

Mental Health Board Public Meeting Transcript 5/27/2022

Pilar Garibay: Kathy should be joining us very soon here. Once again, anybody who is an attendee, I will be promoting to panelist—that way you have the ability to unmute yourself if you have questions. When that time comes you don't have to be on video if you're not comfortable with that. If you do see that pop up, go ahead and accept it. The expectation is that everybody will be cordial and behave, because I do have the ability to mute you. I also want to mention just while we're waiting for Kathy here, in the chat, there, is a link to sign in, tonight we're also going to have, a report for the MHSA, so if you 'd like to be on their mailing list, go ahead and put your email in there, as well, but if you're an attendee, please click the link in, that's in the chat and go ahead and type your name and this, helps us keep track of, the attendees that we had for the meeting.

Kathy Smith: I'm going to go ahead and start the meeting.

For some reason I don't have the agenda, so I'm, if you can remind me what I'm supposed to be doing, I can't seem to pick it up, so, and I'm also showing up as Mary Anne Swanson, so I'm going to have to fix that. I'm going to start by reading the, standard announcements. It'll help towards who we are. The Sonoma County Mental Health Board is an advisory board empowered to listen to the concerns of our constituents and to help formulate policies that offer a consistent continuum of care for all those with mental health challenges. We are further empowered to advise the county board of supervisors on the mental health system of care. We support reduced theme stigma for individuals who need all levels of mental health care in all communities in the county. We support treating each person with compassion and respect, regardless of gender, structural identity and cultural or ethnic background and acknowledging the influence of individual lived experiences. We support working with the local mental health system to eliminate racism from our minds and hearts and ensuring that our policies are equitable and benefits underrepresented communities. We support acknowledging that environmental factors can increase mental distress and supporting efforts to reduce such stressors. We support providing support to the families of those with mental health challenges. The Sonoma County Mental Health Board collaborates with the Behavioral Health Division of the Sonoma County Department of Health Services to increase public and professional awareness of individuals with mental health challenges. We strive to influence positively the mental health system by listening to public input and working with Behavioral Health Services to create polices that will offer hope to individuals living mental illness and to their families.

So, I'm going to call the roll. Annabel Nygard?

Annabel Nygard: Here.

Kathy Smith: Betzy Chavez?

Betzy Chavez: Here.

Kathy Smith: Bob Cobb?

Bob Cobb: Here.

Kathy Smith: Carol West? I here--Kathy Smith. Marianne Swanson is excused.
Michael Johnson? Michael Reynolds?

Michael Reynolds: Yes, I'm here.

Kathy Smith: Missy Jackson?

Missy Jackson: Here.

Kathy Smith: Peter McAweeney?

Peter McAweeney: I'm here.

Kathy Smith: Peterson Pierre?

Peterson Pierre: I'm here.

Kathy Smith: Vanessa Nava? Matt Eische.

Matti Cottrell: Here.

Kathy Smith: Okay. We have vacancies—one in District 4 that I'm aware of an application has been submitted for, and two in District 5 with no applications having been submitted. The approval of the minutes is postponed.

Pilar Garibay: So, the April 19th will be postponed until the May meeting, but we can approve, the March 15th, 2022 meeting minutes.

Kathy Smith: Okay, so postponement until the May meeting.

Pilar Garibay: Or just the April minutes.

Kathy Smith: Okay, so this is the May meeting

Pilar Garibay: Sorry, until the June meeting.

Kathy Smith: Okay.

Pilar Garibay: But the approval of the March 15th meeting, minutes can happen tonight.

Kathy Smith: Okay, so, so does somebody who has had the opportunity to read the March 15 minutes, would somebody like to motion for approval of those minutes? I just saw that they were posted today, so I have not had an opportunity to read them. Do we have a motion to wait on to approve those minutes until the June meeting, as well?

Bob Cobb: I move that the March minutes be, approval be postponed until the next months' Mental Health Board meeting when April minutes will also be reviewed.

Kathy Smith: Okay. Does somebody, want to second that?

Peterson Pierre: I do, I second it.

Kathy Smith: Okay. All in favor? We supposed to do a roll call, Annabel?

Annabel Nygard: Yes.

Kathy Smith: Betzy?

Betzy Chavez: Aye.

Kathy Smith: : Bob Cobb?

Bob Cobb: Aye.

Kathy Smith: Me, yes. Michael Johnson? Oh, he's not here. Michael Reynolds.

Michael Reynolds: Yes.

Kathy Smith: Michelle, Missy Jackson?

Missy Jackson: Aye.

Kathy Smith: Peter McAweeney.

Peter McAweeney: Yes.

Kathy Smith: Peterson Pierre?

Peterson Pierre: Yes.

Kathy Smith: Okay, so that is approved. In June we will approve March, April, and May minutes.

Pilar Garibay: Next is consumer affairs report.

Kathy Smith: Okay, so, do we have a consumer affairs report?

Sean Kelson: I can always talk.

Kathy Smith: Sean, talk.

Sean Kelson: Yeah, I just want to let everybody know the Peer Education and Training Program has a peer support specialist training coming up. It goes from July 12 to October 14, and the, ew, wrong flyer. Yeah, applications are due by Friday, June 10th. It goes from Tuesday, Thursday, and Friday from 10:00 until noon, and May 10, contact Michael Reynolds about that or any of us at any of the West County Community Services Centers for more information. Also, I wanted to let folks know that on Friday, May 27th is the Interlink open house from 1:00 to 3:30 and we look forward to seeing folks on site here. Thanks.

Kathy Smith: Okay, do you have, are you still talking?

Sean Kelson: No.

