSURED ABOUT WHAT THE DIVISION PLANNING. BUT WE ARE GOING TO BE ROLLING THIS OUT AND HAVING MORE FORUMS FOR COMMENTS, WHICH I WILL TALK ABOUT IN A MINUTE.

THE 17.5 MILLION DOLLARS IS A RESULT FROM WHAT IS TERMED, "UNAVOIDABLE COST INCREASES AND REVENUE SHORTFALLS FROM THE STATE." THERE IS NO FUNDING ALLOCATED FOR MENTAL HEALTH. THEY HAVE, IN ADDITION, ALLOCATED A MILLION DOLLARS SO THAT WE CAN CONTINUE THE PSYCHIATRIC HEALTH FACILITY BEDS WE ARE CONTRACTING WITH CRESTWOOD. THEY HAVE INCLUDED THE GENERAL FUND ALLOCATION THAT THEY GIVE TO THE PUBLIC CONSERVATOR. THE DIVISION OF BEHAVIORAL HEALTH SERVICES INCLUDES MENTAL HEALTH, PUBLIC CONSERVATORSHIP AND ALCOHOL AND DRUG SERVICES. WHEN I SPEAK OF THE 17.5 MILLION, I'M REFERRING TO ALL THREE AREAS, NOT JUST MENTAL HEALTH. WE'RE KIND OF A PACKAGE DEAL NOW.

AS A RESULT OF WHAT IS CALLED UNAVOIDABLE COST INCREASES REVENUE SHORTFALLS FROM THE STATE AND OTHER BUDGETING THINGS TO GET IN ORDER, WE ARE 17.5 MILLION DOLLARS SHORT. WE DON'T KNOW WHAT THE STATE BUDGET WILL DO. TYPICALLY, THERE IS A LOCAL COUNTY PROBLEM AND THE STATE BUDGET COMES FORWARD WITH THEIR REDUCTIONS AND WE GO THROUGH HEARINGS AGAIN IN THE FALL RELATED TO THE STATE REDUCTION. THE 17.5 MILLION DOES NOT REFER TO ANYTHING THAT MAY HAPPEN OVER THE SUMMER WITH THE STATE. WE MAY BE FACED WITH ADDITIONAL REDUCTIONS.

MY MESSAGE TO YOU AROUND THIS PIECE OF MY PRESENTATION IS THAT THE BOARD HAS NOT REDUCED OUR ALLOCATION; WE HAVE TO ABSORB COSTS THAT HAVE GONE UP. AND SOME OF THOSE COSTS INCLUDE LABOR COSTS. WE ARE IN LAST YEAR OF THE 5-YEAR LABOR AGREEMENT AND THOSE COSTS HAVE TO BE BUDGETED FOR, 5.1 MILLION DOLLARS. WE HAVE A LOAN REPAYMENT. A COUPLE YEARS AGO WE HAD TO TAKE A LOAN FROM THE PUBLIC WORKS AGENCY RESERVE ACCOUNTS AND NOW WE HAVE TO START PAYING THAT BACK.

THAT IS WHAT IS TERMED ALLOCATED COSTS, COSTS CHARGED FOR DOING BUSINESS. FOR EXAMPLE, HUMAN RESOURCES, IT COSTS, THAT HAS GONE UP. ALL OF THESE THINGS ADD UP AND THEN IN ADDITION TO THAT, THE STATE HAS REDUCED FUNDING IN CERTAIN AREAS. FOR EXAMPLE, AB 32-33 FUNDING, WHICH FUNDS THE SERIOUSLY EMOTIONALLY DISTURBED CHILDREN. THEY ARE ALLOCATING THAT MONEY AND THAT IS USED TO PAY FOR REIMBURSEMENTS. WE HAVE TO EAT THAT AND WE CAN'T AFFORD TO DO THAT. THOSE ARE THE THINGS THAT ADD UP TO THE 17.5 MILLION DOLLARS THAT WE HAVE TO ADDRESS BY JULY FIRST.

I'M PROUD TO SAY THAT WE'VE WORKED HARD TO COME UP WITH A PLAN FOR THIS. AND AS YOU RECALL LAST YEAR, WE WERE FACED WITH VERY, VERY SIGNIFICANT REDUCTIONS. AS A RESULT OF THAT, PRIMARILY DUE TO THE STATE, WE HAD TO REDUCE ADULT SERVICES. AS YOU RECALL, THE REGIONAL SUPPORT TEAMS WERE REDUCED FROM 2,000 TO 900. THE TREATMENT CENTER IS REDUCED BY 50% AND WE HAD TO CLOSE THE STABILIZATION UNIT. BEFORE I LAY OUT THE PLAN, I WANT TO MAKE IT CLEAR THAT THE DIVISION HAS NO INTENTION OF REDUCING THAT BED CAPACITY IN THE NEAR FUTURE. THERE IS A VERY GREAT NEED TO HAVE A CONTINUUM OF SERVICES FOR THIS COMMUNITY.

AS YOU ARE WELL AWARE, AS PEOPLE GO THROUGH THE RECOVERY PROCESS, THERE ARE TIMES THEY NEED DIFFERENT LEVELS OF SERVICES AND AT DIFFERENT JUNCTURES THERE IS A NEED FOR INN PATIENT AND THIS COMPANY IS STILL REELING FROM LAST YEAR. THANKS TO THE HARD WORK OF THE STAFF AND OTHERS, WE HAVE 12 ADDITIONAL BEDS FROM THE PSYCHIATRIC HEALTH FACILITY, CRESTWOOD, FOR THE MEDI-CAL POPULATION. AND IT IS A MUCH MORE THERAPEUTIC CLIMATE FOR THE CLIENTS. IT IS OUR INTENTION AS WE MOVE FORWARD IN PLANNING, TO DEVELOP MORE OF THOSE AND GET OUT OF THE LARGER INSTITUTIONAL SETTINGS. THAT IS WHERE WE ARE HEADED, BUT THAT WILL TAKE TIME AND PLANNING AND FUNDING.

IN THE MEANTIME, WE ARE NOT GOING TO THE TREATMENT CENTER FOR REDUCTIONS. I WANTED TO GO THROUGH THE PLAN THAT WE HAVE DEVELOPED AT THIS POINT. I CAN TELL YOU IT IS SKETCHY. WE JUST REALIZED A FEW WEEKS AGO, THE MAGNITUDE OF THE REDUCTION. I GOT ALL OF THE NUMBERS TOGETHER AND WE HAVE BEEN PULLING THIS TOGETHER AND WORKING BEHIND THE SCENES TO PUT TOGETHER A PLAN AND WORKING WITH ALL OF THE PARTNERS TO MAKE SURE THAT THIS CAN COME OFF AS SOON AS POSSIBLE.

I'M GOING TO GO THROUGH THE HANDOUT THAT WE GAVE LAST WEEK OF THE STEERING COMMITTEE MEETING AND TALK ABOUT THAT FOR A FEW MINUTES.

OUR PROPOSED PLAN IS TO DEVELOP A COUNTY OPERATED MENTAL HEALTH AND RECOVERY SERVICES SYSTEM THAT INCORPORATES THE FIVE MHSA ELEMENTS. THIS PLAN WOULD REPLACE THE CURRENT RST'S. WE ARE CONTRACTING WITH FOUR AGENCIES FOR REGIONAL SUPPORT TEAM SERVICES AND THOSE WOULD BE REPLACED BY THE COUNTY OPERATED SYSTEM. BEFORE I GET INTO THIS FURTHER, I WANT TO ASSURE YOU THAT THE CLIENTS WHO ARE NOW BEING SERVED IN THE REGIONAL SUPPORT TEAMS ARE BEING TRANSITIONED INTO THE COUNTY OPERATED PROGRAM. PEOPLE WILL NOT LOSE THEIR SERVICES. THEY WILL NOT BE LOSING MEDICATION SERVICES AND NOT LOSE

CASE MANAGEMENT SERVICES. WE WILL BE PROVIDING SUPPORT SERVICES AS WELL AND PARTNERING WITH WRC AND OTHERS TO MAKE SURE THAT HAPPENS.

I WANT THAT TO BE CLEAR, IT IS NOT OUR INTENT TO CUT SERVICES AND HAVE NO SERVICES FOR PEOPLE; THERE WILL BE SERVICES. THEY WILL BE IN A DIFFERENT LOCATION. YOU MAY OR MAY NOT HAVE THE SAME DOCTOR OR GROUP LEADER. I KNOW THIS IS HEART WRENCHING AND I KNOW THAT IS VERY, VERY DIFFICULT FROM MY OWN PERSONAL EXPERIENCE. I CAN TELL YOU THE SERVICES WILL BE PROVIDED. THERE SEEMS TO BE A LOT OF MISINFORMATION OUT IN THE COMMUNITY THAT WE ARE CUTTING THE RST'S AND CUTTING SERVICES, BUT THAT IS NOT TRUE. THERE WILL BE SERVICES. EVERYONE IN THE RST'S WILL BE TRANSITIONED INTO SERVICES. BE ASSURED OF THAT AND PLEASE GET THAT WORD OUT.

THE PARAMETERS UNDER WHICH WE DEVELOPED THIS PLAN TIED OUR HANDS IN WHAT WE COULD DO. AND WHAT WE LOOKED AT, WE WANTED TO PROVIDE SERVICE LEVELS WITHIN THE EXISTING BUDGET CONSTRAINTS. WE WANT TO CAUSE THE LEAST DISRUPTION TO CONSUMERS AND PROVIDE SERVICES AS NEAR WHERE SERVICES ARE PROVIDED NOW AS WELL AS CONFORM TO THE SECTION 71-J. I'M NOT SURE IF YOU ARE AWARE, THE VOTERS SEVERAL YEARS AGO, VOTED A CHARTER AMENDMENT AND MOST COMMUNITIES OPERATE UNDER THIS, THERE IS A CODE SECTION, 71-J THAT ALLOWS COUNTIES TO CONTRACT OUT FOR SERVICES AS LONG AS EMPLOYEES ARE NOT IMPACTED. THAT KIND OF MAKES SENSE.

WE HAVE BEEN CONTRACTING OUT OUR SERVICES, BUT NOW THAT WE ARE IN THIS REDUCTION MODE, WE HAVE COUNTY EMPLOYEES THAT WILL BE DISPLACED. IF WE DISPLACE THEM, LAY THEM OFF OR DEMOTE THEM, THE SERVICES THAT THEY NOW PROVIDE THAT ARE NOW BEING PROVIDED BY CONTRACTORS, WILL NEGATIVELY AFFECT ALL CONTRACTS. WE HAVE TO DO SOMETHING TO MAKE SURE WE CAN USE THE COUNTY EMPLOYEES APPROPRIATELY AND CONTINUE ALL OF THE CONTRACTS. WHAT THIS BOILED DOWN TO WAS THE REGIONAL SUPPORT TEAMS.

THOSE ARE THE PARAMETERS WE ARE OPERATING UNDER. THOSE ARE THE RULES OF ENGAGEMENT. YOU HAVE RULES THAT YOU HAVE TO LIVE WITHIN AND YOU DESIGN A PLAN THAT MEETS THE NEEDS OF THE MOST PEOPLE YOU CAN UNDER THE BUDGET CONSTRAINTS WITHIN THE RULES. WE DEVELOPED COUNTY-OPERATED SYSTEM. IN ORDER TO ACCOMPLISH THIS, THE FOLLOWING ACTIONS ARE BEING CONSIDERED AND DEVELOPED:

THAT ALL FULL SERVICE PARTNERSHIP PROGRAMS WOULD REMAIN IN PLACE AND BE REVIEWED FOR INCREASED CAPACITY TO ACCEPT TRANSFERS OF CONSUMERS WHO MEET THEIR CRITERIA. WE WOULD LOOK AT OTHER TYPES OF SERVICES THAT ARE IN PLACE AS WE TRANSITION PEOPLE TO FIND THE MOST APPROPRIATE PLACEMENT FOR THEM AS WELL AS EXPANDING OUR COUNTY-OPERATED TCORE APSS PROGRAM UTILIZING ALL PROGRAMS. WE WILL PARTNER WITH PROVIDERS OF PROGRAMS WITHIN THE WELLNESS AND RECOVERY PROGRAM. THIS IS UTILIZING HELP FROM THE WRC PROGRAM AND DEPLOYING PEER MENTORS.

WE'LL STAFF THE COUNTY CLINICS WITH ALL OF THE STAFF DETERMINED UNDER THE 71-J MANDATE AND INCREASE THE CONTRACT TO PROVIDE THE REQUIRED MEDICAL STAFF IN THE CLINICS. WE ARE CONTINUING TO EXPLORE SITES TO HAVE THE CLINICS NEAR WHERE THE REGIONAL SUPPORT TEAMS ARE LOCATED NOW. THAT KIND OF LEADS ME TO THE NEXT COMMENT I HAVE.

WE HAVE SURVEYS AVAILABLE HERE FOR PEOPLE TO FILL OUT. WE ARE REQUESTING INPUT ON SOME AREAS OF THIS PLAN FOR WHICH THERE IS SOME ROOM FOR IMPROVEMENT ON INPUT. YOU WANT A CENTRALIZED OR REGIONALIZED AND WHAT KIND OF SUPPORT SYSTEMS YOU WOULD LIKE TO SEE IN THE PROGRAM AS WELL AS THERE IS A COMMENT SECTION. IF YOU HAVE OTHER IDEAS AND YOU WANT TO VOICE THEM OR IF YOU HAVE OTHER THOUGHTS ON THIS THING, FEEL FREE TO WRITE THAT ON THE SURVEY.

IN ADDITION TO THE SURVEYS THAT WE HANDED OUT LAST WEEK IN THE STEERING COMMITTEE MEETING, WE ARE GOING OUT TO THE REGIONAL SUPPORT TEAMS AND WORKING WITH THE EXECUTIVE DIRECTOR AND WE ARE WORKING TO SET UP FOCUS GROUPS AND GO OUT AND TRY TO INFORM PEOPLE OF THE CHANGE AS WELL AS GET INPUT BACK FROM THEM.

THE OTHER THING THAT I WANTED TO REITERATE, THERE WILL BE PLENTY OF OPPORTUNITY FOR INPUT. WE WILL BE ADDRESSING THIS AGAIN NEXT WEEK AT THE STEERING COMMITTEE MEETING NEXT THURSDAY NIGHT. AND WE WILL ALSO BE DOING THE FOCUS GROUPS OF THE RST'S.

DOES THE BOARD HAVE ANY QUESTIONS FROM ME?

JANE FOWLER: YES, I HAVE A FEW QUESTIONS. WHAT LOCATIONS WILL BE USED TO SERVE THE PEOPLE THAT ARE BEING TRANSFERRED FROM THE RST TO THE COUNTY?

MARY ANN BENNETT: CURRENTLY WE ARE LOCATED AT THE CLINIC ON BROADWAY, BUT WE ARE LOOKING AT SITES MOVING SOME SERVICES TO MAKE UP SPACE IN THE CAMPUS OF THE TREATMENT CENTER. WE ARE LOOKING TO LEASE FACILITIES IN THE SOUTH AREA AND LOOKING AT PARTNERING WITH THE WRC FOR UTILIZING ONE OF THEIR SITES. NOTHING IS FIRM. MAYBE CARMICHAEL.

JANE FOWLER: HOW MANY STAFF WILL BE NEEDED?

MARY ANN BENNETT: I DON'T HAVE THAT LEVEL OF DETAIL. WE ARE LOOKING AT ABOUT 80 TO 85. THAT IS NOT INCLUDING THE PEER PARTNER STAFF.

JANE FOWLER: WHAT IS GOING TO HAPPEN TO THE PEER PARTNER STAFF?

MARY ANN BENNETT: WE ARE LOOKING AT INCORPORATING THEM INTO OUR PROGRAM. THAT IS IN ADDITION TO THE 80 TO 85 STAFF.

CHAD THOMPSON: I HAVE A COUPLE QUESTIONS, AS FAR AS THE UNAVOIDABLE COST INCREASES, HOW ARE WE DOING WITH THE CONCESSIONS RELATING TO THAT ALMOST 6 MILLION DOLLAR COST INCREASE?

MARY ANN BENNETT: IT IS ABOUT 5.5 MILLION DOLLAR INCREASE. I'M NOT PRIVY TO THOSE CONVERSATIONS. BUT THERE IS A LABOR SECTION WITHIN THE COUNTY EXECUTIVE'S OFFICE.

CHAD THOMPSON: IS THERE A WAY TO GET FEEDBACK?

MARY ANN BENNETT: I DOUBT IT BECAUSE THOSE THINGS ARE PRETTY CONFIDENTIAL. I KNOW THAT IT IS HAPPENING, BUT I DON'T THINK THEY ARE GOING TO DIVULGE WHAT IS GOING ON.

CHAD THOMPSON: WE PROPOSE THAT THEY CONSIDER DEFERRING OR GIVING THE 2.9 MILLION PAYMENT. HAVE YOU HEARD ANYTHING ABOUT THAT?

MARY ANN BENNETT: NOT SPECIFICALLY. WHAT HAS HAPPENED IS THE DEPARTMENTS HAVE SUBMITTED THEIR BUDGETS TO THE COUNTY EXECUTIVE OFFICE. HE WILL BE RELEASING HIS RECOMMENDATIONS. IT IS NEXT WEEK. HE IS GOING TO RELEASE RECOMMENDATIONS NEXT WEEK AROUND WHAT HE SEES THE BUDGET AND THEN WE'LL HAVE A BETTER HANDLE ON THAT.

DON NOTTOLI: THE BOARD OF SUPERVISORS AS LONG AS WE STAY WITHIN THE COUNTY LAW, BUT IN LIGHT OF NUMBER OF CIRCUMSTANCES THAT WE WILL HEAR ABOUT THIS EVENING, I FOR ONE THING, THINK THAT IS A VIABLE OPTION. IT DOES NOT CLOSE THE GAP, BUT IT GIVES A LITTLE MORE CAPACITY TO TRY TO DEAL WITH THE REDUCTIONS. THE BOARD HAS TO MAKE A DETERMINATION WHETHER TO DEFER THE PAYMENTS OR MODIFY. THAT IS SOMETHING THAT I'M NOT GOING TO KNOW UNTIL WE GET INTO BOARD DELIBERATIONS.

MARY ANN BENNETT: THE TIMING OF THIS IS, THE COUNTY EXECUTIVE'S OFFICE IS GOING TO BE RELEASING RECOMMENDATIONS NEXT WEEK AND GOING THROUGH A PROCESS FOR COMMUNITY INPUT THROUGH THE ADVISORY BOARD AND OTHER MECHANISMS, I UNDERSTAND. THEN THERE WILL BE FINAL RECOMMENDATIONS MADE, AND THEN THERE WILL BE FINAL BUDGET HEARINGS IN JUNE WHERE THE BOARD MAKES THE DECISION.

CHAD THOMPSON: WHAT IS THE FIGURE PER TREATMENT CENTER PER ANNUM? ROUGHLY? 21 MILLION?

MARY ANN BENNETT: I BELIEVE IT'S BETWEEN 21 AND 24 MILLION DOLLARS. THAT COST INCLUDES THE CRESTWOOD.

JANE FOWLER: I HAVE A QUESTION FOR COUNTY COUNSEL. IS SHE HERE? IS THERE A WAY WE COULD REQUEST TO HAVE THE STATE PAY BACK THE 21 MILLION THEY OWE US, THROUGH LIKE THE ATTORNEY GENERAL?