Kathy Smith: Okay. Do we have any public comments?

Mary-Frances Walsh: Kathy, I will just share that on May 24th there is going to be a webinar open to the public. The topic is cannabis and your team. It's designed for parents, and I will send the flyer to Pilar to share with everybody, but it is being sponsored by Sonoma County Behavioral Health, and they would be interested in having awareness generated around this important talk.

Kathy Smith: Okay, thank you very much.

Mary-Frances Walsh: Sure.

Pilar Garibay: Mary-Frances, is there a page or link for that event?

Mary-Frances Walsh: Well, I think in the flyer it gives you directions to be able to know how to register or attend, so that's what I'm going to send to Pilar so she could share. This organization that is presenting Panaptic; it's an organization that is dedicated to research on the use of cannabis in particular, and to where the, in September they are going to do one in connection with NAMI Sonoma County with a focus on cannabis and other substance uses for people with serious or chronic mental illness which is not an audience or a group that many people are focusing on. I know that I talk with a lot of families for whom that's a concern, so, we will be promoting that when that comes up, but in September.

Kathy Smith: Okay, and I see Erica's hand up.

Erika Klohe: I just wanted to let everyone know that the preliminary data for the homeless count is out and so I'll drop that link in the chat so that everybody has that. (link from chat: <https://sonomacounty.ca.gov/sonoma-bay-area-counties-release-preliminary-homelessness-count-statistics#:~:text=Preliminary%20numbers%20for%20the%202022,for%20Sonoma%20County%20since%202011>)

Kathy Smith: Thank you Erica.

Erika Klohe: Mm hmm.

Kathy Smith: I'm looking for other hands and seeing none at the moment. I know that we wanted to, we cut short the behavioral health director's reports the last two meetings, so if we have somebody—

Pilar Garibay: Yeah, Marianne, so we would be doing the PEERS Coalition and then the behavioral health director's report right after.

Kathy Smith: PEERS Coalition, okay, PEERS Coalition, Matti, do you have a report?

Matti Cottrell: Yeah...a little earlier than usual. I sent in —

Kathy Smith: : We're early because we cut you off completely the last two meetings.

Matti Cottrell: Okay, did you guys go over the doc I sent you, Kathy?

Kathy Smith: : We did not have that opportunity.

Matti Cottrell: Well then, I will have to pull up my notes a little bit faster than I expected. For PEERS Coalition is wrapping up our semester. Tomorrow will be our final well-being Wednesday for this spring semester. For May we are participating in Mental Health Awareness Month with a number of different events that happened over the past couple weeks. On the 13th we participated in Stomp Out the Stigma at the JC with Latino Service Providers; a really great event. we've also done a, QPR, training open to students this, a couple weeks ago, which is the question persuade, refer, suicide prevention training, that we typically offer to staff, to select students, but we offered it to the general public and we are, getting settled into our new facility, at our new location on campus, and, really just getting, everything wrapped up for the semester, to come back in the fall, so with that being said, this will be my last report, for this semester. I will come, I will likely be holding the same position in the fall next semester. I'm taking the summer off, so, thank you everyone for having me.

Kathy Smith: Well thank you for your reporting when we gave you enough time to do it, and you are welcome to attend our meetings during the summer if you so choose. Okay.

Matti Cottrell: Thank you.

Kathy Smith: You're welcome. So, do we have a Behavioral Health Director's report? We also cut you off the last two meetings.

Wendy Wheelwright: We do, I'll be very brief because I don't want to take away from the main event.

Next week we will have a new Behavioral Health Director, so this will be the last report I have. Her name is Jan Cobaleda-Kegler. She is a Sonoma County resident. She's going to come to us from working in Contra Costa County, in high level positions. Has years of experience doing crisis ****, adult kids, very well-rounded, and we're very excited to have her start and she's bilingual, so just a couple of things about her. other leadership changes that have happened. We have a new administrative services officer, her name is Michelle Bowman, she replaces Jennie, those who knew Jennie. We also have a new Assistant Director of the Department, working in Amelia Gabriel's old position so that's Roy Dajalos, so he will be the one that is specifically supporting Behavioral Health. There's also, a temp or another interim, sorry, I can't speak today, Assistant Director of the Department that was just announced last week and that is Wendy Sander. You would know her as our compliance officer, so she's temporarily assuming that role to be supporting Public Health. So, that's how the division's going to work at the top. Let's see.

Other updates. We've been talking about CalAIM, so, I will just give a brief, update there, Chris Marlowe who is our Section Manager over our Quality Assessment Performance Improvement Section is scheduling a CalAIM high level overview and listening session with our partnering CBOs that are affected by that. That will be coming up, I believe, in the month of June. Also, the consumer perception surveys are being conducted this week in all of our programs and so that's something that's going on, as we speak. Last but not least, our Medical Director, Dan Bleman, will be leaving us at the end of this month so we are in the process of an interim solution. I will cut it off at that so that I don't take too much time away from the big update, which you will hear from Melissa.

Kathy Smith: Yes, and so Melissa, we have one more thing to do before, I had it over to you, Melissa, and that is acknowledging the incredibly, strenuous work of the behavioral health section managers in the absence of having a director, and so, Wendy Wheelwright, Sid McColley, Chris Marlow, Karin Sellite, and Melissa Strusso have been holding up the fort. We definitely appreciate you and want to acknowledge that the department continued to run because you were on it. So, thank you very much, all of you, and I don't know if the others are around but if you could pass that on. I'll try to get

something more official on paper to everybody. Wendy, I think you're representing everybody tonight. Maybe there's more, but—

Wendy Wheelwright: Then on behalf of everybody, thank you so much for, your acknowledgement and ongoing support and feedback as we've been navigating, well, a pretty interesting last 5 years I would say.