MARY ANN BENNETT: I CAN ELABORATE ON THAT COMMENT. LAST WEEK I WENT OVER IN DETAIL THE MAKEUP OF THE SHORTFALL AND EMPHASIZED THE FACT THAT THE STATE OWES US 21 MILLION DOLLARS, ON THE BOOKS THEY OWE US. AND I BELIEVE IT'S WHAT JANE IS REFERRING TO.

JANICE SNYDER: FOR THE SPECIFIC FUNDING QUESTIONS -- TYPICALLY -- I MEAN, THERE IS CERTAINLY LEGAL ACTION WE CAN TAKE. MILLIONS OF DOLLARS IN CALWORKS PROGRAMS AND OTHER WORKS LIKE THAT. THE EFFECTIVENESS OF SUCH AN APPROACH IS QUESTIONABLE AND ENDS UP COSTING A LOT OF MONEY TO INITIATE. BUT CERTAINLY THAT IS SOMETHING THAT THE COUNTY CAN LOOK AT. BUT FOR EXAMPLE, WE SPENT A LOT OF MONEY TO SUE THE CONTROLLER. AND THE DAY BEFORE WE WENT TO COURT, THEY SAID "OKAY, WE WILL RELEASE SOME OF THE FUNDS." AND THEN THE CASE WAS DEEMED MOOT, AND WE GOT A SMALL PORTION OF THE MONEY BUT NOT ALL OF IT. IT IS NOT ONLY MENTAL HEALTH SERVICES, BUT OTHER AREAS WHERE WE RELY ON STATE FUNDING. ESPECIALLY DURING THESE BUDGET TIMES, THE STATE HAS USED THEIR LEVERAGE.

MARY ANN BENNETT: I CAN ELABORATE A LITTLE BIT ON THAT TOO, JANE. THE CALIFORNIA MENTAL HEALTH DIRECTOR'S ASSOCIATION IS LOOKING INTO THOSE ISSUES. SOME COUNTIES ARE LOOKING INTO WHAT IT WOULD TAKE TO GET OUR MONEY FOR THE AB-3632 PROGRAM. THE STATE HAS TO PAY FOR MANDATES. THERE IS THAT KIND OF STUFF GOING ON AROUND THE STATE. AND I KNOW INTERNALLY, OUR AGENCY ADMINISTRATOR IS ACTUALLY IN DISCUSSIONS WITH THE DEPARTMENT OF MENTAL HEALTH ABOUT TRYING TO GET A HANDLE ON WHEN WE CAN EXPECT SOME OF THE FUNDS TO COME IN.

CHAD THOMPSON: A QUESTION FOR PERHAPS DON OR JANICE, OR A SUPERVISOR. WHAT -- WE ARE SITTING HERE TALKING ABOUT MENTAL HEALTH SERVICES. WE ARE SITTING HERE TALKING ABOUT MENTAL HEALTH SERVICES, AND ALSO ALCOHOL AND DRUG, AND CONSERVATORSHIP, AND PUBLIC GUARDIANS. SO IT'S A TERM THAT WAS USED TODAY DURING THE MEETING, WAS A "SILO MENTALITY." ONE DEPARTMENT IS VYING FOR FUNDS AGAINST ANOTHER DEPARTMENT AGAINST ANOTHER DEPARTMENT. ARE THERE WAYS THE COUNTY MAY PERHAPS BREAK DOWN THE SILOS AND GO AFTER THE STATE FOR SOME PORTION OF THOSE? NOT JUST THE HHS OR DHE ANYTHING LIKE THAT, BUT THE WHOLE LUMP SUM, JUST GO AFTER THEM FOR EVERYTHING?

DON NOTTOLI: WE ARE RESPONSIBLE -- OUR OBLIGATIONS -- ONE OF THE THINGS WITH BALANCING THE BUDGET, AT THE END THE DAY YOU MEET YOUR OBLIGATIONS. AND WHETHER IT'S CONTRACTORS OR DEPARTMENTS, NOT TO BEAT UP ON THE STATE, BUT THE FACT IS WE HAVE RESPONSIBILITIES IMBEDDED IN LAW, REQUIREMENTS TO SERVE FOLKS WHO NEED THOSE SERVICES AND NEVER MEET THE DEMAND, AND THE BOTTOM LINE IS -- JANICE SAID IT WELL -- TO LEVERAGE THE DOLLARS AND HOLD ON TO THEM AS LONG AS THEY CAN, DRAW INTEREST ON THE MONEY. WE PROVIDE THE SERVICE, AND MANY TIMES GET PAID IN ARREARS. AND CUMULATIVELY, COUNTIES AND CITIES AND OTHER AGENCIES ARE LOOKING FOR WAYS TO PAY THEM THE MONEY. AND IT'S EASIER SAID THAN DONE.

THE STRATEGY, WITHOUT GETTING INTO DETAIL, ONE WHERE WE GO AT IT LEGALLY. THE PREPARATION TO DO THAT IS BEING VIABLE TO GOING INTO COURT, SAYING "YOU DEVASTATED THIS COMMUNITY AND OTHER COMMUNITIES AND PEOPLE, AND YOU NEED TO MAKE GOOD ON - IT'S UP TO YOU, STATE, TO FIGURE OUT WHERE THE MONEY IS GOING TO COME FROM."

WE HAVE TO WEIGH, OBVIOUSLY THE COST OF DOING THAT, AND NOT THE MEASURE OF SUCCESS, WHETHER OR NOT WE PREVAIL IN A TIMELY FASHION. MEANWHILE THE CLOCK IS TICKING, AND WE HAVE TO PAY THE BILLS, AND WE CAN ONLY FUDGE IT FOR SO LONG.

SO MAYBE A MORE PRACTICAL APPROACH, TRYING TO BUNDLE THINGS, AND YOU HAVE COUNTY COUNSEL AND EVERYBODY ELSE TO GO AFTER THEM IN COURT. SOMETHING WE NEED TO CONSIDER.

MARY ANN BENNETT: AND I WOULD JUST LIKE TO TAG ON THAT. MENTAL HEALTH, I HAVE WORKED FOR THE COUNTY FOR 30 YEARS, AND I HAVE NEVER SEEN A FUNDING STREAM COME IN SO CONVOLUTED. IT'S RIDICULOUS. YOU PAY UP FRONT, AND YOU GET PART OF THE MONEY BACK, AND THEY HOLD PART OF IT. AND FIVE YEARS LATER, THE SAME TIME YOU OWE. IT'S REALLY DIFFICULT TO BUDGET THAT WAY.

CHAD THOMPSON: ANY MORE QUESTIONS FROM THE BOARD? I NEED TO SPEAK WITH JANICE JUST FOR A SECOND. CAN YOU GIVE ME ABOUT 30 SECONDS?

TERRY IMAI: IN THE INTERIM, IF YOU HAVE A HARD TIME HEARING, IF YOU JUST WAVE YOUR HAND. THE OTHER THING IS, I HEARD A COUPLE PHONES GOING OFF. IF YOU CAN HELP US OUT AND EITHER PUT THEM ON SILENT OR VIBRATE OR TURN THEM OFF, IT WOULD BE GREAT. THANK YOU.

MARY ANN BENNETT: AND WHILE AT WE ARE TALKING, I WOULD LIKE TO REITERATE, EXPRESS MY GRATITUDE FOR SEEING ALL THE FOLKS HERE THAT ARE SO PASSIONATE ABOUT THIS AREA. I WANT TO EMPHASIZE, WE HAVE SURVEYS AVAILABLE FOR YOU TO FILL OUT, AND WE WILL BE DOING FOCUS GROUPS TO GARNER MORE INPUT.

CHAD THOMPSON: SORRY, FOLKS. I WANTED TO SEE CLARIFICATION RELATED TO THIS AND THE MENTAL HEALTH SERVICES ACT. THE OVERVIEW OF THE PLAN UPDATE, BASED ON THE -- OUR DISCUSSION, WE WILL HAVE PUBLIC COMMENT ON BOTH THE MHSA OVERVIEW AS WELL AS ANY OTHER THINGS THAT ARE RELATED -- ANY THINGS ACTUALLY PRESENTED. I JUST WANT CLARIFICATION ON THAT TO MAKE SURE EVERYBODY HAS THEIR VOICE HEARD. SO, DOES THE BOARD HAVE ANY OTHER QUESTIONS FOR MARY ANN?

OKAY. WE ARE GOING TO GO AHEAD AND MOVE ALONG TO THE PUBLIC HEARING. AND I HAVE MY HANDY THING I WILL READ TO YOU. IT SAYS, "IN ORDER TO MAXIMIZE THE TIME FOR PUBLIC COMMENT, THE MENTAL HEALTH BOARD, STAFF" -- PERFECT TIMING. WE WILL NOT TAKE QUESTIONS UNTIL THE MICROPHONES WORK. [LAUGHTER]

-- "WILL NOT RESPOND TO COMMENTS DURING THE HEARING. THE TIME ALLOTTED IS THREE MINUTES PER PERSON." I DON'T KNOW IF WE HAVE A TIMEKEEPER. WONDERFUL, THANK YOU.

AN INDIVIDUAL MAY SPEAK ONE TIME. AND IF YOU HAVE ANY ADDITIONAL COMMENTS YOU WOULD LIKE TO MAKE, AFTER YOU GOT YOUR THREE MINUTES, CERTAINLY FEEL FREE TO SUBMIT THEM IN WRITING. DO WE HAVE A BOX FOLKS CAN PUT THEM IN? OKAY, MICHELLE.

AS YOU ARE ALL PROBABLY ACUTELY AWARE OF, THERE ARE VIDEOTAPES ROLLING RIGHT NOW. THIS WILL BE TRANSCRIBED AND LIKELY BROADCAST TO CHANNEL 16.

SO HAVING SAID THAT, I WILL PUSH THE MEETING OVER TO MICHELLE. WOULD YOU LIKE TO COME UP HERE?

MICHELLE CALLEJAS: HELLO, EVERYONE. I'LL TRY TO TALK AS LOUDLY AS I CAN.

JUST A POINT OF CLARIFICATION ON THE SURVEY. WE RECEIVED A NUMBER LAST TIME WHERE THERE WERE BOXES, ALL BOXES CHECKED ON THE QUESTION NUMBER TWO. AND SO WHAT WE REALLY WANT IS THE THREE THAT YOU THINK ARE MOST IMPORTANT FOR THAT QUESTION, SO WE CAN INCLUDE ALL OF YOUR FEEDBACK.

SO THIS IS ON THE PROPOSAL THAT MARY ANN BENNETT JUST DISCUSSED. AND AS CHAD SAID, THE PUBLIC COMMENTS ON THIS WILL BE CAPTURED, OR IF YOU WANT TO PUT THEM IN WRITING, YOU CAN PUT THEM IN THE PURPLE COMMENT BOX. ALSO, A COUPLE QUESTIONS ABOUT THE REAL-TIME CAPTIONING THAT IS TAKING PLACE, AND WHETHER THAT WILL BE AVAILABLE TO THE PUBLIC. AND IT WILL BE. IT WILL BE POSTED TO OUR WEBSITE, WHICH IF YOU LOOK AT THE BOTTOM OF THE AGENDA, IT'S OUR MHSA WEBSITE. SO ONCE IT GETS FINALIZED, IT WILL BE POSTED THERE IN ROUGHLY 1-2 WEEKS, SOMETHING LIKE THAT. SO IT WILL BE AVAILABLE FOR THE PUBLIC. SO WHEN WE GET THAT WARMED UP, I DO WANT TO JUST ADDRESS WHAT PAUL POWELL SPOKE TO, THAT THE ANNUAL UPDATE, WHICH YOU ALL HAVE A COPY IN YOUR PACKET, WAS DEVELOPED -- I DON'T KNOW, MORE THAN 30 DAYS AGO. AND THE STATE REQUIRES US TO DO THIS ON AN ANNUAL BASIS, IN ORDER TO GET MORE FUNDING. AND SO THE PLAN THAT YOU WILL HEAR TONIGHT MAY NEED TO BE REVISED, BASED ON WHATEVER THE FINAL REDESIGN LOOKS LIKE FOR OUR MENTAL HEALTH SYSTEM.

SO AS WE GO THROUGH IT TONIGHT, PLEASE BE AWARE THIS MAY CHANGE. NOW, ONE OF THE CHALLENGES IS THAT OUR CONTRACT WITH THE DEPARTMENT OF MENTAL HEALTH FOR OUR MENTAL HEALTH SERVICES ACT FUNDING IS ONLY ON A ONE-YEAR CYCLE. SO EACH YEAR WE HAVE TO DO AN ANNUAL UPDATE TO SAY WE WANT MONEY STARTING JULY 1, IN ORDER TO CONTINUE PROVIDING SERVICES FOR ALL OF THESE PROGRAMS. AND THAT IS DUE BY APRIL 15 IN ORDER TO GUARANTEE, AS MUCH AS THE STATE CAN GUARANTEE PAYMENT, BY JULY 1ST.

I'M NOT SURE WHEN WE WILL HAVE THE KINKS WORKED OUT WHAT THE NEW SYSTEM WILL LOOK LIKE, BUT CERTAINLY NOT BEFORE NEXT WEEK. SO WE WILL SUBMIT THIS PLAN AS IS AND LOOK AT HOW IT NEEDS TO BE REVISED BASED ON THE SYSTEM REDESIGN.

AND FOR THOSE OF YOU INVOLVED LAST WEEK, WE DID THE EXACT SAME THING. GOT IT SUBMITTED ON TIME TO GET THE FUNDING, AND THEN SUBMITTED A PLAN AMENDMENT -- GOSH, LIKE 45 DAYS LATER. SO PLEASE UNDERSTAND WE HAVE TO SUBMIT IT TO ORDER TO GET FUNDING BY JULY 1, OR WE DON'T HAVE DOLLARS FOR ANY OF THE MHSA PROGRAMS.

WHAT YOU HAVE IN FRONT OF YOU IN THE PACKET IS THE LONGER VERSION. AND WHAT YOU SEE PROJECTED BEHIND ME IS THE EXECUTIVE SUMMARY, WITH A LITTLE BIT OF ADDITIONAL INFORMATION AS I DISCUSS EACH PROGRAM, THAT SHOWS DIFFERENT PROGRAMS WITHIN A PROGRAM. SO I'LL EXPLAIN IT ONCE I GET TO IT.

SO AS I SAID, WE HAVE TO SUBMIT A PLAN TO TELL THE STATE WE WANT TO CONTINUE OUR MENTAL HEALTH SERVICES ACT PROGRAMS THAT HAVE BEEN APPROVED, AND THIS IS HOW MUCH MONEY WE NEED IN ORDER TO DO IT FOR JULY, THE FISCAL YEAR 2010-11. SO IF YOU LOOK AT THE REQUEST FOR FUNDING FOR MENTAL HEALTH SERVICES ACT, WE HAVE SEVEN APPROVED COMMUNITY SERVICES AND SUPPORT PROGRAMS. FOR THOSE OF YOU WHO HAVE BEEN AROUND, THEY WERE REFERRED TO AS "WORK PLANS," AND THE DEPARTMENT OF MENTAL HEALTH CHANGED THE NAME TO "PROGRAMS." I AM ADJUSTING, TOO. I MAY SAY WORK PLAN. WE HAVE SEVEN APPROVED PROGRAMS, SIX THAT ARE OPERATIONAL AND ONE WILL BECOME IN THE NEXT FEW MONTHS. WITHIN THE SEVEN APPROVED PLANS -- PROGRAMS -- WE HAVE 13 OTHER PROGRAMS. BUT THEY ALL FALL INTO AN OVERALL PROGRAM. IT WILL HOPEFULLY MAKE A LITTLE MORE SENSE AS WE MOVE FORWARD.

SO WHAT WE ARE ASKING FOR IN THE ANNUAL UPDATE IS MONEY FOR THE PREVIOUSLY APPROVED COMMUNITY SERVICES AND SUPPORTS, MONEY FOR THE CSS ADMINISTRATION, MONEY FOR OUR CSS OPERATING RESERVE, MONEY FOR PREVIOUSLY APPROVED PREVENTION AND EARLY INTERVENTION PROGRAMS, MONEY FOR PREVENTION AND EARLY INTERVENTION ADMINISTRATIVE COSTS, AND MONEY FOR PREVENTION AND EARLY INTERVENTION OPERATING RESERVE.

SO IN LOOKING AT OUR FIVE PREVIOUSLY APPROVED CSS PROGRAMS, WE HAVE FIVE FULL-SERVICE PARTNERSHIPS AND TWO GENERAL SYSTEM DEVELOPMENT PROGRAMS. AND AS I SAID, SIX OF THEM ARE OPERATIONAL, AND THE ONE FULL-SERVICE PARTNERSHIP, THE JUVENILE JUSTICE DIVERSION AND TREATMENT PROGRAM, WILL BECOME OPERATIONAL HOPEFULLY IN THE SPRING OF 2010.

SO AT THIS POINT THERE ARE NO CHANGES TO THE EXISTING CSS PROGRAMS. AND WE ARE ASKING FOR THE AMOUNT OF \$24,153,295 TO CONTINUE FUNDING ALL THE PROGRAMS UNDER CSS. SO THE FIRST PROGRAM THAT WE HAVE RUNNING IS THE TCORE PROGRAM, WHICH STANDS FOR "TRANSITIONAL COMMUNITY OPPORTUNITIES FOR RECOVERY AND ENGAGEMENT," ONE OF OUR ORIGINAL MHSA PROGRAMS APPROVED BY THE DEPARTMENT OF MENTAL HEALTH. WITHIN THIS TCORE PROGRAM, WE HAD TCORE HUMAN RESOURCE CONSULTANTS, AFTERCARE ADMINISTERED BY THE COUNTY, AND THE TCORE ADULT PSYCHIATRIC SUPPORT SERVICES, YOU HEARD PEOPLE REFER TO AS "APSS CLINIC." UNDER THE FUNDING REQUIREMENT, YOU CAN SEE THE BREAKDOWN OF THE PROGRAM. THE TOTAL BUDGET FOR THE TCORE PROGRAM IS \$5,296,383. AND BELOW THAT YOU CAN SEE TCORE IS BUDGETED \$1,429,161. AND ADMINISTERED BY THE COUNTY IS \$3,786,870.

THE NEXT PROGRAM FOR WHICH WE ARE REQUESTING CONTINUED FUNDING IS THE SIERRA ELDER WELLNESS PROGRAM, A FULL-SERVICE PARTNERSHIP THAT TARGETS ADULTS 55 AND OLDER. WE ARE REQUESTING \$1,908,860. AND IF YOU -- THE TOP HERE SAYS THAT IS DESCRIBED IN EXHIBIT D. IN YOUR PACKET ARE ALL THE EXHIBITS THAT WE HAVE TO ATTACH FOR THIS ANNUAL UPDATE, SO YOU CAN GET MORE DETAIL WITHIN THAT.