Mary-Frances Walsh: Yes.

Wendy Wheelwright: I mean, we are professional disasters in this county, I know.

Kathy Smith: You would write the book. Okay, so with that being said, I am going to hand the meeting over to Melissa. Melissa, are you there?

Melissa Ladrech: Yes, she's here.

Kathy Smith: All right.

Melissa Ladrech: There we go. Did I mute? Am I sharing my screen?

Kathy Smith: Yes, ma'am.

Melissa Ladrech: Fabulous. All right, so welcome, I'm Melissa Ladrech and I'm the Mental Health Services Act Coordinator for the Department of Health Services Behavioral Health Division. First, I want to say thank you to the Mental Health Board, for hosting our public hearing tonight and thank all of you for coming. We're here today to provide the Mental Health Board and all of our Stakeholders, the Mental Health Board information on our annual update plan. It's also an opportunity for everyone to provide feedback in the form of a public comment.

We posted the plan on April 15, 2022, and it needs to be posted for 30 days. We've exceeded that 30-day period and now we're culminating in a public hearing. After this, we will take in any substantive comments and recommendations and we'll write them in the plan; they'll become part of the plan, which is a draft plan now. It will get finalized, and then sent to the Board of Supervisors for review and approval. We have date of, July 12th for that. We also distributed the draft plan to all the Wellness Centers. In the past, before the pandemic, we used to take it to a larger distribution list including the libraries and Chamber of Commerce. I'm hoping that next year we'll start to do that. We also emailed it to all of our, MHSA contractors, our Steering and Stakeholder Committees, as well as, anyone that signed up on our list. It has over 2,000 folks on it so we try to distribute the announcement about the plan and this public hearing tonight, as well as we can. All comments and questions are to be directed to the Mental Health Board, and I'm going to take my queues from the Mental Health Board tonight. I believe that Kim put a sign-in sheet in the chat, so please do sign in. We need to include the number of people that attended the public hearing tonight in the plan.

So, here's our agenda of the things we're going to cover. I'll be going over some highlights of the Mental Health Services Act Program plan update and the Expenditure Plan for 22-23—this coming year. I'll do a little overview of MHSA, a summary of the changes from last year's plan, and just a brief description of what's going on with the Expenditure Plan. Then Fabiola Espinosa, our MHSA analyst will give you the highlights of the MHSA Annual Program Report for 2021, and then we'll have our public comment period.

So Mental Health Services Act was passed in 2004 by California voters, so it's A) uniquely Californian, and, it was Proposition 63. B) the next thing that's kind of really interesting, it's the first time we've had a tax like this in California. It taxes the people that are making a lot of money. It's a 1 percent on people who are making a million dollars or more in earnings in a year, so I think of it as the tax on the 1 percenters—1 percent tax on the 1 percenters. Currently it's really bringing in a lot of money—over 3 billion annually statewide. This year we're actually going to be getting over 33 million here in Sonoma County. It's the most amount of money we've ever received from MHSA. The, the idea behind Mental Health Services Act is that it was created to change, to transform the way that California treats mental illness. Some of the ways that it was meant to be was by reducing stigma and long-term adverse impact for those suffering from untreated mental illness. In the report of the PEERS Coalition Program from the Santa Rosa JC, they talked about doing some things to help reduce stigma, like Stomp Out the Stigma—question, persuade, and refer those kind of things.

We hold funded programs accountable for achieving those outcomes. The present report that Fabiola's going to go over actually contains impact statements on each one of our contractors, as well as our internal Sonoma County team and what we're doing with the funding, what the outcomes are, how many people we're serving. Also expanding and creating availability of innovation programs and preventative programs. This was the first time ever in California that we've had money for preventative programs; and also, for innovation programs to try something new and different to see if there's a better way we can help people. Really transforming our mental health system from a very medical model into a recovery-oriented model, so really kind of making that shift. We're still in the process of making that shift. We haven't gotten there yet, but that's definitely our aim.

There's also this piece about MHSA that's really important: it includes this ongoing community program planning process. That means really working with the Stakeholders, hearing what Stakeholders had to say, listening, taking in feedback from our Stakeholders and so tonight is actually part of that community program planning process.

There are five components of MHSA. There are three main components that the money is divided into. The biggest one is Community Services and Support, and 76 percent of the money that we received (so 76 percent of, I think it's 34 million that we've got in the budget that we're expecting to get in 22-23) will go to Community Services and Support.

Half of that money's going to fund our full-service partnerships and then we have other programs that we fund as well, which Kathy will talk a little bit about.

Prevention and Early Intervention gets 19 percent of our funds. Innovation gets 5 percent. Then these are the two kind of smaller categories: Workplace Education and Training and Capital Facilities and Technology needs. They can draw money from the big pot. From Community Services and Support they can take up to 20 percent of the 5-year average of what we get in on that.

Mental Health Services Act really has this whole spectrum of care. Like I mentioned, it was the first time we had money to do prevention programs, as well as prevention programs really targeted towards communities that are at higher risk for experiencing things that might push them towards having a mental health issues. Things like property or discrimination, stigma, discrimination reduction, access, and treatment—so helping people get connected to services is part of that. Then early intervention: we do have good bit of early intervention with year to five population. Community support: we are funding the mobile support team is one of the things and that's really offering community support. Then, of course, treatment: that includes our full-service partnerships, as well as, other treatment plans that we have.

The interesting thing about Mental Health Services Act is it's a volatile and unpredictable. In fact, for all of the funds that we have coming in to fund our division, it's the most volatile. You can see that there are three lines on this chart. The lowest, the blue line is the 1991 realignment and the red line is 2011 realignment and those lines are from largely, if not all, from when you pay your vehicle registration and vehicle taxes that money comes in. There's some fluctuation but they're pretty steady compared to Mental Health Services Act. I am told that, by Mike Geiss—who's kind of our financial guru for California Behavioral Health—that people who make over a million dollars a year are more sensitive to economic changes. That's reflected in there in the amount of monies that come from their earnings and in the volatility of that. You can see that in 2020, or the year 2021 (the fiscal year), there's a huge peak in how money was brought into the State, and that was unexpected, right? So, the pandemic had already started and we were not anticipating more money that year, but that's certainly what happened. The good result of that was that we're spending a little bit more money, so in this chart you can see. Then, in 2020, we did the budget before we get the money based on what we were told by the State we're expecting to get. We budgeted, 21.6, almost 21.7 million dollars and because we got more funds we were able to budget more in 21-22, this current year, 23.3 million, and for next year, 22-23, we're budgeting, 28.2 million, so we're because we're getting some more funds in, we're budgeting more and, working on ways that we can better serve the community. I'll go into some details of changes that we've made.

This is the cover of our MHSA draft update report. The theme this year is Take Action for Mental Health and, as the gentleman from Santa Rosa JC mentioned, May is Mental Health Awareness Month, and the theme of this year's California May is Mental Health Month is Take Action for Mental Health, and so we used the same thing for our plan.

The cover shows four of our contract providers: two prevention and early intervention and two innovation programs. The top corner with the cropping is a Zoom class that La Luz is doing in Sonoma Valley—a way to kind of help people feel better, building community as part of their prevention and early intervention services. The picture of a low back is the innovation project that is, new extra cultural CURA. We were trying to help get to the root cause of what is it that our Latin-X community is looking for from Behavioral Health Services and how can we be more responsive. The next top picture is Crossroads to Hope, which is the Innovation program that we're hoping to start in the next few months. It takes people who have mental health, serious mental health concerns and have been diverted from jail and gives them the opportunity to stay in this house for up to 6 months. They'll get a lot of help with finding long-term housing, and then also receiving, in the house there will be peer support specialists who are there 24/7, as well as getting the help from our Mental Health Diversion Team, so it's really kind of a wraparound program for them.

Then below is Community Baptist Church and those are three of the leaders at the church. They did something during the pandemic that was really brilliant. They had less people, you know, obviously were not coming to church. They were doing services online and they just weren't as connected. They also had some live music they did prior to the pandemic, so what they did was—without having any experience or knowledge about this at all—they started an online radio station and it's still going now. They really pivoted, so all four of these providers are really taking action for mental health and that's the theme for this. To learn more about CBC, Community Baptist Church, Fabiola will let you know how to get in touch with our newsletter, how to sign up for that where we have an article about them.

So, here's a summary of changes for, from our last year's, well, the current year, from 21-22 that will be changing in 22-23. One that we're really excited about, and those of us that are on the steering committee and, and doing a lot of the community program planning work, is that for the first time ever we're setting aside money to specifically get more feedback from broader and more diverse community members. So that's \$150,000.00. We'll be working with a consultant to develop a training to train community members in how to delete focus groups that are similar so we can put all the data together. It's really going to inform how we move forward and be a foundation. Then in community services and support, Bucklew Programs is receiving \$40,000.00 to supplement some supportive housing for the Forensic Assertive Community Treatment team clients with one of our full-service partnerships. This is really going to provide that gap funding, so somebody who's almost able to be in a place, just needed a little bit more, is going to be able to provide that gap funding, to increase the availability of housing. The Adult Services is putting out a contact, a request for proposals of \$1.2 million, and this is going to be for non-FSP (non-full-service partnership team) and it's going to expand the capacity so we'll be able to serve more people in a timely manner.

Youth Services is also going to have an additional contractor or contractors with an RFP for a quarter million dollars. Again, it's going to have the same impact of increasing the capacity of our youth services, and improving timeliness. The Whole Person Care Team, which is a State project; it started out as a pilot, the State had at first, for all these years, the County Behavioral Health make the contacts with the subcontractors that were doing outreach in all the different regions of the county. Now they decided to have a community partner to do the direct contracting, so you'll see a reduction of about \$329,000.00 that we're not going to be spending on our contractors. Someone else in the community is going to be doing that. There's really no impact to the community; it's just a change in who's paying for things.

The last change in community services and support is that MHSA hadn't funded the Foster Youth Team before. Now the Foster Team is receiving \$47,000.00 and again, it's going to expand the capacity to improve access to services and timeliness.

The Innovation Program Crossroads to Hope, is a total of \$2.5 million over a 5-year period. I explained that earlier—it's offering housing and supportive care services to people that have been diverted from jail.

Workforce Education and Training, we're going to be increasing WET activities by a quarter million dollars, to provide, a training that's Health CIBHS (California Institute Behavioral Health Solutions) are going to provide the strength model care management training to clinical staff. This really empowers staff to improve the quality of their case management which results in **** based training, which results in improved outcomes for clients.