SO OUR NEXT PROGRAM IS OUR PERMANENT SUPPORTIVE HOUSING PROGRAM. THIS ALSO IS ONE OF OUR ORIGINAL PROGRAMS. AND WE HAVE THREE PROGRAMS WITHIN THAT. OUR PERMANENT SUPPORTIVE HOUSING GUESTHOUSE PROGRAM, PERMANENT SUPPORTIVE HOUSING-NEW DIRECTION, AND PERMANENT SUPPORTING HOUSING—PATHWAYS. AND THIS WAS PART OF OUR REDESIGN LAST YEAR AS WE FACED A BUDGET CRISIS AND LOOKED AT HOW WE COULD EFFECTIVELY USE MENTAL HEALTH SERVICES ACT DOLLARS IN ORDER TO SERVE INDIVIDUALS. THIS PARTICULAR PROGRAM FOCUSES ON INDIVIDUALS WHO ARE HOMELESS OR WHO ARE AT RISK OF HOMELESS. THE PATHWAYS PROGRAM, THIS WHOLE WORK PLAN SERVES FROM ZERO TO A HUNDRED PLUS, AND WE ARE ASKING FOR \$6,482,583 FOR ALL THREE PROGRAMS WITHIN THE WORK PLAN.

THE NEXT PLAN IS ANOTHER FULL-SERVICE PARTNERSHIP, THE TRANSCULTURAL WELLNESS CENTER. THIS PROGRAM ALSO SERVES ZERO TO A HUNDRED PLUS. AND THE WELLNESS CENTER TARGETS INDIVIDUALS WHO ARE ASIAN, PACIFIC ISLANDER COMMUNITIES HERE IN SACRAMENTO. AND IT WAS ONE OF OUR ORIGINAL PROGRAMS, AND WE ARE ASKING FOR \$2,206,933.

THE NEXT PROGRAM IS OUR WELLNESS AND RECOVERY CENTER PROGRAM, ONE OF OUR ORIGINAL PROGRAMS APPROVED; AND IT SERVES CHILDREN, TRANSITION-AGE YOUTH, ADULTS, AND OLDER ADULTS. AND THERE ARE THREE COMPONENTS WITHIN THE WELLNESS AND RECOVERY CENTER PROGRAM. THE FIRST ARE THE TWO WELLNESS AND RECOVERY CENTERS OPERATED BY CONSUMER SELF HELP. AND ONE IS IN THE NORTH AREA, AS MARY ANN TALKED ABOUT, AND ONE IN THE SOUTH AREA. AND THERE IS ALSO THE PEER PARTNER PROGRAM, WHICH PROVIDES SERVICES TO ABOUT 200 ADULTS TRANSITIONING FROM CRISIS FACILITIES OR PSYCHIATRIC HOSPITALS.

AND THE LAST IS CONSUMER AND FAMILY VOICE PROGRAM, THAT PROMOTES CONSUMER AND FAMILY AND YOUTH ADVOCACY WITHIN THE MENTAL HEALTH SYSTEM. AND IF YOU LOOK AT FUNDING REQUIREMENTS, A LITTLE OVER \$3 MILLION, WITH SOME GOING TO THE WELLNESS AND RECOVERY CENTERS, CONSUMER AND FAMILY VOICE PROGRAM, AND 197 -- AND THEN 102,000 THAT GOES TO HMONG WOMEN'S ASSOCIATION.

THE NEXT IS THE ADULT FULL SERVICE PARTNERSHIP, ALSO APPROVED LAST YEAR DURING THE REDESIGN. THIS CONSISTS OF TWO PROGRAMS, ONE IS TURNING POINT, AND BOTH PROGRAMS SERVE ADULTS 18 AND OVER AND PROVIDE SERVICES FOR INDIVIDUALS NEEDING INTENSIVE LEVEL OF SERVICES. ASKING FOR \$3,162,500, DIVIDED EQUALLY BETWEEN BOTH PROVIDERS.

AND THEN FINALLY, UNDER OUR CSS PROGRAMS, WE HAVE OUR FULL-SERVICE PARTNERSHIP, CALLED THE "JUVENILE JUSTICE DIVERSION AND TREATMENT PROGRAM." WE COMPLETED THE COMPETITIVE BID PROCESS AND STILL HAVE TO GO THROUGH OTHER COUNTY AREAS BEFORE WE ARE ABLE TO GET IT TO THE BOARD FOR APPROVAL. WE ARE HOPING WE WILL GET THIS GOING EITHER SPRING OR SUMMER OF 2010. IT TARGETS YOUTH AND TRANSITION AGE YOUTH AGES 13-25, AND THERE IS BOTH A DIVERSION PROGRAM TO KEEP KIDS -- THEY HAVE AN OPTION, ONCE THEY HAVE COMMITTED AN OFFENSE, TO PARTICIPATE IN SERVICES, AND THEY DON'T HAVE TO -- THEIR CRIME WILL BE DISMISSED. AND THEN THOSE WHO HAVE ALREADY BEEN FOUND THAT THEY DID THE CRIME -- I DON'T THINK THEY SAY "GUILTY" IN JUVENILE COURTS -- BUT THEY CAN STILL PARTICIPATE IN SERVICES, IS THAT RIGHT? THEY ARE ADJUDICATED NOT GUILTY. SO WE HAVE SERVICES TO HELP KEEP THEM OUT OF THE SYSTEM.

SO THOSE ARE ALL OF OUR COMMUNITY SERVICES AND SUPPORTS PROGRAMS. AND SO UNDER THE MHSA, FIVE DIFFERENT COMPONENTS. THE CSS PROGRAM ALL PROVIDE TREATMENT SERVICES FOR ADULTS WITH SERIOUS MENTAL ILLNESS AND CHILDREN AND YOUTH WITH SERIOUS EMOTIONAL DISTURBANCE.

SO THE NEXT SLIDE THAT YOU WILL SEE IS OUR PREVIOUSLY APPROVED PREVENTION AND EARLY INTERVENTION PROGRAMS. AGAIN, WHEN WE WROTE THIS PLAN, WE DID NOT YET HAVE APPROVAL ON THE PREVENTION AND EARLY INTERVENTION PROGRAMS, BUT THE STATE SAID "WRITE IT AS IF YOU HAD APPROVAL." WE FOUND OUT LAST WEEK OUR PREVENTION AND EARLY INTERVENTION PLAN WAS APPROVED. WE ARE ASKING FOR FUNDING FOR THESE PREVENTION AND EARLY INTERVENTION PROGRAMS.

THE FIRST IS THE SUICIDE PREVENTION PROGRAM, ASKING FOR \$1.8 MILLION, ASKING TO EXPAND THE CURRENT SUICIDE PREVENTION CRISIS LINE, DEVELOP WARM LINES TO ADDRESS MULTILINGUAL AND ETHNIC COMMUNITIES, AS WELL AS OTHER POPULATIONS AT A HIGHER RISK OF COMMITTING SUICIDE. ALSO TRAINING FOR SYSTEM PARTNERS, GATEKEEPERS, A COMPREHENSIVE SUICIDE PREVENTION PROGRAM.

A STRENGTHENING FAMILIES PROGRAM, WHICH FOCUSES ON CHILDREN, TRANSITION-AGE YOUTH AND ADULTS, AND OLDER ADULTS. EARLY CHILDHOOD CONSULTATION PROGRAM, IN-HOME SUPPORT SERVICES FOR FOSTER CHILDREN, BUILDING LIFE SKILLS, AND THE FAMILY CONFLICT MANAGEMENT PROGRAM. AND THAT IS \$1,983,750 BUDGET. THE INTEGRATED HEALTH AND WELLNESS PROGRAM HAS ASSESSMENT AND TREATMENT OF ONSET OF PSYCHOSIS, AND THEN A SENIOR NAVIGATOR PROGRAM TARGETING ISOLATION AND DEPRESSION IN OLDER ADULTS. AND THAT IS \$2.8 MILLION. AND FINALLY THE MENTAL HEALTH PROMOTION CAMPAIGN, AND THE GOAL IS TO FOCUS ON PUBLIC AWARENESS IN ORDER TO DECREASE STIGMA AND DISCRIMINATION FOR INDIVIDUALS LIVING WITH MENTAL ILLNESS. COMMUNITY OUTREACH AND ENGAGEMENT, SPEAKER'S BUREAU, ASKING FOR \$1,150,000 FOR THAT.

THE OTHER THING I SHOULD STATE IS, WE ARE ASKING FOR ADDITIONAL DOLLARS FOR THIS PROGRAM IN ORDER TO GET MONEY AT THE LOCAL LEVEL. RIGHT NOW ANY OF OUR MHSA FUNDS AT THE STATE LEVEL ARE SUBJECT TO BEING TAKEN IF BALLOT MEASURES GO THROUGH.

SO WE ARE -- COUNTIES ACROSS THE STATE HAVE BEEN ENCOURAGED, "ASK FOR AS MUCH MONEY AS YOU CAN, TO GET IT INTO LOCAL COFFERS." THAT IS THE GOAL IN REQUESTING DOLLARS FOR FISCAL YEAR 10-11.

THE NEXT SLIDE, REQUESTING MONEY FOR CSS EARLY INTERVENTION AND PREVENTION ADMINISTRATION AND OPERATING RESERVE. THE FIRST IS REQUESTING \$3.6 MILLION IN CSS FUNDING AND \$1.1 MILLION IN PEI FUNDING FOR THE COSTS ASSOCIATED WITH ADMINISTRATION, SUPPORT REQUIRED FOR THE ONGOING COMMUNITY PLANNING PROCESS, IMPLEMENTATION OF PROGRAMS, REPORTING AND PROGRAMS FOR THE DEPARTMENT OF MENTAL HEALTH, AND ALSO REQUESTING \$2.7 MILLION OF CSS AND \$900,000 FOR OPERATING RESERVES. WHAT WE CAN DO WITH THE OPERATING RESERVES IS ASK FOR 10% PER COMPONENT, FOR BOTH CSS AND PEI, AND THOSE DOLLARS CAN BE USED IN CASES WHERE THERE IS SOME UNEXPECTED COST FOR A PARTICULAR APPROVED PROGRAM. WHAT WE ARE TRYING TO DO, AGAIN, IS GET THE DOLLARS LOCALLY TO HAVE ACCESS TO THEM.

ONE OF THE ISSUES WITH THE MENTAL HEALTH SERVICES ACT IS THE REVENUES ARE DECLINING. IT'S BASED ON A MILLIONAIRE TAX. AND AS WE KNOW, TAXES GO UP AND DOWN. SO OUR REVENUES ARE DECLINING NEXT YEAR AND WILL CONTINUE FOR THE NEXT THREE YEARS. SO WE ARE BANKING ON OPERATING RESERVES AND PRUDENT RESERVES TO CONTINUE PROVIDING SERVICES FOR AS LONG AS POSSIBLE AND LOOKING AT SUSTAINABILITY.

SO, THE TABLE THAT YOU SEE IS OUR TOTAL QUESTION FOR THIS ANNUAL UPDATE. FOR CSS PREVIOUSLY APPROVED PROGRAMS, 24,154, CSS ADMINISTRATION, CSS OPERATING RESERVE. TOTAL CSS QUESTION IS 30,553,918. FOR PREVENTION AND EARLY INTERVENTION, THE PREVIOUSLY APPROVED PROGRAMS, PEI ADMINISTRATION AND OPERATING RESERVE, 9,900, 454. ONE OF THE THINGS THAT WE HAVE TO EXPLAIN TO THE DEPARTMENT OF MENTAL HEALTH IS THE COMMUNITY PLANNING PROCESS. THIS DELINEATES WHAT WE'VE DONE UP TO THIS POINT; THAT IS PRESENTED TO THE MHSA STEERING COMMITTEE. OUR PREVENTION AND INTERVENTION ADVISORY COMMITTEE. THE MENTAL HEALTH BOARD. WE POSTED THIS FOR 30 DAYS FOR PUBLIC COMMENT AND HERE WE ARE THIS EVENING FOR THE PUBLIC HEARING. SO THAT IS OUR ANNUAL UPDATE.

CHAD THOMPSON: THIS IS YOUR OPPORTUNITY TO PROVIDE FEEDBACK, COMMENTS, QUESTIONS. PLEASE KEEP IN MIND THAT WE CAN'T COMMENT BACK OR ANSWER YOUR QUESTION. WE'RE ONLY ALLOWED TO LISTEN. IF ONE OR TWO OF YOU WANT TO COME UP AT A TIME, THIS WOULD BE A GOOD TIME TO REVIEW THE AGENDA REAL QUICK. THIS WOULD BE A TIME – WE'LL TAKE ALL PUBLIC COMMENTS AT THIS POINT. TIME LIMIT IS 3 MINUTES. WE WILL TELL YOU WHEN YOU ARE RUNNING OUT OF TIME.

>> I FIND IT INTERESTING THAT YOU WANT TO SPEND ALL THIS MONEY ON SUPPLEMENTAL PROGRAMS WHILE YOU ARE GUTTING THE PRIMARY PROGRAMS OF MENTAL HEALTH. I FIND THAT VERY INTERESTING.

I WOULD LIKE TO REITERATE OBJECTIONS I'VE HAD TO CLOSING THE RST'S AND THE WELLNESS RECOVERY CENTER. FURTHER RESTATE THAT MARY ANN BENNETT SAID WE CAN'T DO THIS. BUT IT IS A GOLDEN CALF. WHY KEEP IT OPEN. IT COSTS SO MANY MILLIONS OF DOLLARS A YEAR. WITH THAT SAVINGS WE CAN KEEP THE RST'S AND WELLNESS CENTERS OPEN AND OPEN A NUMBER OF CRISIS INTERVENTION PROGRAMS. IF WE DO AS THE COUNTY PROPOSED, THERE WILL BE SEVERE IMPACT TO EMERGENCY AND HOSPITAL PERSONNEL. THERE WILL BE LOSS OF LIFE. ULTIMATELY WHAT SEEMS TO BE MORE ESSENTIAL TO THE COUNTY'S BOTTOM LINE, WILL ULTIMATELY COST MORE MONEY.

THIS IS ANOTHER BLATANT BUREAUCRATIC DISREGARD OF PLACEMENT OF THE MENTALLY ILL. I BELIEVE THAT, I BELIEVE THAT THE COUNTY CONTINUALLY DISREGARDS US AS NOT BEING AS IMPORTANT AS OTHER PEOPLE. I THINK THAT THE ADMINISTRATION OF THE ASYLUM OF BEDLAM IS NONCHALANT. THANK YOU VERY MUCH.

>> I'M **TODD W.** I'M THE HUSBAND OF A WOMAN WHO SUFFERS BIPOLAR. THEY ARE GETTING READY TO CLOSE THE CENTER. SHE SEES A DOCTOR BY THE NAME OF DR. FRANKLIN. IF THEY CLOSE DOWN THIS PLACE, A LOT OF PEOPLE DON'T HAVE PLACES TO GET TO. IF YOU CLOSE DOWN THIS PLACE AND SEND PEOPLE TO SOUTH SAC, A LOT OF PEOPLE DON'T HAVE THE OPTION TO GET TO THOSE PLACES. TO CLOSE DOWN HOGAR THAT WOULD BE A SHAME. MY WIFE HAS HAD SO MUCH HELP FROM THEM, I THINK IT WOULD BE BETTER IF WE TRIED TO KEEP IT OPEN FOR THE PATIENTS, NOT JUST FOR MY WIFE, BUT ALL THE PATIENTS THAT GO THERE. I DON'T KNOW EVERYTHING ABOUT THE MONEY THAT YOU GUYS ARE ALL TALKING ABOUT; I DON'T UNDERSTAND IT AT ALL, BUT I BELIEVE THAT HOGAR IS A GOOD PLACE TO KEEP PATIENTS THERE. THEY HAVE MADE CUTS AND MADE PEOPLE STAY, I WANT TO SEE IT KEEP THAT WAY.

I DON'T KNOW TOO MUCH TO SAY. I'M SORRY, THIS IS THE FIRST TIME I'VE EVER DONE ANYTHING LIKE THIS. LIKE I SAID, MY WIFE GOES THERE. MR. RYAN RIGHT HERE, MY WIFE AND MY RELATIONSHIP AS A MAN AND WIFE MARRIED, WOULD NOT BE LIKE WE ARE TODAY. THEY HAVE HELPED HER COME OUT OF HER SHELL. I'M AFRAID IF YOU CLOSE THAT, THE ONLY THING I SEE MY WIFE DOING IS GOING BACK IN HER SHELL AND NOT GETTING NO HELP. EVEN IF SHE GOT TRANSFERRED SOMEWHERE ELSE, YOU CAN'T GET THAT SAME HELP THAT THEY HAVE GIVEN HER IN OVER FIVE YEARS OF TIME. I'D LIKE TO KEEP EL HOGAR OPEN. THAT IS ALL I HAVE TO SAY. (APPLAUSE)

>> GOOD EVENING. I'M **ANDREA HILLERMAN.** I WAS ASKED TO READ THIS ON BEHALF OF SUSAN GALLAGHER:

TONIGHT'S PUBLIC HEARING TO APPROVE THE PUBLIC SERVICES MENTAL HEALTH ACT COMES AT A HISTORIC TIME. OVER THE PAST TWO YEARS, OUR COUNTY HAS FACED CLOSE TO 40 MILLION CUTS IN MENTAL HEALTH. THIS IS 65.5 MILLION. LAST YEAR WE SAW A LOSS OF COMMUNITY BASED TO CLIENTS. THIS YEAR ANOTHER 65 MILLION ARE EXPECTED TO BE DELIVERED TO ALTERNATIVE SERVICES. THERE ARE UNDERFUNDED PRIMARY CARE SETTINGS. EVERYTHING WE HAVE LEARNED REGARDING BEST PRACTICES OVER THE PAST 30 YEARS IN PUBLIC MENTAL HEALTH SERVICES POINTS TO THE DELIVERY OF SERVICES IN THE COMMUNITY ENCOMPASSING PRINCIPLES OF RECOVERY AS THE MOST EFFECTIVE WAY. AS MHSA HELPED, OUR COLLECTIVE EXPERIENCES TELL US THAT THINGS LOOK WORSE THAN EVER. FURTHERMORE, THE UNDERLYING STRUCTURAL FISCAL PROBLEMS CONTRIBUTING TO THESE PROBLEMS FAILED TO BE RESOLVED.

THIS INCLUDES ONGOING FUNDING FOR THE MENTAL HEALTH TREATMENT CENTER, DESPITE TEN YEARS OF TRYING TO RESTRUCTURE AND REDESIGN THE ACUTE PSYCHIATRIC SERVICES. THIS PLAN HAS FAILED TO EMERGE. A REMAINING 20 MILLION OF REALIGNMENT REVENUES AND IMPLEMENTATION PLAN FOR REDIRECTION OF THESE DOLLARS CONTINUE TO BE A HIGH PRIORITY FOR SACRAMENTO COUNTY. WE HAVE SEEN 30% OR MORE OF CLIENTS AT THE TREATMENT CENTER AT ADMINISTRATIVE STAY, WHICH IS LONG-TERM. AN IMMEDIATE PLAN TO ADDRESS THIS ISSUE SHOULD BE OF HIGH PRIORITY.

FISCALLY, REVENUES FOR FEDERAL FINANCIAL PARTICIPANT DOLLARS HAVE BEEN OVERESTIMATED AND CAUSES SHORTFALLS IN EXCESS OF 15 MILLION. AT THIS STAGE IT IS UNCLEAR IF ANYTHING HAS BEEN DONE TO EFFECTIVELY RESOLVE THIS PROBLEM.