No Place Like Home is something I've been pretty excited about this year, for the first time we have an open facility in Sonoma County that's funded with No Place Like Home, so way back in 2016, there was legislation that enacted the No Place Like Home program to dedicate up to \$2 billion across the State in bond proceedings to pay for, with Mental Health Services Act money, to develop permanent supportive housing for persons who need mental health services and are homeless. Sage Commons is the first one. It's on College Avenue just a little bit West of freeway of 101, and it has opened up a picture of the front of the building. I have been there a couple of times. They have really tried to make it so very community oriented. There's a courtyard inside where people can gather and seating. They also have community and recreation rooms on each of the three floors. They even have a gym—they have a cardio gym, a weightlifting gym. There are offices so that, staff of ours, the county staff that's working with, individuals there can, receive services there or people can also come to our campus. They also have a case manager who works for Sage Commons, so there are really services available. They're providing different kinds of community activities to help people get used to this living. Sometimes it's quite a transition as many of you know, if someone's been homeless for a number of years and now they're housed, that's a huge change and can be a difficult transition.

These are the other No Place Like Home housing projects we have going on in Sonoma County. This is the list provided to me by Community Development Commission. You can see that we are going to have more. Two more are going to be opening up this year and we should have some more in the following year. It's a really good sign for our county and, Erica, I noticed, from homeless count number, unfortunately, our numbers went up last year. Hopefully this is going to put a dent in that. As I mentioned, it can be difficult for people to transition from being unhoused to being housed and so what No Place Like Home comes with are supportive housing services. There's help with the move-in process, there's help with ongoing tenancy, excuse, so the people can develop really recovery focus plans, establish a, make good linkages to different community services if it, maybe it's something where they're being transferred to the food bank if they have food needs. it could be the Wellness Center, so whatever community organization can be helpful to suit their needs. They'll be introduced to those things and, and help make that part of their life. Mental health services including, you know, all the different things that we do including assessments, individual group therapy, rehab groups, case management, crisis intervention. At Sage Commons, they have a dedicated private room that they can run a 12-step group in and I think they're already started. Wendy might know the answer to that. Then also eviction prevention and lease violation intervention, so really helping the tenants understand and meet their obligations and getting heads up from the folks at Sage Commons, maybe they'll call a case manager and say, "You know, there's a hoarding issue." or "There's, you know, this person's smoking inside their apartment." and then really working with the tenant before the person gets a notice of eviction and so helping to prevent that.

This is kind of a, a small version of our MHSA expenditure plan. Basically, it shows the amounts of funds that we're going to spend in the different components. It has the amount that we're expecting, so for community service and supports of \$25.8 million is what we're expecting. Of course, we haven't gotten the money yet—we don't know exactly what's going to happen next year—this is our best guess on what the information the State gives us.

Prevention and Early Intervention, I want \$6.5 million; Innovation \$1.7 million. Then you can see that we've taken some funds out of CSS and we're funding Workforce Education and Training and Capital Facilities and Technology needs. So, in Community Service and Support, we're going to spend about \$20 million; Prevention and Early Intervention, our budget is \$4.6 million; Innovation \$1.8 million; and then, Workforce Education, \$674,000.00; and \$1.4 million for Capital Facilities and Technology needs. Fabiola's going to talk a little bit about in the program report for the year 2021, some of the things that we fund under each of these components. We also had the same amount of prudent reserves that we've had for quite some time.

I want to say we've had this \$944,000.00 sitting in our prudent reserves. That's an account that's very difficult to access, you have to have State permission and the State usually only does it, they actually did do it during the pandemic. We didn't need to take those funds out, but it can be very difficult to access those funds, but the benefit of being in there is that you're able to hold on to them for longer than 3 years. All the rest

of our funds expire. After 3 years they would revert back to the State if we don't spend them, versus, and there's an exception and that's with innovation funds—if there's a program that is approved by the oversight and accountability commission, then we have 5 years to spend that money.

Michael Reynolds, I notice you have your hand up. No, okay. All right, that's all I have. I'm going to hand it over to Fabiola to talk about our program update.

Fabiola Espinosa: Thank you Melissa. Good evening everyone. My name is Fabiola Espinosa. I'm the MHSA analyst. Thank you for being here. As Melissa mentioned, I'm going to be going over the Annual Program Report which is included in the program, update for 22-23. Next slide, please.

Okay, so what's in the MHSA annual program report? First of all, I encourage you all to take a look at it. I'll drop a link to it in the chat, so please click on it either now or later—whenever you get a chance. If you're having trouble sleeping, it's 300 pages, that might help you. The program report includes a report from each program that was funded through MHSA in fiscal year 2021, and each report may include program information, program descriptions, number of the individuals served, program outcomes, demographic information, program accomplishments, sometimes it includes client or staff stories, quotes, any notable changes or challenges that happened that year. Next slide please.

So, the layout of it. We've organized it into five different sections. It's the MHSA components Melissa mentioned earlier, and we've color-coded them for you so that it's easier to follow, so the five sections include: Community Services and Supports, which is colored in orange; Early Prevention and Early Intervention Programs, which is colored in green; Innovation, which is blue; Workforce Education and Training, which is pink; and Capital Facilities and Technological needs, which is in purple. Next slide please.

So, I'm going to go through each one, briefly, so that you guys have an idea of what's included. If you guys have any questions at the end, feel free to ask.

So, the first component is Community Services and Supports, which I mentioned is in orange, and that one has three different subcomponents, and CSS provides funding for direct services to individuals with severe mental illness, and the three components are full service partnerships, general system development, and outreach and engagement. So, under full service partnerships, or FSPs, which help provide wraparound services or what we call whatever it takes approach type of services to consumers. In 2021, we had eight FSP programs, and they're listed on the slide, so we had the FAST Team, the TAY Team, the FACT Team, IRT, AFSP, and the Older Adult Intensive Team. So, for general service development, there are 11 GST programs that were funded in Fiscal Year 2021, and an example of one of those programs is NAMI, who I know is here, and GST provides funding to improve mental service to Liberty System Delivery, and the last one is outreach and engagement. In Fiscal Year 2021, we had three outreach and engagement programs. An example of one of these programs is Whole Person Care,

and outreach and engagement is designed to reach, identify, and engage underserved individuals and communities in the mental health system to help reduce disparities. Next slide please.

So, the next section is Prevention and Early Intervention, which I mentioned is in green. These programs are programs that help prevent mental illnesses from becoming severe and disabling, emphasizing improvement on timely access to services for services for underserved populations.

Under PEI, we have six subcomponents. The first one is Prevention, and in Prevention in Fiscal Year 2021, we had six programs that were funded. They are listed here, so we have Action Network, Community Baptist Church Collaborative, Latino Service Providers, Positive Images, Sonoma County Indian Health Project, and the Older Adult Collaborative. In Early Intervention, there was one program that was funded, and that was a collaborative led through First 5, and it included three other subcontractors. So, for Access and Linkage, we had two programs, which includes the County Adult Access Team, and the Youth Access Team. For Stigma and Discrimination, there was one program, which is Santa Rosa Junior College's Peers Coalition Program. For outreach, for increasing recognition of early signs of mental illness, there was one program, and that is a crisis intervention training; however, in Fiscal Year 2021, we did not have the training due to the pandemic, and that is noted in our report. For suicide prevention, we had one program, which is Buckley's North Bay Suicide Prevention Program. Next slide please.

Now, for Innovation, as I mentioned, that is, color coded in blue, and we had one project that was happening in Fiscal Year 2021, although we were talking about other programs, other projects. Now, we have six that are happening, but in 2021, we only had one that started and it is the Early Psychosis Learning Healthcare Network. If you want to learn more about it, it was, briefly talked about in one of our, newsletters. I believe it was December newsletter, and that is on our website. Next slide please.

The next section is a Workforce Education and Training, which is color coded in pink. Our Fiscal Year 2021 report included the West County Community Services Peer Education and Training Program, and it also included a WET activities report. Next slide please.

So, for Capital Facilities and Technological needs, this was color coded in purple, and our Fiscal Year 2021 report talked about three different programs that it funds, which is the Avatar Electronic Healthcare, Health Record, Sonoma Web Infrastructure for Treatment Services, and Data Collection Assessment and Reporting System. Next slide please.

So, our program update and report are available on our website as I mentioned. I also want to mention that we have a quarterly MHSA newsletter, which is a great way to stay informed on MHSA programs, projects, events, and other happenings. As Melissa mentioned, May's newsletter theme was Take Action for Mental Health, which is part of

CalMHSA's current campaign. In this newsletter, we highlighted Community Baptist Church's, PI programs. We talked about the new Early Psychosis Intervention Grant and that includes service by Aldea. We also included a community calendar for May as Mental Health Matters Month and shared some ways you can Take Action for Mental Health. If you'd like to sign up for our newsletter, I am going to drop the link in the chat, and I will also drop the link to the newsletter if you want to read it. Let's do that now. Next slide please. *(Link from the chat:*
http://service.govdelivery.com/service/subscribe.html?code=CASONOMA_181)

Now it's time for public comment. Before we go there, are there any questions? I'm not seeing any. Are you, Melissa? Okay. Great. So, now, it's time for public comment, and each person can have up to 3 minutes to make a comment. We will be unmuting the meeting. If you have signed up into Zoom on your computer, you can drop in your name in the chat. If you called into the meeting, please unmute and say your name. This is your opportunity to let us know that you'd like to make a comment. As I mentioned, everyone gets 3 minutes, up to 3 minutes. So, let's see. Pilar, do you mind unmuting to see if anybody wants to make a public comment? I don't think I have—

Melissa Ladrech: I see one hand. I see Becky has a hand up.

Pilar Garibay: Yes, and, anybody who is in the panelist section, they are able to mute themselves, so with all the attendees, I have gone through and tried to promote everyone to panelist. That way you are able to unmute yourself to, make a comment, so if you'd like to accept that, I can do it one more time for those attendees or just raise your hand, and I will go ahead and, do that again. We do have a hand up, for Becky.

Becky Ennis: Hi. Thank you, Melissa. Thank you, Fabiola, for your presentation. I'm sorry. I wanted to ask a question. I wasn't sure if I was supposed to be asking questions or making comments, so we're going to take it here. I may have asked this before, and I'm sorry if I've forgotten. The percentages that, MHSA funds are broken down into, I think it was, program 76 percent, prevention, intervention 18, something like that, so on and so forth. How are those percentages determined? I'm curious.

Melissa Ladrech: They were determined by the act itself, so in 2004, the act that Steinberg, who's now the mayor Sacramento, was a part of the legislation to define that.

Becky Innis: Gotcha. Okay. Thank you.

Fabiola Espinosa: Any other questions? Any comments? Let's see. Michelle Jackson?

Michelle Jackson: I'm a newbie to the Mental Health Board, so I don't know if it's appropriate for me to ask questions or not.

Fabiola Espinosa: Yes, absolutely.

Michelle Jackson: It is? Okay. my question is: I don't see any funding in this budget for schools, and there's increasingly more demands placed on the school systems with, passages of bills, like AB 1767 and AB 367, which I think are fantastic. How are schools supposed to implement this legislation without funding?

Melissa Ladrech: There are some programs we're working with in the school system, Terrence Liddy, our section manager for Youth and Family, knows a little bit more about that. I think there's a person that we're going to have, stationed at, somewhere within the Sonoma County Office of Education, and then also, just the offices of education are also receiving some, some funds from MHSA money that they get to decide how they want to use that. in the past, before we had all of our budget problems, we used to have programs in the schools. We're not doing that currently. If your comment wants to include something that you think we should do, you're welcome to make that comment tonight.