AS THE COMMUNITY BRACED ITSELF FOR LOSS OF SERVICES, COUNTY WORKERS ARE POSITIONED TO RECEIVE COLA'S. THIS IS NOT RESPONSIBLE.

LASTLY, ADDITIONALLY, THE WILLINGNESS OF OUR LOCAL LEADERSHIP TO OVERLOOK THE PROVISIONS IN THE W&I CODES AS WELL AS THE MENTAL SERVICES ACT THAT STATES THE NEED FOR MENTAL HEALTH SERVICES TO BE DELIVERED IN THE MOST COST EFFECTIVE MANNER VIOLATES THE PUBLIC TRUST. (APPLAUSE)

>> MY NAME IS **AL LIPSON**, MENTAL HEALTH SERVICES STEERING COMMITTEE AND MEMBER OF THE BOARD OF NAMI. I'M A CONSUMER AND THE FATHER OF A SERIOUSLY ILL SON WHO HAS BEEN RECEIVING SERVICES TO HIS BENEFIT.

I'D LIKE TO MAKE SOME RECOMMENDATIONS FOR YOUR CONSIDERATIONS, SOME OF WHICH OVERLAP WHAT HAS JUST BEEN SAID. (THE MIC WENT OFF)

FIRST, RESPONSIBLE PUBLIC OFFICIALS SHOULD REQUEST REPRESENTATIVES OF PUBLIC EMPLOYEE UNIONS INVOLVED IN DISCUSSIONS THAT COST 5.5 MILLION IN THE SALARY INCREASES TO COME BEFORE OPEN PUBLIC MEETINGS OF THE MENTAL HEALTH BOARD, THE MENTAL HEALTH SERVICES ACTS STEERING COMMITTEE AND THE BOARD OF SUPERVISORS TO DEFEND THEIR POSITION.

SECOND, I'VE HEARD MANY CONCERNS EXPRESSED ABOUT THE PROBLEMS ASSOCIATED WITH ANY TRANSITION OF SERVICES THAT RELATE TO THE CUTBACKS WE ARE GOING TO BE FACING AND THE TRANSITION SERVICES EXPECTED. I THINK THE CONDITION OF MENTAL BEHAVIORAL HEALTH SHOULD SPECIFICALLY ADDRESS HOW THE COUNTY PROPOSES TO TRANSITION SERVICES AND HOW THAT WILL BE IMPLEMENTED. THIS SHOULD BE PRESENTED FOR REVIEW BY THE MENTAL HEALTH BOARD.

THIRD, IF THE 2.9 MILLION DOLLAR LOAN FUNDS IS MADE AVAILABLE THIS BUDGET YEAR, THE FUNDS SHOULD BE USED TO SAVE THE JOBS OF PEOPLE (THE MIC IS OFF) – IF THE 2.9 MILLION IN LOAN FUNDS IS MADE AVAILABLE THIS BUDGET YEAR, THE FUNDS SHOULD BE USED TO

SUSTAIN THE JOBS OF PEOPLE IN NON-PROFIT SERVICE AGENCIES. IF THIS IS DONE, WE WILL SAVE THREE TIMES THE NUMBER OF JOBS AND USE THE MONEY TO SAVE PUBLIC EMPLOYEE JOBS.

FOURTH, COUNTY OFFICIALS SHOULD REQUEST ONE OF OUR LEGISLATORS TO SEEK COUNCIL'S OPINION REGARDING THE INTERPRETATION OF CHARTER PROVISION 71-J BY THE COUNTY COUNSEL. TO DETERMINE IF THIS IS IN CONFLICT WITH THE WELFARE AND INSTITUTION CODE PROVISION REQUIRING COST EFFECTIVE CONTRACTING FOR PUBLIC SERVICES. 71-J WAS INTENDED TO EXPAND CONTRACT SERVICES, NOT RESTRICT THEM. THANK YOU. (APPLAUSE)

>> I'M A **CONSUMER OF MENTAL HEALTH SERVICES**. I'M A SPOUSE OF A CONSUMER OF MENTAL HEALTH SERVICES AND A PARENT OF A NUMBER OF CONSUMER MENTAL HEALTH SERVICES AND I'M ALSO A CONSUMER PROVIDER OF MENTAL HEALTH SERVICES.

I WISH I WERE NOT SO ANGRY. SHAME ON YOU MARY ANN BENNETT FOR BRINGING YOUR DEAD HUSBAND, MAY HE REST IN PEACE, TO THE FRONT OF THIS GROUP OF PEOPLE TO TELL US THAT YOU UNDERSTAND OUR PAIN. I WOULD PUT EVERY PENNY I HAD IN THE BANK ON IT TO SAY HE NEVER SAT AT BROADWAY HAVING CMISP INSURANCE, WAITING TO BE SEEN BECAUSE A MENTAL HEALTH CLIENT IS NOT REALLY AS IMPORTANT AS CLIENTS WHO ARE PHYSICALLY MORE ACUTE. I WOULD PUT THAT SAME AMOUNT OF MONEY DOWN SAYING THAT HE NEVER WAITED AT APSS, THE PROGRAM YOU TELL US WILL TAKE CARE OF OUR 5,000 DISPLACED CLIENTS.

I DID THE MATH, 5,000 CLIENTS, AN HOUR FOR AN INTERVIEW WITH A DOCTOR FOR INTAKE, THEY WILL ALL HAVE TO BE REINTAKED BECAUSE IT WILL BE A NEW PROGRAM WITH A NEW DOC. THAT IS 625 DOCTOR DAYS, 28 DOCTOR MONTHS, OR 1 MONTH FOR 28 DOCTORS. I DON'T CARE HOW YOU DO THE MATH, I DON'T BELIEVE YOU ARE GOING TO DO IT. YOU HAVE NO PLAN TO KEEP THE DOCTORS THAT ARE CURRENTLY SERVING THESE CLIENTS IN PLACE. YOU PLAN TO INCREASE THE DOCTOR DAYS AT UCD MED CENTER. NONE OF THE DOCTORS WHO ARE OUT AT THE RST'S HAVE BEEN OFFERED ANY OF THOSE POSITIONS. WE HAVE BEEN TALKING ABOUT THIS AND WE'RE WORRIED. APPARENTLY THE COST FOR CONTINUITY OF CARE IS IN-PATIENT STATUS. AND IF YOU ARE AN IN-PATIENT, BE CAREFUL NOT TO BE DISCHARGED BECAUSE YOU WILL HAVE TO STAND IN LINE FOR THOSE – WHAT IS IT – 62 BEDS THAT ARE CURRENTLY AVAILABLE IN SACRAMENTO COUNTY. THE 12-BED UNIT THAT CAN CHARGE AND THE 50-BED THAT CANNOT.

FOR LESS THAN 100 COUNTY EMPLOYEES WHO HAVE LOST THEIR POSITIONS, YOU ARE DISPLACING 5,000 CLIENTS AND OFFERING THEM SUBQUALITY CARE. THERE IS NO WAY TO GET THIS UP AND RUNNING BY JULY FIRST. PLEASE RECONSIDER. (APPLAUSE)

CHAD THOMPSON: THANK YOU.

>> I'M **CAROLINE CATON**. THE PRESIDENT OF NAMI SACRAMENTO AND A MEMBER OF THE MHSA STEERING COMMITTEE AND A FAMILY MEMBER. I WANT TO ADDRESS MY FIRST COMMENT TO THE ACTUAL PLAN. I THINK THAT THIS PLAN, THE STATEMENT THAT IS ON PAGE 1 THAT

SAYS THE COMMUNITY HAS BEEN ADVISED THAT THE PLAN MAY NEED TO BE CHANGED AND A PROCESS TO AMEND IT, DOES NOT REFLECT WHAT WE'RE TALKING ABOUT, WHICH IS A COMPLETE AND UTTER CHANGE TO THIS PLAN. THE PROGRAMS THAT ARE IDENTIFIED AND DESCRIBED IN THIS PLAN REFLECT A ROBUST AND QUITE INTENSIVE COMMUNITY PLANNING PROCESS AND A LOT OF WORK AND ENERGY BY A LOT OF PEOPLE. INSTEAD, THIS REALLY AMOUNTS TO A PLAN, IT IS MORE OF A DESCRIPTION OF WHAT WE WOULD DO IF WE DIDN'T HAVE TO DO SOMETHING ELSE INSTEAD. THAT SOMETHING ELSE IS NOT REALLY WELL-DEFINED AND I'M NOT SURE WE HAVE TIME TO GO THROUGH A SIMILAR COMMUNITY PLANNING PROCESS WHERE THE COMMUNITY IS REALLY INVOLVED. I THINK EVERYBODY IN HERE WOULD AGREE THAT THEY FEEL THAT THEY HAVE NOT BEEN INVOLVED OR PART OF THE PROCESS TO DEVELOP THAT ALTERNATE PLAN.

MY OTHER COMMENT ABOUT THE LARGER ISSUE FACING THE COUNTY, I DON'T ENVY THE POSITION THAT YOU ARE IN AND I UNDERSTAND THE DIFFICULTIES, HOWEVER, I HAVE SEEN AND I KNOW WHAT HAPPENS WHEN SOMEBODY DOES NOT GET THE TREATMENT THEY NEED. MY MOTHER HAD PARANOID SCHIZOPHRENIA. IN THIS COMMUNITY I WAS NOT ABLE TO GET SERVICE FOR HER AND SHE COULD NOT GET TREATMENT. YOU CANNOT ALLOW THAT TO HAPPEN. PEOPLE DESERVE TO BE PART OF THE PROCESS WHEN THAT TREATMENT IS GOING TO CHANGE. THANK YOU.

>> GOOD EVENING, I'M **DEBBIE DAVIS**, A CLIENT. WE'VE HEARD A LOT ABOUT FIRST CUTS FOR ADULTS. I HAVE A QUESTION FOR MS. BENNETT. IN THE MARCH 16TH MEMO THAT YOU SENT TO THIS BOARD AND OTHER AGENCIES, YOU WROTE SIGNIFICANT REDUCTIONS TO MENTAL HEALTH SERVICES JUVENILE INSTITUTIONS, SPECIAL EDUCATION, CHILDREN'S CLINIC AND ACCESS TEAM AND THE MINOR EMERGENCY RESPONSE TEAM. I WOULD LIKE TO KNOW HOW MUCH WOULD THE PROGRAMS BE CUT? WHO IS GOING TO SERVE THEM? THE POINT OF TRANSITION AND HOW THESE KIDS ARE GOING TO BE SERVED.

WHAT I'VE HEARD ABOUT THE ADULTS, I WOULD REALLY LIKE THAT TO BE A RHETORICAL QUESTION AND I WOULD LIKE TO HEAR WHAT YOU ARE GOING TO CUT FOR THE KIDS.

CHAD THOMPSON: UNFORTUNATELY, IN THIS TYPE OF A FORUM, DIVISION STAFF FLOOR, THE BOARD MEMBERS ARE NOT ALLOWED TO ANSWER QUESTIONS. I WOULD ENCOURAGE YOU, MARY ANN DID SPEAK TO – WHAT IS THE WORD I'M LOOKING FOR –

>> I UNDERSTAND THAT I CAN'T ASK A QUESTION. I ONLY HAVE A FEW MINUTES. LAST WEEK I HEARD THE WELLNESS AND RECOVERY CENTER THAT THERE ARE GOING TO BE PLANS TO DEPLOY THEM TO THIS COUNTY MEGA CLINIC, WHICH IS SUPPLANTING DOLLARS. THEN TODAY I HEARD THAT THEY ARE NOT GOING TO DEPLOY THE PEOPLE, THEY WANT TO TAKE OVER WRC NORTH CENTER. I WAS NOT PART OF THE CLIENTS THAT MADE THE PLAN FOR THE WELLNESS CENTER. I WISH I HAD BEEN. I CAN TELL YOU, THIS IS NOT WHAT THE CONSUMERS HAD IN THE VISION TO DEPLOY PEER MENTORS TO A COUNTY CLINIC TO SHORE THINGS UP AND SURE NOT HAVE THE COUNTY GO IN AND TAKE OVER. I'VE NEVER KNOWN THE COUNTY TO BE ABLE TO PROVIDE SERVICES CHEAPER THAN A CONTRACTOR. I DON'T UNDERSTAND HOW THE PROPOSED PLAN IS TO SAVE MONEY BY USING COUNTY EMPLOYEES. THANK YOU VERY MUCH.

>> I'M **PATRICIA B.** I'M A CONSUMER. I DON'T HAVE THE KNOWLEDGE ABOUT THE FINANCIAL ASPECTS OF ALL THIS OR STATISTICS. I WOULD LIKE TO SAY THAT HOGAR HAS MADE A SIGNIFICANT IMPACT ON MY RECOVERY. THEY HELPED ME THROUGH A DOMESTIC VIOLENCE SITUATION THEY ADVOCATED FOR ME TO GET INTO THE W.E.A.V.E. PROGRAM. MY HOSPITALIZATIONS HAVE DECREASED SINCE GOING TO HOGAR AND I'VE HAD A LOT OF GOOD COUNSELING WITH COGNITIVE THERAPY, WHICH I DID NOT HAVE IN OTHER CLINICS. AND I FEEL THAT I'M VERY CONCERNED THAT MYSELF AND OTHER CONSUMERS ARE GOING TO FALL THROUGH THE CRACKS. AND WE'RE NOT GOING TO HAVE ANY TYPE OF CARE EXCEPT MAYBE MEDICATION AND MINIMAL CASE MANAGEMENT. AND THAT REALLY CONCERNS ME. I FEEL THERE IS A POSSIBILITY THAT I COULD GO BACKWARDS IN MY RECOVERY THROUGH THE CLOSURE OF THE RST. AND THAT CONCERNS ME. THAT IS ALL I HAVE TO SAY.

CHAD THOMPSON: I KNOW IT IS ONLY 3 MINUTES, BUT PERHAPS I WILL CUT FOLKS OFF IF THEY RATTLE ON, NOT RATTLE ON, BUT YOU KNOW.

>> I'M **BARRY MANDELL** AND A CONSUMER AT HOGAR. I SUFFER FROM BIPOLAR DISEASE, I'VE BEEN ILL FOR 24 YEARS DEALING WITH THIS. WHEN I CAME TO HOGAR I WENT SEVERAL YEARS WITHOUT TREATMENT AND HAVE BEEN VERY, VERY ILL. IT WAS A BAD PLACE. AND WHEN I WENT TO HOGAR, IT WAS AMAZINGLY SIMPLE, EASY TRANSITION IN TREATMENT FOR ME.

WHEN YOU ARE VERY SICK, IT IS HARD ENOUGH TO DO THE EVERYDAY THINGS IN LIFE, LET ALONE THE LEG WORK REQUIRED TO GET TREATMENT. IT IS VERY IMPORTANT TO GET THE RST'S OPEN FOR THAT REASON. I DON'T THINK THAT SEEKING TREATMENT SHOULD BE ANYMORE DIFFICULT THAN IT ALREADY IS WHEN YOU ARE ILL. THAT IS ALL I WANT TO SAY, THANK YOU. (APPLAUSE)

>> I'M **ROSE KING.** I WANTED TO MAKE A FEW SUGGESTIONS. FIRST I SUGGEST THAT YOU SLASH THAT ADMINISTRATIVE BUDGET. WE CAN PASS ON THE COOKIES AND MORE FOCUS GROUPS AND ALL THE REST OF THAT. THE MONEY SHOULD BE GOING TO SERVICES. SECOND, I WOULD SUGGEST TO MERGE ALL MENTAL HEALTH REVENUE STRAINS. THERE IS NO REASON THAT MHSA HAS TO OPERATE AT THIS LEVEL.

FIRST, EXPANSION IS NOT LIMITED TO FUND SUPPORTING ONLY NEW PROGRAMS WITH NEW CLIENTS AND NEW STAFF. IN FACT, THE IMPLEMENTATION OF MHSA CONTINUES TO BE DONE THIS WAY, IT WOULD TRULY CREATE A BIFURCATED SYSTEM OF HAVES AND HAVE NOTS.

THEY PROPOSED TO DISMANTLE THE BIFURCATED COMMUNITY HEALTH SYSTEM, WHERE TRADITIONAL PROGRAMS ARE CRUMBLING. MENTAL HEALTH SUGGESTED THIS A YEAR AGO AND HAS NOT BEEN ACTED ON, BUT SACRAMENTO IS BECOMING THE "EXHIBIT A" IN THE HAVES AND HAVE NOTS SYSTEM WHERE THOUSANDS OF PEOPLE ARE WITHOUT MEDICATIONS AND PHYSICIANS. MHSA IS STILL BUDGETING FOR OUTREACH DOLLARS.

THE COUNTY CAN GET CREATIVE AND CHALLENGE THE STATE. THERE ARE OPTIONS TO CONSIDER IN MERGING THE OTHER REVENUE STREAMS WITH THE MHSA MONEY. (APPLAUSE)

>> I'M **VALERIE**. I'M ALSO A CONSUMER AND PROVIDER. I'M ALSO AN INTERIM DRUG AND ALCOHOL COUNSELOR. IT WOULD BE A TRAVESTY TO LET THESE PEOPLE FALL THROUGH THE CRACKS. WE HAVE 4,000 MEMBERS REGISTERED AT THE WELLNESS UNIT CENTER. WE DO A LOT OF ALTERNATIVE AND INNOVATIVE TYPES OF TREATMENTS. I HAVE SEEN A LOT OF CHANGE AND GROWTH IN THE PEOPLE THAT I'VE WORKED WITH. I'M CONCERNED ABOUT HOW COST EFFECTIVE THIS IS. BECAUSE IF PEOPLE FALL THROUGH THE CRACKS, THERE WILL BE A HIGHER RATE OF SUICIDE, CRIME AND HOMELESSNESS AND UNEMPLOYMENT. PERSONALLY, THE PEOPLE WHO ARE GOING TO LOSE THEIR JOBS TO COUNTY EMPLOYEES WILL BE LOSING THEIR BENEFITS AND THEIR JOBS TO GIVE THE COUNTY EMPLOYEES INCREASES IN THEIR BENEFITS. I WOULD BE DEVASTATED IF THIS HAPPENED TO ME AND I LOST MY JOB. I WOULD LOSE MY HEALTH INSURANCE MY MONEY. I HAVE SEVERAL CHRONIC HEART CONDITIONS TOO, IF I DON'T HAVE HEALTH INSURANCE I CANNOT AFFORD MY MEDICATIONS. THERE HAS TO BE OTHER ALTERNATIVES TO WHAT IS HAPPENING HERE. A LOT OF PEOPLE, IF WE HAVE ONLY ONE CENTRALIZED PLACE, DUE TO CUTS IN THE SYSTEM, AND COSTS OF TRANSPORTATION SYSTEM, IF THERE IS ONLY ONE CENTRALIZED HEALTH CLINIC, THEY WILL NOT BE ABLE TO ACCESS THAT BECAUSE THEY WILL NOT HAVE TRANSPORTATION AND THEY WILL FALL THROUGH THE CRACKS.

THIS IS VERY CLOSE TO MY HEART, NOT ONLY BECAUSE IT AFFECTS MY JOB, BUT I'M ALSO A CONSUMER AND I UTILIZE THE MENTAL HEALTH SYSTEM AND I THINK WE NEED TO THINK ABOUT THOSE PEOPLE THAT WE'RE AFFECTING. NOT JUST COUNTY EMPLOYEES POCKET BOOKS AND THE LEGISLATURES, BUT ALL OF THE OTHER PEOPLE THAT WILL SUFFER THROUGH THIS ACT. THANK YOU.