Michelle Jackson: I would love to see more funding or any funding for, mental health support in the schools, and we have, you know, a mental health crisis on our hands, and nobody to serve those students. We don't have mental health, providers on our sites, and we lean heavily on our community partners, and they do the best they can, but it's really not the same as are students being able to receive services on site at school. We have the most success with our internship program. Sixty-seven percent of our students were served through our interns this year, but that's not something we can rely on from year to year. I mean, it puts us in a really tough spot, especially with, you know, suicide prevention. We've had a lot of, of risk assessment, and, our school counselors, can be challenging. We're lucky enough to have two grant-funded, mental health people on site now supporting the safe grant in Sonoma Valley Unified, but there's an increasing demand for services, and nobody to provide them.

Melissa Ladrech: Thank you. Any other public comments? I did want to add one thing that I mentioned in the plan. There is, a supplemental budget that's going to the Board of Supervisors in June, and there may be some changes to MHSA. I think most people will like the changes, but if there are changes—and it's not a done deal yet—I will repost the expenditure plan with a narrative and then we'll have a public hearing after it's posted, so that we'll keep everybody informed about any changes.

Fabiola Espinosa: Thank you, Melissa. Any other public comments? I don't see any hands. I don't see any names. I think that concludes our presentation. Thank you, guys.

Kathy Smith: Thank you. I don't see any hands either.

Pilar Garibay: Yeah, I don't see anybody with a raised hand in the attendees either.

Kathy Smith: Okay. The public hearing is concluded, and there's only, I don't know. I don't have the agenda in front of me, but I believe that's all that we had for tonight's meeting.

Pilar Garibay: The last item that we did have, which is something that we didn't get to last month, was there was going to be a discussion about mentoring for new, Mental Health Board members. I know that's something we've been wanting to bring up in the last couple meetings, but they've just been so full of information that we haven't been able to.

Kathy Smith: Well, that's true. We've had so much information, which is a good thing, so we do have some time here, and it, it is on the agenda, correct?

Pilar Garibay: Correct. Yes, it is.

Kathy Smith: Okay. So, and we do have quite a few members present, so, that's good. there are materials that have in the past been given to new members, and, I think we need to look again at what those are and make sure that all new members do have them, and we are planning to do the retreat, and I believe it's still on June 25th that we're going to do that, so I think it's going to be very helpful for us to see each other in person. this, I know that, most of the, most of the districts do have new members, so I think that maybe what we need to do is assign somebody from each district to take the lead in mentoring other people from their district, but I think there are also some districts where, most of the members are fairly new, so I honestly think that it's going to be easier to discuss this when we're in person together, or at the Executive Committee meeting. I, I'm not super prepared to, discuss it tonight unless some other of the other Mental Health Board members have ideas that they would like to put forward.

Pilar Garibay: Bob has his hand up?

Kathy Smith: Who was that?

Next Speaker: Bob.

Pilar Garibay: Bob.

Bob Cobb: It's been my experience—and I would suggest that in districts where there are some veteran board members available—that they take some initiative and begin mentoring new members. That has, I think, proven to be fairly successful in a limited sort of way, but if we can formalize it a little bit more and ensure that whatever documentation is provided by Pilar, that would kind of round things out a bit.

Kathy Smith: Yes, and we are not permitted meet as a group without a majority of our members because of the Brown Act, but that does not prevent the members from a district from meeting together, to give, you know, that's only three people, so that should be fine. So, I'm the one, at this point, in the position where I need some new members in my district, but I have nobody to mentor at the moment. I can take a look at the membership and reach out to the more senior members from each group. Maybe Pilar, you can reach out to Tori or even Ronda and find out what materials were given to

each new member. I'm not sure that's happening, and that would be a good first step just to make sure everybody has the same materials looking at.

Pilar Garibay: Okay. There was a question, in the chat kind of going back to the MHSA, that Melissa would like to address. I don't know if we want to go back to that really quickly right now and then continue this discussion or finish up this discussion and then have that question answered by Melissa.

Kathy Smith: So, I'm going to say that this discussion, you know, besides what I asked you to do, Pilar, and what Bob suggested for—the senior members to mentor the newer members in their own districts—I think we should address this at the Executive Committee and just plan on doing that.

Pilar Garibay: Okay. I think Peterson might've a comment on this particular discussion.

Peterson Pierre: Yeah, if, if we are going to discuss it, at the Executive meeting, I'm fine with that. I was asking what kind of structure should we follow, membership team, but, if we're going to discuss it further, I think it should have a real structure, so someone who is mentoring has to guide us with what is the expectation? Do we have something in writing? Do we, you know, and this kind of stuff, so I, I'm okay with that being discussed at the Executive meeting.

Kathy Smith: Okay. We'll plan on doing that.

Pilar Garibay: Betsy, had a question about the discussion for MHSA for how the Measure O funding fits into that.

Melissa Ladrech: Measure O funding is an additional source—so it's a new, additional source. I think in the last year and a half, we've had that funding available. I believe it's bringing in around 25 million dollars a year. I'm not exactly sure. I haven't seen that. That's what was anticipated when we passed the legislation, and so mental health services, that has very specific and just a plethora of regulations about how we can spend the money, and Measure O has less restrictions but definitely has regulations on how you can spend the money so that it, all the funding that we have, we kind of think of it in these buckets, and then what can we use it for, and that's something that really more upper management, particularly Behavioral Health Director, our Department Director, our Fiscal Department is thinking about. Wendy, do you have any thoughts you'd like to chime in on?

Wendy Wheelwright: I would just add there's separate processes, but because of the opportunity of the additional local support, then it does ease, some of the burden MHSA can't cover. Let's let Melissa and her team really focus on those mandates she's under. There's an oversight committee at the departmental level that's working, on the Measure O funding specifically. It has a specific kind of buckets and allocations that are

supposed to be supporting in addition to mental health, but also homelessness housing and things like that.

Kathy Smith: So, I do have a question, comment. It's probably both, and this is for you, Melissa. The peer centers, I have lost track of how they're being funded. I know they were, at one point, funded by MHSA. Then there was confusion about who was funding them and they were not going to be funded for a while. They are currently being funded, but I have lost track of who's funding them. I'm hoping they can get a more stable source of funding, such as, MHSA.

Melissa Ladrech: That's a great question, Kathy. Since we implemented MHSA in our county, the peer services were funded with general system development money out of that big bucket of CSS (Community Service and Support)—the 76 percent. When we had budget problems, there was really a time that we just didn't have any funds. We were afraid we weren't going to be able to deliver adult services, let alone—and I don't consider peer services extra but they were kind of seen as not as essential as making sure that we're providing services, and so they were cut from the budget. Our peer community really talked to the Board of Supervisors and they got the board to really support continuing the funding. There was one quarter when we did fund them after Measure O passed. Measure O took over some of the funding. Bill, if you remember our last public hearing on the plan, there were a lot of comments about peer fund, funding the peer services, the peer wellness centers, and it's really something Bill and I have been working very hard on. You're a member of our Steering Committee, and you heard him in the last meeting in November. He was saying this is something that we're going to change, so all I can say right now is that they are funded with Measure O money, but really, if one was to read the Mental Health Services Act, peer services are recovery oriented. I mean, they're leading the pack in recovery-oriented services, and they belong under MHSA funding. I'm very hopeful, but if there is a change in our expenditure plan that happens in June—we don't know what's going to happen in June. It hasn't happened yet, but it's a possibility that something may change.

Kathy Smith: So, that's my comment. I don't want that to get lost because I know the peers fought very hard for it. I know how important it is, that those programs are really important and serving a lot of people in ways that are probably going to only increase with being able to get back together now that COVID is letting up a little bit. I just want to be sure that's not forgotten.

Melissa Ladrech: Thank you. We will definitely write that in our recommendations section.

Kathy Smith: Thank you.

Pilar Garibay: Betsy had a follow-up in the chat about Measure O. Does Measure O support the funding MHSA provides to sustain or supplement the work?

Melissa Ladrech: Usually, MHSA and Measure O are not paying for the same things. It could happen where maybe we only had so much money in MHSA to pay for something and Measure O is going to overflow. That's a possibility, but typically there are distinct things each funding source is paying for based on the mandates of what they need to fund or what they're allowed to fund. Oh, did I not read the question? She says, "Thank you for the information. Does Measure O support the funding MHSA provides to sustain or supplement the work?"

Pilar Garibay: Yes. Yeah, I read that, so.

Melissa Ladrech: Oh, you did? Okay. Sorry.

Pilar Garibay: Does anybody else have any, question? Betsy says, "Thank you." Looks like Noah has a question?

Noah Henderson: Well, I have a comment and it's not got to do with MHSA business, but, I just wanted to let everyone know that one of our people has passed away, William Bacon, who many of you know, has been, mostly a problem in many of our programs, but in the last couple of years, he was stabilized and was having a difficult time. He passed away of kidney failure and I just wanted to honor his memory. He was a friend of mine. I loved him and I'm sorry that happened. I know this isn't your business but thank you for letting me say that.

Kathy Smith: Well, thank you for honoring that person. Any other comments?

Pilar Garibay: Let me just check the chat room. Erica says. "Thank you for sharing, Noah. I'm so sorry for your loss. We all share that sentiment."

Peterson Pierre: It looks like Bob has his hand up.

Pilar Garibay: Yes.

Bob Cobb: I just wanted to convey my appreciation to Melissa and Fabiola for their presentation this evening. Thank you.

Kathy Smith: Yes. Much appreciated, shorter than, than it has been in the past and shorter than we maybe expected, so, but thank you. You did a great job with the presentation.

Pilar Garibay: Erika has her hand up.

Kathy Smith: Erika?

Erika Klohe: I just wanted to say thank you and thank you for all the good work, and it's so exciting that there seems to be more budget coming from the MHSA and hopeful for, you know, hopeful that peers can get back underneath the MHSA umbrella

and all of that, and thank you for all the work the community and building the community and ****.

Melissa Ladrech: Thank you.

Kathy Smith: Yes. Okay. I'm not seeing any more questions or hands. Am I correct in that?

Pilar Garibay: I do not see any.

Kathy Smith: Okay. So, Pilar, if you could be sure to put, the mentoring question on the agenda for the Executive Committee.

Pilar Garibay: Yes.

Kathy Smith: We will see everybody in June for the June Mental Health Board Meeting. May I entertain a motion to adjourn this meeting?

Peterson Pierre: I'd like to move the motion to adjourn the meeting today.

Kathy Smith: Is there a second?

Bob Cobb: I'll second. I'll reciprocate for Peterson's earlier—.

Kathy Smith: Okay. All in favor of adjourning the meeting?

Betzy Chaves: Aye.

Bob Cobb: Aye.

Peterson Pierre: Aye.

Kathy Smith: Okay. Anyone opposed? The more important question: abstentions? (pause) The meeting is adjourned.