>> THE MAIN THING I WANT TO SAY IS THAT I THINK IT'S IMPORTANT THAT WE KEEP ON THE FOREFRONT OF OUR MIND THAT IT WAS THE CONSUMER MOVEMENT THAT DEVELOPED THE MHSA ACT. I THINK IT'S UNFAIR TO JUST SAY "YOU GUYS WORKED REALLY HARD, AND NOW WE ARE JUST GOING TO TAKE THIS AWAY FROM YOU," AND TREAT US HOWEVER YOU WANT TO TREAT US. I HAVE A LOT TO SAY, BUT THAT IS THE MAIN POINT I WANTED TO SAY. IT WAS CONSUMER DRIVEN. THE MHSA ACT WAS CONSUMER DRIVEN, AND I THINK IT SHOULD BE A REALLY STRONG POINT.

>> MY NAME IS **TIM**, AND I'M A PATIENT AT EL HOGAR CLINIC DOWNTOWN. I HAVE BEEN THERE SINCE 1996, AND I NEVER HAD TO REPORT TO ONE OF THESE MEETINGS BEFORE. I RECEIVED A LOT OF HELP THERE, AND WITHOUT IT I WOULD PROBABLY BE A PERMANENT PATIENT AT SACRAMENTO MENTAL HEALTH. I THINK THE BIG PICTURE IS, WITHOUT TALKING TO ME FOR A SECOND, THE FACT IS, THOSE CLINICS ARE CLOSED, THE SUICIDE RATES ARE GOING TO GO UP, HOMICIDE RATES WILL GO UP, JAILS WILL START BEING FULL, AND I WOULD LIKE FOR PEOPLE TO LOOK AT THAT REAL GOOD. I THINK THAT IS ALL I HAVE GOT TO SAY. THANK YOU.

>> GOOD EVENING. MY NAME IS **CINDY LOPEZ**, AND I WORK FOR ONE OF THE RST'S THAT IS UNFORTUNATELY GOING TO BE DISMANTLED. I THINK IT'S INTERESTING THAT YOU WANT TO REDUCE COURSES, BUT YOU DON'T LOOK TO THE SALARIES OR POSITIONS OF COUNTY EMPLOYEES WHO MAKE MORE AND WILL BE ABLE TO PROVIDE LESS IN THE CURRENT SYSTEM.

IN ADDITION, I EXPLAINED LAST WEEK THAT I WAS PART OF THE DIVERSION OF THE CLIENTS LAST FISCAL YEAR, AND I KNOW -- MS. BENNETT, I BELIEVED, HAD MENTIONED THERE WAS MISCOMMUNICATION, MISINFORMATION BEING PROVIDED TO CONSUMER THEY ARE NOT RECEIVING THE SAME SERVICES. I DON'T BELIEVE IT'S MISINFORMATION. I BELIEVE THE INFORMATION IS, TWO WEEKS AGO WE WERE TELLING OUR CLIENTS IT LOOKS LIKE OUR AGENCY IS GOING TO CLOSE, BUT WE DIDN'T HAVE A PLAN TO PROVIDE FOR THEM. IMAGINE HOW SCARY IT WAS FOR THE CLIENTS, AND AS A CLINICIAN, HOW UNETHICAL IT FELT. ALL I'M ASKING IS THE 3,000 CLIENTS WHO DIDN'T RECEIVE SERVICES FROM THE LAST DIVERSION, LET'S NOT ADD ANOTHER 6,000 MORE. THANK YOU.

>> MY NAME IS **PATRICK**. I GO TO VISIONS UNLIMITED IN GALT. I HAVE BEEN GOING THERE FOR ABOUT 10 YEARS NOW. AND IT'S A MAJOR HELP FOR ME. BECAUSE I GET ANXIETIES, AND MEDICINE THAT I TAKE REALLY REALLY HELPS ME OUT, REALLY HELPS ME OUT A WHOLE LOT. BECAUSE I SEE A COUNSELOR EVERY MONTH AND SHE IS AWESOME. AND I HAVE GOT OTHER COUNSELORS TOO, BUT I HAD TO KEEP ON CHANGING COUNSELORS. AND EVERY THREE MONTHS I SEE MY DOCTOR. IN FACT, I JUST SAW HER EARLIER TODAY. AND SHE WAS AWESOME TOO, BECAUSE SHE HELPS ME GET MY MEDICINE, HELPS ME OUT.

AND I DON'T WANT YOU GUYS TO CLOSE THEM, BECAUSE PEOPLE LIKE ME, WE NEED THEM VERY VERY MUCH, BECAUSE THEY KNOW HOW TO HELP US. AND IF YOU GUYS CLOSE VISIONS IN GALT AND IN SACRAMENTO, WHAT ARE WE GOING TO DO? WE DON'T WANT TO GO TO A MENTAL PLACE. I DON'T WANT TO HAVE A STROKE OR A HEART ATTACK, YOU KNOW? AND JUST REALLY REALLY THINK ABOUT IT, YOU KNOW ?

AND JUST HELP THEM STAY OPEN, BECAUSE THEY HAVE GOT TO PAY THEIR BILLS TOO. I PAY MY BILLS EVERY MONTH. THEY DON'T WANT TO LOSE THEIR HOUSE. HOW CAN THEY PAY THEIR MORTGAGES, BUY FOOD? THINK ABOUT IT. IF YOU DO THE SAME THING TOO, IF YOU GOT LAID OFF, YOU KNOW, HOW CAN YOU SURVIVE? SO PLEASE, HELP VISIONS STAY OPEN IN GALT AND SACRAMENTO, BECAUSE THAT WILL REALLY HELP US OUT. THANK YOU, AND MY NAME IS PATRICK. THANK YOU.

>> MY NAME IS **PATTY GAINER**, I'M AN ACTIVIST HERE IN SACRAMENTO. WE CAN GET INTO A LOT OF LEGALISTICS ABOUT THE SUPPLANTATION OF MHSA AND HOW THEY AREN'T ALLOWED TO RAID THE FUNDS TO USE HOWEVER THEY WANT. PERHAPS OUR COUNTY HAS THOUGHT ABOUT DOING THAT BECAUSE THE GOVERNOR IS TRYING TO DO IT. I DON'T KNOW. BUT I DO KNOW WHAT I AM TALKING ABOUT IS NOT SUPPOSED TO BE DONE. AND I WOULD HATE TO HAVE TO HAVE A BUNCH OF CLIENTS SUING THE COUNTY TO GET SOMETHING ACCOMPLISHED CORRECTLY. I DON'T WANT THE COUNTY TO RAID OUR MHSA FUNDS.

THE OTHER THING IS THE STAKEHOLDER PROCESS. I WAS PART OF THE SYSTEM INTEGRATION WORK GROUP, AND I WANT TO JUST BRIEFLY EXPLAIN THE TASK. READING FROM THE MHSA WEBSITE: "WITH THE SYSTEM PERSPECTIVE AND EYE TO THE FUTURE, INTEGRATION WORK GROUP HAS BEEN CHARGED WITH LOOKING AT SACRAMENTO COUNTY'S MENTAL HEALTH SERVICES NEEDS AND SYSTEMS, WAYS IN WHICH THE MHSA FUNDS CAN BE USED ON TRANSFORM SERVICES IN ALIGNMENT WITH THE FIVE ESSENTIAL ELEMENTS. SIW'S FIRST TASK WILL BE TO EXAMINE WHETHER THE SYSTEM CAN BE TRANSFORMED USING MHSA GROWTH FUNDS, IDENTIFY CHALLENGES AND SOLUTIONS, AND MAKE RECOMMENDATIONS TO THE STEERING COMMITTEE. THEY WILL BE PRIORITIZING OTHER POTENTIAL SERVICE NEEDS AND MAKING RECOMMENDATIONS TO THE SERVICE COMMITTEE." WE MET FOR I THINK FOUR MEETINGS TOTAL. I WAS SO PROUD TO BE ON THAT. I WAS GOING TO BE PART OF THE GROUP THAT HELPED, YOU KNOW, REALLY PLAN FOR A PROGRESSIVE FUTURE. AND THAT WAS VERY EXCITING, BUT -- I'M TRYING TO GET THIS TO OPEN.

DURING -- I THINK WE HAD FOUR MEETINGS, AND THEN THE COUNTY JUST DECIDED -- YOU KNOW, THAT JUST COMES FROM THE TOP DOWN, WITHOUT MUCH GOOD EXPLANATION, "WE ARE JUST NOT GOING TO MEET ANY MORE."

IT'S NOT OPENING. I WILL SUMMARIZE. AT THAT LAST MEETING, UMA ZYKOFSKY MADE A MOTION, AND I SECONDED, AND IT PASSED 14 TO ONE AND ONE ABSTAIN. WE WANTED TO PRIORITIZE CLIENT AND FAMILY-LED PROGRAMS, AND IT WAS PART OF THE STATE PROCESS. IT WASN'T FROM THE TOP DOWN. IT'S WHAT THE COUNTY AGREED TO DO, IN WRITING, WHAT THE STATE HAS TOLD US TO DO. AND WE WANTED TO HAVE PLANS RELATED TO THE MHSA FIVE ESSENTIAL ELEMENTS. AND THAT IS EXACTLY WHAT OUR WELLNESS CENTERS AND TCORE ARE ABOUT.

SO PLEASE THINK ABOUT IT BEFORE YOU RECOMMEND, BOARD, PLEASE, BEFORE YOU RECOMMEND -- AGREE TO RAID THOSE FUNDS.

>> MY NAME IS **DAVID KIESZ**.

CHAD THOMPSON: CAN YOU GET CLOSER OR RAISE IT UP?

>> I AM SOMETIMES A SELF-SUPPORTING CONSUMER, SOMETIMES NOT. AND I WANT TO SUGGEST TO YOU THERE'S A FORM OF CURRENCY IN THE WHOLE MENTAL HEALTH FIELD THAT KIND OF BYPASSES WHETHER OR NOT YOUR JOB JUST GOT LAID OFF OR THE FUNDING ISN'T THERE OR NOT. AND THAT CURRENCY -- AND I HAVE EXPERIENCED THIS MANY TIMES FIRST-HAND -- IF A PERSON WORKING IN THIS FIELD TRULY HAS A CALLING TO WORK IN THIS FIELD, AS OPPOSED TO SOMEONE WHO IS PRETTY MUCH JUST PUNCHING A TIME CLOCK, OR ANYWHERE IN BETWEEN -- AND IF YOU WORK IN THIS FIELD LONG ENOUGH, YOU TEND TO HEAD IN THE DIRECTION OF "I AM JUST PUNCHING THE TIME CLOCK UNLESS THEY GIVE ME A TWO-YEAR SABBATICAL." SO I HAVE NO CLUE HOW YOU GUYS WHO WORK IN THIS FIELD HOLD YOUR OWN MENTAL HEALTH TOGETHER.

BUT I WANT TO APPLAUD THOSE OF YOU WHO REALLY DO HAVE A CALLING, AND COULDN'T CARE LESS -- NOT MUCH LESS, WHETHER YOU GET PAID FOR IT OR NOT, BECAUSE YOU ARE GOING TO KEEP DOING IT. THOSE ARE THE ONES WHO HELPED ME THE MOST, EVEN TO THE POINT OF THE FACILITY CUSTODIAN IN NAPA STATE HOSPITAL WHEN I WAS THERE AND SANG THE HAPPY SONGS EVERY MORNING AND KNEW MY NAME. HE AND THE OCCUPATIONAL THERAPIST WERE MORE THERAPEUTIC IN MY RECOVERY FROM THAT PLACE THAN THE PSYCHIATRISTS AND THE PSYCHOLOGISTS AND THE SOCIAL WORKERS AND THE PATIENT'S RIGHTS ADVOCATE.

AND IT'S NEVER TOO LATE TO REGAIN THAT EXCITEMENT AND THAT CALLING IN YOUR LIFE, OKAY? GIVE YOURSELVES A PAT ON THE BACK. NO MATTER WHAT HAPPENS, I NEED YOU AS A CONSUMER.

>> HI. MY NAME IS **JOSEPHINE**. I AM A ROOM AND BOARD OPERATOR. I HAVE 16 HOMES. I CAN'T THANK ENOUGH THE MENTAL HEALTH WORKERS. I HAVE 92 CLIENTS GOING TO THAT OFFICE. THEY ARE THERE WHEN INTERVENTION IS NEEDED, REDUCE EXPENSIVE HOSPITALIZATION AND JAILHOUSING OF OUR CLIENTS.

MY WORRY RIGHT NOW, AND MY QUESTION, WOULD COME UP TO, ARE YOU GOING TO BE PUTTING PEOPLE THERE JUST BECAUSE THEY ARE SENIORS IN THE COUNTY EMPLOY OR SOMETHING? OR ARE WE GOING TO BE HIRING SOME OF THESE PEOPLE THAT HAVE THE CALLING -- AND I'M REPEATING WHAT THE GENTLEMAN IS SAYING -- HAVE THE CALLING TO HELP THE MENTAL HEALTH CLIENTS, BECAUSE THAT IS THE WAY I WAS BROUGHT INTO THIS BUSINESS AND SERVICE? IF I DIDN'T HAVE THE CALLING, I WOULDN'T BE ABLE TO MAINTAIN 16 HOMES. BECAUSE I HAVE THE FEELING, AND I AM INTERFACING WITH THE WORKERS, THE MENTAL HEALTH WORKERS AND EVERYBODY IN OUR RST'S, I KNOW EXACTLY HOW THEY FEEL AND HOW TO RESPOND TO MENTAL HEALTH CLIENTS.

IMAGINE ME WITH 16 HOMES IN ONE DAY -- IF THERE IS ONE CRISIS, WHAT AM I GOING TO DO WITHOUT OUR MENTAL HEALTH WORKERS? THEY ARE A PART OF THESE PLACES, SO WILL THERE BE SOMEONE THERE FOR US? I AM NOT WORKING JUST FOR MYSELF, BUT AGAIN, FOR THE CALLING I HAD FOR THE LAST 28 YEARS. I HAD CLIENTS, PEOPLE WITH A CALLING LIKE ME AND LIKE THE MENTAL HEALTH WORKERS. THANK YOU SO MUCH.

>> GOOD EVENING. I MUST SAY, THIS IS A DÉJÀ VU NIGHTMARE. WE JUST WENT THROUGH THIS, THE COUNTY SAYING WE ARE GOING TO DECREASE RST'S, SHUFFLE PEOPLE WITHOUT TELLING WHERE, LIKE NOW. PEOPLE WERE SCARED. BEGGING FOR RST'S, BUT WE COULDN'T KEEP EVERYBODY. WE HAD TO DECREASE TO 900 AND COULDN'T KEEP ALL OF THOSE PEOPLE, AND HAD TO SEE THE SCARE AND FRIGHT IN THEIR EYES, AND WE ARE GOING THROUGH IT AGAIN.

I WANT TO READ A CODE, 562.5. IT SAYS "EACH COUNTY SHALL UTILIZE AVAILABLE PRIVATE AND PRIVATE NONPROFIT MENTAL HEALTH RESOURCES AND FACILITIES IN THE COUNTY PRIOR TO DEVELOPING NEW COUNTY OPERATED RESOURCES OR FACILITIES. THESE PRIVATE AND PRIVATE NONPROFIT MENTAL HEALTH RESOURCES OR FACILITIES ARE OF AT LEAST EQUAL QUALITY AND COST AS COUNTY-OPERATED

RESOURCES AND FACILITIES AND SHALL UTILIZE AVAILABLE COUNTY RESOURCES AND FACILITIES OF AT LEAST EQUAL QUALITY PRIOR TO NEW PRIVATE AND PRIVATE NONPROFIT RESOURCES AND FACILITIES. ALL THE AVAILABLE LOCAL PUBLIC OR PRIVATE AND PRIVATE NONPROFIT FACILITIES SHALL BE UTILIZED BEFORE STATE HOSPITALS ARE USED."

SO WHAT I WANT TO SAY ABOUT THAT IS THAT WE ARE -- WE ARE A PRIVATE NONPROFIT. AND I WANT TO SAY THAT WE COULD DO A BETTER JOB THAN THE COUNTY CAN. THE COUNTY IS SAYING THEY WILL USE -- THEY RECEIVE \$6.6 MILLION FOR TRAINING. WE ARE ALREADY TRAINED. THEY WILL UTILIZE ONE MILLION DOLLARS FOR MAINTENANCE. I BET YOU OUR MAINTENANCE COSTS LESS THAN 12,000 A YEAR. WE CAN WORK 24 HOURS. WE CAN WORK AFTER HOURS, BEFORE HOURS, AND I BELIEVE WITH THE COUNTY AND THE UNION, THEY CAN ONLY WORK 9-5? WE CAN GO TO SOMEONE'S HOME, DO CRISIS, SIT WITH SOMEONE FOR HOURS, DO A BETTER JOB THAN THE COUNTY. WE ARE LESS COST EFFECTIVE THAN THE COUNTY. TO START A WHOLE NEW COUNTY FACILITY WILL COST MORE MONEY THAN WHAT IS ALREADY PUT IN PLACE.

SO I WOULD LIKE FOR YOU TO END THIS NIGHTMARE, AND QUIT SCARING THE PEOPLE, AND KEEP WHAT YOU HAVE, AND KEEP US DOING WHAT WE DO WELL.

>> MY NAME IS **JUANITA ELBE**, A CLIENT AT EL HOGAR. I HAVE BEEN A CLIENT FOR 20 YEARS. I AM CONSIDERED BIPOLAR. THERE ARE GROUPS THAT HAVE BEEN HELPFUL TO ME. AND JOURNALING AND CONVERSATION. I WAS AT MARY HOUSE FOR A WEEK, AND I GOT A JOB OVER THERE NINE MONTHS AGO, RETURN SERVICES THEY GAVE TO ME. AND I STILL NEED MEDICATION. I STILL HAVE A DOCTOR AT EL HOGAR, AND I STILL ATTEND SOME GROUPS. I DO BOTH. I ASSIST AND TRAIN GROUPS OVER AFTER TWO O' CLOCK AT EL HOGAR. PLEASE DON'T CLOSE THE PROGRAM, BECAUSE IT'S SOMETHING EVERYBODY WITH MENTAL HEALTH CAN BENEFIT FROM IN ONE WAY OR ANOTHER. THANK YOU.

>> HI. MY NAME IS **MARY SHUGMAN**, A CONSUMER OF SERVICES IN SOUTH SACRAMENTO.

VISIONS UNLIMITED HAS BEEN VERY HELPFUL TO ME, IN THAT IT HELPED ME WITH MEDICATIONS COMPLIANCE, AND IT HELPS ME WHEN I'M KIND OF UNSETTLED IN MY MENTAL HEALTH. AND I GO TO THE COUNSELORS AT VISIONS WHEN I AM HAVING PROBLEMS WITH THE TENANTS IN OUR FACILITIES, AND THEY ARE VERY HELPFUL. OTHERWISE, I THINK THAT I WOULD, AS I SAID, FALL THROUGH THE CRACKS AS FAR AS WHEN I WENT OUT ON MY OWN AND FENDED FOR MYSELF. AS FAR AS MY MENTAL HEALTH IS CONCERNED, I HAVE STARTED NOT COMPLYING WITH MY MEDICATIONS.

WHEN I HAVE MY MEDICATIONS, I GET A BUBBLE PACK, AND THAT HELPS ME COMPLY WITH MY MEDICATIONS. WHEN I WAS OUT ON MY OWN DOING MY OWN MEDICATIONS, I GOT THEM IN A BOTTLE, A MONTH'S SUPPLY, AND HAD TO DIVVY IT OUT IN A PACK FOR MYSELF. AND OFTENTIMES I WOULD RUN OUT OF MEDICATIONS, AND I WOULD -- I WOULD NOT COMPLY WITH MY MEDICATIONS MANAGEMENT. AND I WOULD ARGUE WITH THE TENANTS IN MY BUILDING AND GENERALLY CAUSE PROBLEMS. I WOULD LOITER OUT IN BUSINESSES AND CAUSE PROBLEMS,

TALKING TO MYSELF AND MAKING PROBLEMS FOR THE BUSINESSES OUT IN THE AREA. AS A RESULT I BECAME HOMELESS. SO THROUGH ALL THIS, VISIONS HAS BEEN VERY HELPFUL FOR ME NOT TO DO THIS.

>> MY NAME IS **LANGLEY**. I'M HERE -- EXCUSE ME. MY ENGLISH MIGHT BE A LITTLE IMPAIRED, BUT FORGIVE ME. VISIONS UNLIMITED. NOT JUST THEM, BUT FOR ALL THE PROGRAMS I GO THROUGH. HOSPITAL, PRISON, AND YOU NEED TO RUN BEFORE YOU CAN WALK. TODAY I AM ABLE TO BE A STRONG PERSON, THANK YOU FOR THE BENEFICIAL THINGS YOU PROVIDE. I APPRECIATE IT. I WISH I COULD PAY IT BACK.

I HOPE THAT TODAY -- I THOUGHT TO MYSELF, "I DON'T WANT TO STAND UP." THAT'S WHY I AM HERE. I AM NOT HERE TO CRITICIZE ANYBODY. IF YOU SHUT DOWN THE PROGRAM, I THINK IT'S REALLY BAD. TO BE A GOOD THING FOR THE NEXT PERSON, I THINK IT'S BETTER FOR US TO KEEP GOING. AND MAYBE TODAY MY GENERATION, I MIGHT NOT BE ABLE TO HELP -- MAYBE MY SON, MY CHILDREN, MY GENERATION, THE NEXT GENERATION. SO THAT IS WHY I HAVE TO SAY IT. THANK YOU.

>> GOOD EVENING EVERYONE. I HAVEN'T BEEN DOING THIS FOR VERY LONG. I'VE ONLY BEEN A MENTAL HEALTH CARE PROVIDER FOR ABOUT TWO YEARS. THE ONE THING I'VE HEARD A LOT ABOUT IS TIME. WE DON'T HAVE ENOUGH TIME TO MAKE DECISIONS. THE COUNTY DOES NOT HAVE ENOUGH TIME TO PUT TOGETHER A PROGRAM. THE CLIENTS ARE WORRIED IF THEY ARE GOING TO HAVE TO WAIT TO GET SERVICES. MY TWO YEARS WORKING AT TCORE, TIME IS SO MUCH MORE IMPORTANT THAN WHAT IT IS IN THIS MEETING. DEPRESSION DOESN'T WAIT. SUICIDE DOESN'T WAIT. CRISIS DON'T WAIT. LONELINESS, BIPOLAR, SCHIZOPHRENIA, DELUSIONS, THEY DON'T WAIT. WE DON'T HAVE TIME TO BE ARGUING ABOUT THIS. THE TIME NOW IS TO STOP, LEAVE THE PROGRAMS AS THEY ARE. THEY ARE SUCCESSFUL AND WILL KEEP GETTING BETTER WITH MORE SUPPORT. THAT IS WHAT WE NEED.

>> I'M A CONSUMER AND ALSO A PATIENT RIGHTS ADVOCATE. I'M IN THE HOSPITALS OF THIS COUNTY EVERY DAY OF THE WEEK AND I SEE HOW MANY PEOPLE REALLY WANT MORE SERVICES. 60% OF THE PEOPLE TELL US DURING THE HEARING PROCESS THAT THEY WANT TO STAY AND GET MORE HELP. SO PEOPLE DO WANT SERVICES. EVEN HOSPITALIZATION. AND AS WE SEE IT NOW, WITH PEOPLE BEING BACKED UP IN EMERGENCY ROOMS AT THE HOSPITALS, SOME UP TO SIX DAYS ON A GURNEY, IT IS ONLY GOING TO GET WORSE WITH LESS SERVICES. I URGE YOU TO RECONSIDER THINGS.

>> HELLO. SOME OF YOU KNOW ME AS **MINNIE AND LOUETTE**. I'VE LIVED A VERY HARD LIFE BECAUSE I'M BIPOLAR, SCHIZOPHRENIC AND A LITTLE BIT OF RETARDATION. WHEN I FIRST GOT MY ILLNESS, I WAS AT HRC AND THEY WERE VERY, VERY GOOD PROGRAMS. BUT THE PSYCHIATRIST THAT I HAD RETIRED BECAUSE HE WAS OLD IN AGE. OKAY? AND THEN I GOT TRANSFERRED TO TURNING POINT, SOME OF THEM WERE GOOD, SOME WERE BAD. BUT THE BAD ONES WERE ALWAYS TESTING ME WITH MY NERVES AND TRYING TO GET ME TO DO THINGS I COULDN'T DO AND I WOULD GET FRUSTRATED BECAUSE OF THE RETARD SIDE OF ME. I GOT FRUSTRATED, IRRITATED. I COULDN'T HELP IT! I GET BADLY DEPRESSED. I DIDN'T WANT TO GET OUT OF BED. I DIDN'T WANT TO TALK. THE ONLY ONE THAT COULD HELP ME WAS MY DAD. MY DAD MADE ME GET OUT OF BED AND DO SOME EXERCISES TO GET MY METABOLISM DOWN.

IF WE DON'T GET THE EXERCISE, WE DON'T GET OUT OF BED, WE DON'T MOVE AROUND, I'M TELLING YOU, THE DEPRESSION GETS WORSE AND WORSE AND WORSE. I'LL TELL YOU SOMETHING ELSE, FROM MY OWN EXPERIENCE, I ALSO WHEN I WAS IN SMITH, THEY TIED YOU UP TO GIVE YOU SHOTS IN YOUR BUTT. THEY MADE YOU LISTEN TO THEM OR THEY WOULD RESTRAIN YOU. IT WAS – THEY HAD POOP ALL OVER THE PLACE. THROW UP. THEY HAD PEE ALL OVER THE TOILETS. I WOULD GET SO FRUSTRATED WHEN I WAS IN THERE EVEN THOUGH I WAS SICK, I TRIED TO HELP THEM CLEAN UP THE PLACE. AND I FELT AS THOUGH I WAS AN INVALID BECAUSE I COULD NOT DO WHAT I WANTED TO DO. THE MORE I CLEANED, THE MORE I HAD TO DEAL WITH THE MESSSES.

I'M TELLING YOU, BEING – AND I WAS HOMELESS. EVERY TIME I GOT BACK IN SMITH, I HAD TO START ALL OVER AGAIN. I'VE SPENT MOST OF MY LIFE THERE. YOU KNOW WHAT TAUGHT ME BETTER? AMERICAN RIVER BEHAVIOR. IT HELPED ME GET A HOME, THEY GOT ME TO WHERE I CAN BE MOTIVATED, HAPPY WITH MYSELF AND THINK I CAN DO THINGS INSTEAD OF HEARING THAT I CAN'T DO THIS AND I CAN'T DO THAT.

>> GOOD EVENING. I'M AN INTAKE WORKER AT VISIONS. LAST YEAR WHEN WE WENT THROUGH THE CUTS, WE DID AS YOU ASKED. WE MOVED CLIENTS AND THEN NOT MORE THAN A MONTH LATER, COME AUGUST, WE STARTED HAVING CLIENTS RETURNING OR TRYING TO RETURN BECAUSE THEY COULDN'T GET THEIR MEDICATIONS. WHEN WE SAW THEM LAST, WE GAVE THEM 3 OR 4 MONTH'S WORTH OF MEDICATION AND THEY STILL WERE NOT ABLE TO GET SERVICES. LAST MONTH AT OUR AGENCY ALONE, WE HAD 15 RETURNING CLIENTS WHO HAD BEEN 8 MONTHS WITHOUT MEDICATION. THAT'S A SHAME.

THE OTHER JOB THAT I DO, I'M A MENTAL HEALTH WORKER. MY CASE LOAD IS PREDOMINANTLY LATINOS. I'M GOING TO SHARE A STORY WITH YOU. YESTERDAY, I TOOK MY LATINO CLIENT, MONOLINGUAL, TO THE HOSPITAL AND SHE WAS TURNED AWAY. SHE IS GRAVELY DISABLED AND I WAS EMBARRASSED AS A WORKER. I TOOK HER TO HER SON, HE DIDN'T WANT HER. I TOOK HER BACK HOME AND WHAT WAS I SUPPOSED TO DO, LEAVE HER THERE? SHE IS GRAVELY DISABLED. BY THE TIME I LEFT, MY DAY WAS OVER AT 9 P.M. AND I DON'T LIVE IN SACRAMENTO. I DID WHAT WAS ETHICALLY RIGHT. AND SHAME ON US IF YOU CLOSE WHAT IS WORKING. IF YOU DON'T HAVE TO REINVENT THE WHEEL, DUDE, WE ARE DOING THE BEST THAT WE CAN WITH WHAT WE HAVE. IN THE FIVE MHSA ELEMENTS, THE FIRST THING ON THERE IS COMMUNITY COLLABORATION. HOW ARE YOU COLLABORATING WITH US BY SHUTTING US DOWN? SHAME ON YOU!

>> MY NAME IS **CARMELITA** AND I'M A CARE PROVIDER FOR ABOUT 25 YEARS. I'M A LICENSED CARE PROVIDER FOR 21 BEDS SERVING THE MENTALLY DISABLED. MY POINT IS THAT WE'RE TALKING ABOUT MONEY HERE. LOOK AT THE BIG SCENARIO. WHETHER YOU CAN SAVE MONEY BY CLOSING THE AGENCIES THAT ARE PROVIDING GOOD CARE TO OUR CLIENTS. THESE AGENCIES ARE PROVIDING THE SERVICES FOR A PREVENTIVE MEASURE SO THAT THEY WILL NOT DECOMPENSATE AND GO TO THE HOSPITAL. SHOULD THIS HAPPEN, YOU HAVE TO REALIZE THE HOSPITAL COSTS ABOUT \$750 A DAY OR SOMEWHAT IN THAT RANGE. HIGHER, \$900?

ALL: \$1200.

>> \$1200 A DAY FOR ONE CLIENT TO BE HOSPITALIZED. THESE AGENCIES ARE PREVENTING THAT FROM HAPPENING.

NOW, IN MY FACILITY, IF THEY DON'T HAVE THE AGENCIES TO EVALUATE THEM AND PREVENT THAT MEASURE, A LOT OF MY CLIENTS WILL GO TO THE EMERGENCY ROOM.

NOW, LET US PRESUPPOSE THAT FIVE OF MY CLIENTS WILL GO THERE PER DAY. SAY THEY ARE GOING TO BE THERE FOR ABOUT A MONTH. YOU DO THE MATH. HOW MUCH WILL THAT BE? OKAY.

WHAT I'M TRYING TO SAY, IS IT COST EFFECTIVE TO MAKE THEM GO TO THE EMERGENCY ROOM OR IS IT COST EFFECTIVE TO PREVENT THEM FROM GOING TO THE EMERGENCY ROOM? THESE AGENCIES ARE GIVING BIG SUPPORT. IF THE CLIENTS, THE INDEPENDENT LIVING, NOT OUR CLIENTS, BECAUSE WE CAN PROVIDE SERVICES IN GOING TO YOUR PLAN OF OPERATION. WHAT ABOUT THE INDEPENDENT LIVING? THEY DON'T HAVE ANY MEANS OF TRANSPORTATION WHAT ARE THEY GOING TO DO? THEY ARE GOING TO GO TO THE STREET. THE POLICE ARE GOING TO BE HEAVILY BURDENED. AND THEN WHAT ARE WE GOING TO DO THEN? ARE WE GOING TO PROVIDE HOMELESS PEOPLE? THEN IT IS GOING TO GO TO THE CRISIS AGAIN? YOU THINK YOU SAVE A LOT OF MONEY THAT WAY? I DON'T THINK SO. WE ARE HERE TO PREVENT THEM FROM GETTING GRAVELY ILL. AND WE'RE SUPPOSED TO BE PROVIDING THE NECESSARY HELP THAT THEY NEED AT THIS MOMENT. THANK YOU.

>> I'M **MICHAEL MCDANIEL**. I AM ONE OF THOSE PEOPLE THAT WAS TAILOR-MADE FOR THIS TYPE OF SERVICE AS FAR AS HELPING PEOPLE WITH MENTAL ILLNESS. AS FAR BACK AS I CAN REMEMBER, I DEAL WITH REALITY A LOT DIFFERENT THAN MOST PEOPLE. YOU WOULD NOT KNOW BECAUSE I HAVE A LOT OF MEDICATION AND I HAVE GOOD SKILLS AND I'M PRETTY INTELLIGENT.

I HAD TO GET A CLUE WHEN I HAD A DREAM THAT MY MOM DIED. SHE DIED 6 MONTHS LATER. I COULD NOT TELL HER. I MOVED TO SACRAMENTO TO BE CLOSER TO MY FAMILY. LOAVES AND FISHES HELPED ME. I USED TO BE A MENTAL HEALTH OUTREACH WORKER FOR THE HOMELESS AND MENTALLY ILL. THAT POSITION DOES NOT EXIST ANYMORE. I GOT TO WORK WITH TSCS, HRC AND TCORE, I'M AN EMPLOYEE THERE NOW. WHAT WE DO IS WE CARE AND WE'RE GOOD AT WHAT WE DO. AND I'M NOT SURE IN ALL THIS PROCESS, WHERE THESE AGENCIES COME INTO THE PICTURE AS FAR AS PLANNING. I KNOW THAT OUR TOP EXECUTIVES, TLC, THEY ARE SMART. THEY KNOW WHAT THEY DO. THEY ARE PROFESSIONAL.

WHEN IT COMES TO PROTECTING A LITTLE NEST EGG OF MONEY FOR SOMEBODY, THAT SCARES ME. IT IS LIKE WHAT? DO YOU NEED NEW RIMS OR SOMETHING? YOU KNOW WHAT I'M SAYING? THESE AGENCIES PROVIDE EXCELLENT SERVICES THAT HELP PEOPLE NOT ONLY LIVE, BUT THRIVE. AND GET BACK TO THE COMMUNITY AND GIVE BACK, NOT JUST EVEN THINK OF LIVING ON SSI. BECAUSE IF THEY GET THE HELP THAT THEY NEED, BECAUSE THE PEOPLE THAT WORK KNOW WHAT THEY ARE DOING, IT IS JUST – IT'S A WONDERFUL MIRACLE. THANK YOU AND GOOD LUCK.

>> I'M **MARYANNA** AND I'M THE FAMILY MEMBER OF THE PATIENT. I CAME HERE BECAUSE I FEEL THAT VISION HAS HELPED MY FAMILY SO MUCH. EVEN THOUGH MY FAMILY DOES NOT SPEAK ENGLISH. I'M FROM OUT OF STATE. MY FAMILY DON'T SPEAK ENGLISH. MY BROTHERS HAVE HELP, MEDICATION PROBLEMS. VISIONS IS HERE TO HELP THE PEOPLE WHEN THEY NEED THE HELP. AND THEY DO A LOT OF WORK THAT IS SUCCESSFUL.

IF YOU CLOSE VISIONS, THAT IS GIVING UP HOPE. WE WANT THEM TO STAY TO HELP PATIENTS WHEN IT IS NEEDED. WE DON'T WANT THEM TO GO TO OTHER PLACES. WE HAVE HELPED MY FAMILY SO MUCH AND WE DON'T WANT THEM TO CLOSE THE COMPANY DOWN. WE APPRECIATE IF YOU GUYS WOULD LET THEM STAY. BECAUSE WHY? THEY HELP THE PATIENTS SO MUCH. THANK YOU.

>> (SPEAKING FOREIGN LANGUAGE)

INTERPRETER: I'M **LENA**, A MENTAL HEALTH WORKER AT VISIONS. I'M GOING TO STATE WHAT SHE SAID. I HAVE BEEN FEELING HOPELESS AND MANY TIMES I HAVE TRIED TO JUMP OUT OF THE CAR. I AM GLAD THAT I HAVE THE DOCTORS TO HELP ME, THE STAFF. AND I AM LIVING IN THE U.S. RIGHT NOW, LIVING IN YOUR COUNTRY. IF YOU FELT THAT YOU NEEDED TO CLOSE, KILL ALL OF US! I REALLY APPRECIATE THE HELP THAT I GET. IN ORDER TO KILL ME, JUST GO AHEAD AND KILL ME, MIGHT AS WELL. I DON'T HAVE TO HOPE, THINK OR BE STRESSED. RIGHT NOW I DO HAVE HOPE BECAUSE OF MY DOCTOR, INTERPRETERS, THE STAFF AT VISIONS. THIS IS MY DOCTOR HERE. SHE HAS GIVEN ME MEDICATION, WHICH HELPED ME REMAIN STABLE UNTIL NOW. I HAVE A SON WHO IS IN NAPA STATE AND I CAN'T SEE HIM. MY SON IS IN A HOSPITAL, I DON'T KNOW WHAT IS GOING ON OVER THERE. HE HAS A MENTAL ILLNESS AND ALSO I DO HAVE IT, TOO. PLEASE, KEEP VISIONS OPEN. PLEASE KEEP VISIONS OPEN, JUST LIKE HOW YOU CARE FOR THE CATS AND DOGS. PLEASE TAKE CARE OF THE MENTAL ILLNESS. HAVING A MENTAL ILLNESS IS NOT WHAT YOU WANT. YOU ARE BORN WITH IT. THERE ARE GOOD AND BAD, SO PLEASE! PLEASE DON'T CLOSE VISIONS, IF YOU DO, HERE IS MY ADDRESS, 4001 MARTIN LUTHER KING, JR. THANK YOU FOR COMING HERE AND LISTENING TO MY STORY.

>> I DON'T KNOW HOW TO GO AFTER THAT ONE. MY NAME IS **MARILYN S.** AND I MOVED HERE TO SACRAMENTO IN 1999. WHEN I GOT HERE, I TRANSFERRED MY SERVICES FROM LA COUNTY TO WHERE I RECEIVED SERVICES TO TREAT MY MAJOR DEPRESSION. FROM THAT EXPERIENCE, I WAS ABLE TO FIND A CAREER AND I WAS IN SCHOOL AT THE TIME. I CHANGED MY MAJOR, GOT A MASTERS IN SOCIAL WORK AND WORKING ON MY LICENSE NOW. I'M THE PROGRAM DIRECTOR OF TCORE NOW.

I WANTED TO ADDRESS THE LOSS OF THE 151 POSITIONS THAT WILL OCCUR WITH THE LOSS OF HRC NORTHGATE POINT VISION WELLNESS RECOVERY CENTER AND TCORE. ALSO I WANTED TO MENTION AND MAKE SURE IT WAS BROUGHT UP THAT BECAUSE OF THESE CUTS, HRC WILL CLOSE THEIR DOORS AFTER PROVIDING OVER 30 YEARS OF SERVICE TO THE COMMUNITY. THE EMPLOYEES WILL NOT BE ELIGIBLE FOR MEDICAL BENEFITS. 5200 CLIENTS WILL BE DISPLACED FROM CURRENT SERVICES. ALL OF THIS DEVASTATION TO SAVE 28.6 AND GIVE 5.5 MILLION DOLLARS IN SALARY ADJUSTMENTS.

AS A VOTER OF CALIFORNIA, THIS IS NOT WHAT I VOTED FOR. WITH THE MENTAL HEALTH SERVICE ACT, THE SYSTEM WAS SUPPOSED TO BE TRANSFORMED INTO A SYSTEM THAT PROVIDED REHAB SERVICES THAT ARE COST EFFECTIVE. CASE MANAGEMENT, THAT WAS SAID LAST WEEK AT THE STEERING COMMITTEE, BUT CONTRARY TO THAT, THEY SAID THERE WOULD BE NO HOME VISITS WITH THAT. I WANT TO KNOW HOW YOU PROVIDE REHABILITATIVE SERVICES WITHOUT GOING INTO THE COMMUNITY AND MEETING INDIVIDUALS WHERE THEY ARE AT.

I WOULD ALSO LIKE TO COMMENT ON THE MENTAL HEALTH SERVICE ACT REPORT THAT WAS READ EARLIER THIS EVENING. I HAD TO ASK, HOW CAN YOU SAY THERE HAS BEEN NO CHANGE? I HAVE BEEN THE DIRECTOR OF T CORE SINCE JULY 2007 WHEN WE OPENED OUR DOORS. IN THE LAST TWO AND A HALF YEARS WE HAVE SEEN CHANGES THAT DRASTICALLY CHANGED THE SERVICE DELIVERY AND NOW YOU ARE CLOSING OUR DOORS ON WHAT HAS WORKED. WITH THE SUCCESSES WE HAVE SEEN AND OUR STAFF, DESPITE ALL OF THE CHANGES YOU HAVE THROWN OUR WAY, HAVE LISTENED TO THE OCCASION, HAD LOW TURN OVER AND MADE A DIFFERENCE IN PEOPLE'S LIVES. THANK YOU FOR LISTENING.

>> WOW! THOSE ARE STATISTICS. YOU KNOW, LIKE I SAID LAST WEEK, I WAS AT THE MEETING LAST WEEK. I HOLD MANY HATS IN THE GENERAL HEALTH SYSTEM. MY BROTHER, HE IS CURRENTLY RECEIVING SERVICES AT NORTHGATE. EVEN THOUGH THAT I HOLD MANY HATS IN THE MENTAL HEALTH SYSTEM, I STILL DID NOT KNOW HOW TO PROVIDE SERVICES TO MY OWN BROTHER. WHENEVER HE WENT TO NORTHGATE POINT, THE SERVICE COORDINATOR WAS ABLE TO SHOW ME, "LOOK, DO THIS, TRY THIS." HE IS NOW LIVING SUCCESSFULLY IN THE COMMUNITY. DOESN'T HAVE A JOB, BUT LIVING SUCCESSFULLY IN THE COMMUNITY.

THE OTHER THING IS THAT I HAVE BEEN LISTENING. THERE IS ONE THING THAT EVERYBODY AT THE RST'S HAVE IN COMMON; MEDICATION MANAGEMENT. THE ONLY THING THAT I HEAR THAT IS GOING TO BE ADDRESSED IS MEDICATION MANAGEMENT. I DON'T HEAR INDIVIDUALIZED TREATMENT OR INDIVIDUALIZED SERVICES. WHERE IS THAT GOING TO BE? SOUNDS LIKE TO ME THAT WE'RE GOING TO BE GROUPING PEOPLE WITH MENTAL ILLNESS INTO ONE LITTLE PACKAGE. IT'S NOT GOING TO WORK PEOPLE. THAT IS STIGMA AND WE'RE HERE TO FIGHT IT. THANK YOU.

>> I'M **DUANE** I'M HERE AS A SERVICE PROVIDER AND SOCIAL WORKER. MAINLY AS AN ENTHUSIASTIC VOTER FOR THIS MHSA. I WANT TO HONOR THE POWER THAT THIS COMMITTEE HERE HAS. AND IT IS OUR ONE CHANCE TO BE HEARD. SO WE TALK THROUGH YOU. AND THAT IS WHY I VOTED FOR MHSA WAS TO HAVE SOMETHING OUTSIDE OF GOVERNMENT TO SAY HEY, THIS IS WHAT WE'RE LOOKING AT AS FAR AS MENTAL HEALTH TREATMENT. WE'RE MOVING AWAY FROM THAT. IT IS ME HERE TO BABY YOU AND HONOR YOU, TO REALLY DON'T LOSE THAT FIGHT OR TAKE THE PATH OF LEAST RESISTANT. WE ARE MHSA, WE KNOW WHAT WAS VOTED FOR AND WE WANT TO DO ALL WE CAN TO HONOR THAT.

WITH THAT SAID, THERE ARE TWO PROGRAMS THAT ARE VERY SUCCESSFUL. T CORE AND WELLNESS RECOVERY. TWO EXAMPLES THAT ARE BEYOND SUCCESSFUL. THEY ARE FANTASTIC PROGRAMS AND THEY ARE BEING CUT. THESE ARE YOUR PROGRAMS, OUR PROGRAMS. AT

THAT TCORE, I START HEARING APSS NOW AS TCORE AND I SEE THAT IN THE LITERATURE. THAT IS GOVERNMENT TAKING OVER THE SUCCESSFUL PROGRAM AND ROLLING IT IN SOMETHING THEY WANT. I BEG YOU TO TAKE A GOOD LOOK AT HOW TCORE IS BEING USED FOR WHAT IT IS AND FOR WHAT IT WANTS TO BE. DON'T GIVE UP, PLEASE. WE ENTRUST AND REALLY NEED YOU. THANK YOU.

FRANK TOPPING: I HOPE I DON'T CREATE ANY DISRESPECT FOR STEPPING OUT OF THE MENTAL HEALTH BOARD TO GO AHEAD AND ADDRESS YOU. I AM A CONSUMER, BIPOLAR WITH PSYCHOTIC FEATURES. I'M SOMETIMES PULLED ALL KINDS OF DIFFERENT WAYS WHEN WE'RE ENCOURAGED TO REFUSE OURSELVES BY LEGISLATION. WHEN THE CONSUMERS ARE ASKED TO BE PART BY LAW OF VARIOUS BOARDS AND SUCH. I RECEIVED SERVICES FROM JUST ABOUT EVERY AGENCY IN THE COUNTY. WHAT I DO HAVE TO SAY ABOUT THAT IS THEY ARE REALLY DO A HECK OF A JOB. I'M NOT SURE THAT 71-J PROVIDES FOR SOMETHING COMING. I KNOW WHAT IT SAYS AND I THINK THERE IS SOMETHING COMING OUT OF THE WOODWORK THAT WOULD BE NEW WOULD DISPLACE COUNTY WORKERS WOULD BE WHAT THE INTENTION IS. I'M NOT SURE IF THE EXISTING PROGRAM AND BUDGET CUTS, WHEN THE COUNTY WORKERS ARE COMING UP AGAINST BUDGET CUTS.

I DO HAVE A QUESTION AS FAR AS INDIVIDUALS THAT ARE PROVIDING SERVICES, FOR INSTANCE, EDUCATION-RELATED SERVICES THAT ARE MANDATED. THE PEOPLE IN THE COUNTY HAVE BEEN OVERSEEING THESE SERVICES THAT THE VARIOUS AGENCIES HAVE BEEN PROVIDING. THEY HAVE NOT BEEN OUT THERE DOING THEM AND I DON'T BELIEVE THEY ARE UP TO SPEED AND READY TO PROVIDE THOSE.

I WOULD LIKE TO SAY THAT IT REALLY ENDEARS MY HEART TO SEE EVERYBODY HERE TONIGHT AS IT DID LAST WEEK. IT IS MY FAVORITE PART OF BEING INVOLVED AND STEPPING FORWARD TO SPEAK. IT IS NOT A COMMERCIAL HERE, BUT I WOULD LIKE TO MENTION THAT WE'VE HAD A CHARTER REVIEW COMMITTEE ON THE MENTAL HEALTH SERVICES ACT STEERING COMMITTEE AND WE HAVE BEEN MEETING FOR ABOUT A MONTH AND A HALF AND TALKING ABOUT ALL KINDS OF EXCITING THINGS. BASICALLY BOTH THE MENTAL HEALTH BOARD AND THE STEERING COMMITTEE WANT TO ENCOURAGE PEOPLE TO STEP FORWARD AND BE MEMBERS. WE WANT TO GET YOU OUT OF THE AUDIENCE AND BE INVOLVED. THANK YOU ALL VERY MUCH.

>> HI. I'M **BARBARA W.** I'VE BEEN RECEIVING MENTAL HEALTH SERVICES SINCE 2002 AND BEFORE THAT, WHAT I RECEIVED WAS APPROXIMATELY 20 SOMETHING HOSPITALIZATIONS THAT PROBABLY COST THIS COUNTY QUITE A BIT OF MONEY UNTIL TURNING POINT TOOK ME AS A CLIENT. IT TOOK A LOT TO GET TO THE POINT WHERE PEOPLE KNOW YOU AND YOU CAN TRUST THEM. AND TO HAVE TO DO THAT OVER AGAIN, I'VE ALREADY DONE IT TWICE AND I LOST MY PSE AND I CAN'T DO IT AGAIN. I'M NOT GOING TO – I CAN'T SEE MYSELF AND A LOT OF PEOPLE BEING MOTIVATED. I HAVE FRIENDS THAT WERE CUT OUT LAST YEAR AND THEY HAVE NOTHING. THERE IS NOTHING FOR THEM. I DON'T KNOW WHY YOU GUYS THINK THAT THEY ALL MOVED SOMEWHERE BECAUSE THEY DIDN'T. SOME PEOPLE WERE JUST DROPPED BECAUSE THEY DIDN'T HAVE INSURANCE.

THAT'S ABOUT IT. YOU DON'T WANT PEOPLE TO – YOU WILL SEE IT IN OTHER WAYS. YOU WILL SEE REPERCUSSIONS, LAW ENFORCEMENT, HOSPITALS AND IT WILL COST A LOT MORE MONEY.

>> GOOD EVENING, I'M **PAUL POWELL**. WE UNDERSTAND THE COUNTY TO SUBMIT AN UPDATE TO CONTINUE OPERATIONS AND EXISTING PROGRAMS. THE THREE YEAR PLAN UPDATE INCLUDES SEVERAL PROGRAMS, WHICH WERE CONCEIVED, DESIGNED AND IMPLEMENTED TO COMPLEMENT THE EXISTING SYSTEM OF MENTAL HEALTH CARE IN OUR COMMUNITY. SINCE THAT TIME, THE IN- PATIENT AND OUTPATIENT HEALTH CARE HAS ERODED. IF THE NEW PLAN COMES INTO PLAY WITH THE BUDGET REDUCTIONS, ITS CAPACITY WILL BE ERODED FURTHER.

IT BRINGS TO QUESTION, THE CONTINUED VIABILITY AND VALIDITY OF THE MENTAL HEALTH SERVICES PLAN UPDATE AS PRESENTED. WE UNDERSTAND ALSO, AND WE REALLY ACKNOWLEDGE THE NARROW PARAMETERS, WHICH MARY ANN AND THE STAFF WERE GIVEN TO DEVELOP THIS ON THE OTHER TRACK, THE PLANNED UPDATE FOR 10/11 TO DEAL WITH BUDGET REDUCTIONS. WE WOULD LIKE TO GO ON RECORD IN OPPOSITION TO THAT PLAN DUE TO A NUMBER OF FACTORS WHICH INCLUDE THE NUMBER OF EXISTING PROVIDERS WHO ARE DOING A GOOD JOB IN NOT ONLY DEVELOPING FACILITY SITES AND PROGRAMS, BUT HAVE REFINED AND PERFECTED THE SERVICES THAT THEY DELIVER IN ALREADY ESTABLISHED FACILITIES AND SITES.

WE ARE CONCERNED WITH COST EFFECTIVENESS OF TURNING THOSE PROGRAMS INTO REPLACEMENT PROGRAMS WITH COUNTY-OPERATED PROGRAMS AND THE DEPARTMENTS HAVE TO ABSORB TO COVER THE COSTS. IT IS MORE EXPENSIVE. WE'RE ALSO CONCERNED ABOUT THE VERY SHORT TIMEFRAME IN WHICH THIS WOULD NEED TO BE IMPLEMENTED, DOWN TO GETTING DSL LINES AND DESKS AND CHARTS. WE ARE CONCERNED WITH THE DISRUPTION IN THE CONTINUITY OF CARE THIS WOULD PLACE ON THE CONSUMERS THE COMMUNITY.

WE FEEL THERE ARE MANY EXTERNAL FACTORS THAT HAVE COME INTO PLAY. IT IS UNFORTUNATE IT HAS GOTTEN TO THIS POINT. THE COUNTY DEPARTMENT EXECUTIVE STAFF NEED TO WORK THROUGH THE ISSUES TO THE GREATEST EXTENT OF THEIR ABILITY. WE HAVE TO KEEP THE BEST INTEREST OF THE MENTAL HEALTH CONSUMERS IN MIND AND HOW IT AFFECTS THE PERSONS WITH PSYCHIATRIC DISABILITIES OUR COMMUNITY. THANK YOU.

>> GOOD EVENING. MY NAME IS **MICHAEL WILKINS**. I'VE BEEN THROUGH A LOT SINCE 1972. SHOCK THERAPY AND EVERYTHING. I'VE BEEN IN THE HOSPITAL WHEN THEY CLOSED IT DOWN. ALSO, PLEASE, DO NOT CUT THE SERVICES FOR US. WE NEED IT TO HELP US FEEL BETTER SO WE DON'T GO OUT INTO THE STREET. THANK YOU.

>> I'M **SILVIA**. I'M LIVE IN SACRAMENTO COUNTY. I'M A CONSUMER, SACRAMENTO COUNTY MENTAL HEALTH SERVICES SINCE 1982 WHEN I MOVED TO THIS COUNTY. IT TOOK ME SIX YEARS, I STARTED SERVICES 1979, IT TOOK ME UNTIL 1982 TO GET MY MENTAL HEALTH SERVICES. I'M APPALLED THAT AFTER ALL THIS TIME, NOT ONLY ARE YOU CUTTING MORE AND MORE SERVICES FOR THE DISABLED AND THE ELDERLY, MY CHILDREN ARE JUST AS DISABLED MENTALLY AND EMOTIONALLY AS I AM. WHO IS GOING TO TAKE CARE OF ME WHEN I CAN'T TAKE CARE OF MYSELF? YOU ARE CLOSING DOWN PROGRAMS THAT HELP ME BECOME STABLE.

I HAVE A PSYCHIATRIST THAT I CAN TALK TO, A THERAPIST, CLASSES THAT HELP ME LEARN HOW TO BE MORE SELF-RELIANT. I'VE BEEN ON THE STREET BECAUSE THERE WERE NO PLACES FOR ME TO GO. I DON'T WANT TO HAVE TO HAVE MY GRANDKIDS SEE ME ON THE STREET ONE MORE TIME. MY KIDS HAD TO LIVE WITH ME ON THE STREET BECAUSE OF MY MENTAL ILLNESS. I DON'T NEED MY GRANDKIDS TO SEE ME ON THE STREET BECAUSE THEY CUT MY PROGRAMS. THE STATE OF CALIFORNIA HAD CUT MY MEDI-CAL. I DON'T HAVE VISION OR DENTAL. I HAVE CARDIAC PROBLEMS ON TOP OF MY MENTAL HEALTH PROBLEMS AND I'M DIABETIC. OUT OF MY OWN POCKET, \$845 A MONTH, HAVE TO HAVE MY EYES EXAMINED EVERY THREE MONTHS BECAUSE YOU GUYS KEEP CUTTING AND CUTTING. WHAT AM I SUPPOSED TO LIVE ON? I HAVE TO PAY \$300 FOR A DENTIST AND ANOTHER \$300 FOR A PAIR OF GLASSES. WILL I HAVE TO PAY FOR MY MEDICATIONS TOO? WHERE WILL I GET THE MONEY? YOU GUYS KEEP TAKING OUR MONEY AWAY, WE ARE LIVING ON \$845, HAVING TO GET MEDICINE, HOUSE, AND BUS PASS. WHERE DO WE EAT? WHAT DO WE WEAR? YOU CAN'T FIND ANYTHING FOR A BUCK. YOU KEEP CUTTING THINGS, PRETTY SOON ALL OF US WILL BE OUT ON THE STREET. AND I'M APPALLED THAT YOU GUYS WHO HAVE LOTS OF MONEY AND ARE DRESSED NICE, ARE TAKING AWAY FROM US WHO HAVE NOTHING ALREADY.

>> I'M **TERRY** AND – I'M NERVOUS – I WROTE A LETTER AND I WILL READ IT: I'M THE MOTHER OF A YOUNG MAN, 30-YEARS OLD, WHO HAS BEEN DIAGNOSED WITH SCHIZOPHRENIA AND WHO HAS BEEN APPROVED FOR SOCIAL SECURITY BENEFITS. MY JOURNEY HAS BEEN LONG. THE JOURNEY BEGAN WHEN HE WAS A JUNIOR IN HIGH SCHOOL AND WE DIDN'T KNOW WHAT WAS GOING TO HAPPEN TO HIM. HE WAS AN HONOR STUDENT, PLAYED INSTRUMENTS, SELF-TAUGHT. HIS FATHER DIED OF LUNG CANCER.

HE NEEDED HELP AND I DON'T KNOW WHO TO TALK TO OR WHERE TO TURN. THE ORGANIZATION HELPED ME AND I WAS GIVEN AN ACCESS PHONE NUMBER, WHICH WAS THE ANSWER TO MY PRAYERS. MY SON HAD AN APPOINTMENT THE NEXT DAY AND WAS SEEN BY A PSYCHIATRIST, GIVEN PSYCHIATRIC ATTENTION AND FOLLOWING APPOINTMENTS WHICH MADE THE DIFFERENCE BETWEEN HIM LIVING ON THE STREETS.

I CALLED MY SON'S SERVICE COORDINATOR ON NUMEROUS OCCASIONS AND RECEIVED PROMPT ATTENTION AND CONSIDERATION THAT A MOTHER NEEDS TO HAVE. THIS IS MY SON. I DO WHATEVER IT TAKES TO HELP HIM. IF MY SON NO LONGER RECEIVES HIS SERVICES, WHAT IS GOING TO HAPPEN? WITHOUT HOGAR, I DON'T KNOW WHAT WILL HAPPEN TO HIM-- TO HIM AND ANY MENTALLY ILL PERSON. THEY NEED CONSISTENCY AND THE PEOPLE WHO TREAT HIM, NURSES, EVEN THE RECEPTIONIST AT THE FRONT DESK KNOW MY SON BY NAME AND PLAY A PIVOTAL ROLE IN KEEPING HIM HEALTHY.

MY SON IS KIND AND INTELLIGENT. I OWE MY SON'S LIFE AND MY LIFE TO HOGAR. THEY DID NOT GIVE UP ON HIM AND WERE THERE ALWAYS WHEN HE NEEDED THEM. THANK YOU.

>> HELLO. I'M THE MHSA PUBLIC POLICY DIRECTOR OF THE CALIFORNIA NETWORK OF MENTAL HEALTH CLIENTS HERE IN SACRAMENTO. I HAVE TO SAY I'M QUITE AMAZED AT WHAT IS BEING PROPOSED. IT IS NOT ENTIRELY CLEAR HOW THE 2010/11 UPDATED WILL BE AMENDED

UNDER THIS PROPOSAL. FROM WHAT I UNDERSTAND, MANY, MANY CLIENTS WILL BE DISPLACED. WE ARE SURE THAT THEY WILL GO TO SOME ALTERNATE SERVICE, BUT WILL THE SERVICE PROVIDE THE SAME THINGS THAT THEY ARE RECEIVING NOW? WILL THEY HAVE REAL CONTINUITY AND SUPPORT IN THIS TRANSITION? THAT IS NOT CLEAR TO ME.

I KNOW FROM READING THE DESCRIPTION OF T CORE, I'VE NOT BEEN A CLIENT, BUT THE SERVICES THEY PROVIDE ARE JUST LIKE THE SERVICES THAT SAVED MY LIFE ABOUT 15 YEARS AGO WHEN I WAS HOMELESS, APPLYING FOR BENEFITS LIKE SSI AND SDI, COUNSELING AND HOUSING. THESE ARE THE THINGS THAT SAVED MY LIFE WHEN I WAS HOMELESS AND ATTEMPTED SUICIDE. THESE THINGS ARE ESSENTIAL. AND I'M HEARING FROM SO MANY PEOPLE TONIGHT THAT THESE SERVICES SAVED THEIR LIVES AS WELL. AND TO TAKE THESE SERVICES AWAY WITHOUT REPLACING EACH OF THESE TYPES OF SERVICES TO OFFER ONLY A VERY SIMPLISTIC APPROACH THROUGH COUNTY FUNDED SUPPORTS LEAVE SO MANY PEOPLE STRANDED AND CONFUSED AND POSSIBLY MISSING OUT ON THE SERVICES THAT THEY HAVE COME TO DEPEND ON.

EVEN IN THE SHORT RUN, IT IS GOING TO COST SO MUCH MORE THAN IT WILL EVER SAVE. THE MENTAL HEALTH SERVICES ACT -- SORRY, I HAVE SECTION 58-91 A OF THE WELFARE CODE, PROHIBITS OF THE USE OF HUNDREDS OF DOLLARS TO PLAN EXISTING STATE OR COUNTY FUNDS. THAT IS WHAT I HEAR BEING PROPOSED HERE. THIS CANNOT BE SUPPORTED. THE OLMSTEAD DECISION TALKS ABOUT THE NECESSITY OF ALLOWING PEOPLE TO LIVE IN THE LEAST RESTRICTIVE SETTING. THE FUNDS THAT ARE BEING PROTECTED ARE MORE -- THEY SEEM TO BE SHORING UP A LOT OF FACILITIES IN A CONCENTRATED AREA OR A FEW AREAS. AND THERE NEEDS TO BE ALTERNATIVES. THE INNOVATION PLAN, IT SHOULD BE USED FOR RESPITE. I WOULD BE GLAD TO SUPPORT THAT PROCESS WITH A LOT OF IMPORTANT INFORMATION ABOUT THE PROGRAMS THAT ARE BEING STARTED IN OTHER COUNTIES AND THAT HAVE BEEN SUCCESSFUL IN OTHER STATES. THANK YOU.

CHAD THOMPSON: OKAY. BOARD DISCUSSION ABOUT THE PLAN UPDATE. THEN WE WILL REVIEW. ANYBODY HAVE ANYTHING THEY WOULD LIKE TO SAY ABOUT THE PLAN UPDATE?

LANGLEY KREUZE: I HAVE SOMETHING. I'M TOTALLY CONFUSED. SO THE COMMENTS WERE FOR BOTH THINGS, THE PLAN THAT WAS JUST ADDRESSED THAT WE HAVE NEVER SEEN AND DON'T HAVE DETAILS FOR, AND THEN TRYING TO JUST GRASP AS MUCH MONEY AS YOU CAN POSSIBLY GET SOMEHOW. AM I KIND OF UNDERSTANDING THAT?

CHAD THOMPSON: TWO DIFFERENT THINGS.

LANGLEY KREUZE: SO WHAT WE ARE DISCUSSING IS JUST THE AMENDMENT TO THE MHSA, THE ANNUAL REPORT TO TRY AND GET MORE MONEY.

CHAD THOMPSON: THAT IS MY UNDERSTANDING. THAT IS AN ISSUE I HAVE ASKED A COUPLE PEOPLE, AND I'M GOING TO ASK IT HERE. AS I HAVE REVIEWED THIS -- AND I HAVE REVIEWED A LOT, FOR A VERY LONG TIME, WITH QUITE A FEW PEOPLE -- WE ARE SUBMITTING A DOCUMENT THAT SAYS -- THE PROPOSAL IS WE SUBMIT A DOCUMENT THAT ESSENTIALLY SAYS THE EXISTING MHSA PROGRAMS ARE GOING TO CONTINUE, ESSENTIALLY UNABATED. AND WHAT WE ARE LOOKING AT FOR NEXT YEAR, NEXT FISCAL YEAR, IS SOMETHING VERY MUCH DIFFERENT THAN IN THE DOCUMENT. AND I UNDERSTAND WE HAVE A TIME CONSTRAINT IN TERMS OF GETTING THIS DOCUMENT INTO DMH FOR THEIR REVIEW AND APPROVAL, AND SUBSEQUENTLY WOULD HAVE TO DO AN AMENDMENT THAT WOULD PRESUMABLY BE A PUBLIC PROCESS.

AS I HAVE READ THROUGH THIS AGAIN -- NOT TO BE REDUNDANT -- WHAT WE ARE SUBMITTING IS NOT REALLY ACCURATE AT ALL. WE ARE ASKING FOR FUNDS WHICH YOU ARE CERTAIN WE SHOULD ASK FOR, BUT NOT ASKING FOR FUNDS FOR WHAT WE ARE ACTUALLY LOOKING IN. WE ARE ASKING FOR FUNDS TO CONTINUE THE EXISTING PROGRAMS AND EXPAND ON THEM. AM I INCORRECT IN THAT ASSUMPTION?

MICHELLE CALLEJAS: WE ARE ASKING FOR THE FUNDS --

TERRY IMAI: CAN YOU TURN ON THE MIC?

MICHELLE CALLEJAS: WE ARE ASKING FOR THE FUNDS TO CONTINUE OUR SERVICES AS THEY EXIST TODAY. AND BASED ON THE REDESIGN, WE NEED TO FIGURE OUT WHAT AMENDMENTS WE NEED TO MAKE TO THIS PLAN, JUST LIKE WE DID LAST YEAR IN THE SAME POSITION. WE WENT AHEAD AND SUBMITTED THE ANNUAL UPDATE, KNOWING AT THE SAME TIME WE WERE GOING TO BE AMENDING IT BECAUSE OF THE BUDGET CRISIS. THAT IS IN FACT WHAT WE ARE DOING THIS YEAR, ASKING FOR THE SERVICES AS THEY EXIST TODAY.

CHAD THOMPSON: THANK YOU FOR THE CLARIFICATION. I WOULD LIKE TO MAKE A PUBLIC COMMENT.

OBVIOUSLY WE WILL BE LOOKING AT DOING SOME KIND OF AMENDMENT. I'M CERTAIN WE WILL HAVE A STATEMENT ABOUT THAT. THE MEMBERS OF THE PUBLIC ARE INVITED TO PARTICIPATE IN EVERY ASPECT OF ANY KIND OF REDESIGN UTILIZING MHSA FUNDING, DIFFERENT FACTORS BEING NECESSARY -- WHICH IT CERTAINLY APPEARS, BASED ON THE BUDGET AS IT STANDS NOW. I REMAIN HOPEFUL WE CAN GET CONCESSIONS FROM THE UNION, AS WELL AS SUPPORT FROM THE BOARD OF SUPERVISORS, POSSIBLY WAIVING OR ALTERING THE \$2.9 MILLION LOAN PAYMENT THAT IS DUE THIS COMING FISCAL YEAR.

SO MY STATEMENT, I GUESS, IS OBVIOUSLY CONCERN THAT ANY KIND OF PLAN -- I'M GOING TO ACTUALLY READ THE QUOTE FROM ONE OF THE 5,000 E-MAILS I HAVE GOTTEN REGARDING FUNDING.

I UNDERLINED IT. HERE WE GO. I'M JUST GOING TO READ IT. THIS IS THE QUOTE:

"THE DIVISION IS HOLDING MANY OF THESE REDESIGNED MEETINGS OUTSIDE THE PUBLIC VIEW; AND IT DOES NOT SEEM LIKE THE TIME FOR SECRECY, BUT RATHER TRANSPARENCY IN ORDER TO MAXIMIZE SERVICES FOR THE CLIENTS."

I BELIEVE MARY ANN WHOLEHEARTEDLY. PART OF THE ANXIETY FOR ME IS WE HAD A DISCUSSION ABOUT THESE THINGS, AND WE ARE GOING TO STEP IN IN VACAVILLE, OR CREATE NEW PROGRAMS WITH WHAT WE HAVE. THE PROBLEM IS, NO ONE KNOWS WHAT IT IS YET. AS I AM LOOKING OUT AT EVERYBODY, I HAVE A SENSE I AM RAMBLING. I AM GOING TO BE QUIET, AND I'M HOPEFUL WE WILL HAVE A PUBLIC MEETING WHERE WE CAN DISCUSS EACH AND EVERY THING.

FRANK TOPPING: I MAKE A MOTION THAT THE STATEMENT READ BY THE CHAIR, AND IDEA THAT WE HOLD THESE THINGS MORE TRANSPARENTLY, PUBLICLY, BE THE POSITION OF THE BOARD.

LANGLEY KREUZE: I WOULDN'T BE COMFORTABLE WITH THAT, BECAUSE I DON'T KNOW HOW MUCH IS IN SECRET. I DON'T KNOW HOW MUCH IS IN SECRET. THEY KEPT COMING TO US AS THE BOARD, AND WE WOULD POST IT. MAYBE THERE WAS STUFF I DIDN'T SEE THAT I JUST DON'T KNOW ABOUT NOT SEEING -- I DON'T KNOW, I'M NOT INTO ADOPTING A STATEMENT ABOUT THAT

CHAD THOMPSON: IT'S ABOUT JUST MAINTAINING, VERIFYING THAT EVERYONE BE HEARD, PARTICIPATING IN THE PROCESS. WE HAVE AN ABSOLUTE OBLIGATION TO THE COMMUNITY, I THINK, TO ADOPT, EVEN THOUGH I'M UNCOMFORTABLE WITH IT. WITHOUT ADOPTING IT, WE WILL HAVE NOTHING, LITERALLY.

DON NOTTOLI: I THINK IT OTHER BE HELPFUL, BECAUSE THIS CONVERSATION WAS COMPELLING AND AT TIMES DISTURBING. I THINK IT REALLY RINGS TRUE TO WHAT THE IMPACTS WOULD BE BEYOND, OBVIOUSLY, ANY BUDGET REDUCTION OR PROGRAM REALIGNMENT OR ELIMINATION.

I WOULD LIKE TO ASK MICHELLE OR MARY ANN IF I COULD TO MAYBE RESTATE, IN VERY CLEAR -- BUT I THINK SIMPLE IN THE SENSE THAT THEY CAN UNDERSTAND THE TERMS, WHAT THIS BOARD WAS ASKED THIS EVENING RELATIVE TO MHSA, SUBMITTAL OF THE PLAN, THE PROCESS GOING FORWARD. AGAIN, IT MAY HELP FOR THOSE STILL IN THE AUDIENCE AND THIS BOARD, A MOTION IN A SECOND. WHATEVER COMES OUT OF THE ACTION THIS EVENING, I THINK IT NEEDS TO BE STATED CLEARLY TO THIS BOARD MEMBER, AND I THINK FOR ALL OF US.

CHAD THOMPSON: ACT LIKE WE ARE FIVE YEAR OLDS.

MARY ANN BENNETT: IT IS MY UNDERSTANDING WE HAVE BEEN IN DISCUSSION WITH THE STATE DEPARTMENT OF MENTAL HEALTH AND THE OAC, AND HAVE BEEN REQUESTED TO BE AWARE THEY ARE LOOKING AT OUR PLAN. AND THEY HAVE TOLD US WE NEED TO SUBMIT THIS PLAN AS IF PROGRAMS ARE GOING TO BE IN PLACE AS THEY ARE TODAY, APRIL 15TH WHEN WE SUBMIT IT, WHEN IT'S DUE. AT THAT POINT IN TIME, THAT IS WHAT IS IN PLACE. AND WE ARE TO SUBMIT IT LIKE THAT SO WE CAN DRAW DOWN OUR DOLLARS BY JULY FIRST. IF WE DON'T AND

WAIT WHILE WE REDESIGN -- AS YOU ALL HEARD TODAY, THIS REDESIGN IS GOING TO BE HUGE AND TAKE A LOT MORE WORK AND THOUGHT AND PROCESS AND INPUT BEFORE IT GETS FULLY FLESHED OUT AND DEVELOPED. AND IN ORDER TO MAKE SURE OUR MONEY IS HERE, WE HAVE TO SUBMIT THIS BY APRIL 15TH. SO THEY HAVE INSTRUCTED US TO PUT THE PLAN IN AS IT IS ON THAT DATE, AND THEY KNOW WE WILL BE REDESIGNING THE SYSTEM AND TELLING US WHAT IT ENTAILS, THEY WILL ADVISE US AT THE TIME WHAT WE NEED TO DO TO GET IT DONE.

MICHELLE CALLEJAS: I WILL CLARIFY. IT'S THE CALIFORNIA MENTAL HEALTH DIRECTORS ASSOCIATION. THEY HAVE CONVEYED THIS MESSAGE FROM THE MH TO DO SO. I DON'T THINK THE MH CAN MAKE THAT STATEMENT THEMSELVES, BUT THEY HAVE CONVEYED THROUGH THE CALIFORNIA MENTAL HEALTH DIRECTORS ASSOCIATION, GET YOUR PLANS IN SO YOU HAVE MONEY, AND RESUBMIT THE PLAN AMENDMENT ONCE YOU DETERMINE WHAT IT'S GOING TO BE.

MARY ANN BENNETT: AND I WOULD LIKE TO CLARIFY THAT IS EXACTLY WHAT HAPPENED LAST YEAR.

DON NOTTOLI: SO IS IT A CORRECT CHARACTERIZATION WE HAVE TO BE SERIOUS ABOUT WHAT IT IS WE ARE SUBMITTING? THIS IS A PLACEHOLDER FOR MONEY. IF WE DON'T GET IT IN BY APRIL 15TH, WE RUN THE RISK OF NOT NECESSARILY LOSING ALL OF IT, BUT SOME OF IT WHILE THEY WAIT FOR US TO DO SOMETHING ELSE. IS THAT CORRECT?

MICHELLE CALLEJAS: WE HAVE BEEN TOLD WE NEED TO SUBMIT BY APRIL 15TH IF WE WANT TO BE GUARANTEED FUNDING TO CONTINUE JULY FIRST. IF WE DON'T DO THAT AND WAIT FOR THE REDESIGN, THEN WHAT STAYS AT RISK ARE ALL THE PERMANENT SUPPORTIVE HOUSING PROGRAMS, THE EXISTING DOLLARS FOR WELLNESS RECOVERY CENTERS, FOR TCORE, FOR JUVENILE JUSTICE DIVERSION AND TREATMENT PROGRAM, ALL THE INTERVENTION AND PREVENTION DOLLARS --

DON NOTTOLI: ALL AT RISK. I WANT TO GET SOME CLARIFICATION. YOU WERE SAYING IT IN SO MANY WORDS -- I THINK IT'S IMPORTANT FOR US TO UNDERSTAND, BECAUSE IT'S REFLECTIVE OF A POINT IN TIME WHICH -- IN YEARS FORWARD WE HAVE TO WORK ON THE REDESIGN AND WANT AN OPEN PROCESS, AND OBVIOUSLY WE ARE LOOKING TO ACCOMPLISH THAT, THEN, BY JULY FIRST.

MARY ANN BENNETT: WE HAVE TO.

DON NOTTOLI: IT'S GOING TO BE A LOT OF WORK. BUT WE HAVE TO GET IN THE DOLLARS, BECAUSE YOU THINK IT'S BAD NOW...

MARY ANN BENNETT: THE OTHER POINT WE WANT TO BE REMINDED OF IS WE WANT TO GET THE DOLLARS IN BEFORE THE STATE GOES THROUGH THE BUDGET PROCESS.

CHAD THOMPSON: I WANTED TO MAKE SURE ABOUT THAT. IS THERE ANY OTHER DISCUSSION ABOUT THAT? I WOULD LIKE TO HANG A MOTION TO EITHER APPROVE OF THE UPDATE, OR NOT.

FRANK TOPPING: I MAKE A MOTION WE APPROVE THE UPDATE

CHAD THOMPSON: SECOND?

JANE FOWLER: SECOND.

CHAD THOMPSON: WE HAVE A SECOND. WE HAVE A MOTION ON THE FLOOR BY MR. TOPPING. IT APPEARS THE MOTION DIED FOR LACK OF A SECOND. THE ORIGINAL MOTION -- THE PREVIOUS MOTION DIDN'T HAVE A SECOND.

DON NOTTOLI: FRANK WITHDREW HIS FIRST MOTION.

CHAD THOMPSON: AND THE SECOND IS APPROVED. ALL IN FAVOR, AYE? OPPOSED? ABSTENTIONS? UNANIMOUS.

DON NOTTOLI: EXCUSE ME. MAYBE JUST FOR THE AUDIENCE, WE MADE A MOTION TO APPROVE THE STAFF RECOMMENDATIONS, THE MEMBERS HERE VOTED AYE. THE CLERK CAN STATE, WHAT WAS THE MOTION THAT WE TOOK ACTION ON?

CHAD THOMPSON: TO APPROVE THE PLAN --

DON NOTTOLI: SUBMITTAL OF THE PLAN AND THE UNDERSTANDING OF THE CONVERSATION WE ARE GOING TO HAVE AN OPEN PROCESS OF REDESIGN AND SO FORTH?

CHAD THOMPSON: YES, SIR.

DON NOTTOLI: OKAY. I THINK IT'S IMPORTANT THAT WE STATE THAT.

CHAD THOMPSON: YES? FRANK? OKAY. OKAY. I BELIEVE THAT IS THE LAST ITEM ON THE AGENDA. WE HAVE AN EXECUTIVE MEETING. WE WILL GO AHEAD AND CLOSE THIS OUT AT 8:55, I GUESS.