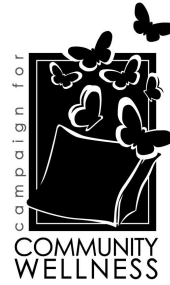


**Campaign Steering Committee Meeting
June 29, 2007
10-1pm**

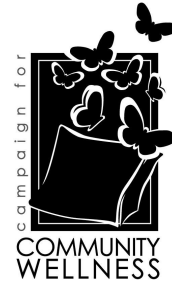


I. Welcome/Introductions

- a. Overview of Agenda was presented
- b. Get to Know Each other exercise
 - i. Each attendee took an item out of the box
 - ii. Each attendee talked about what this items means for them
 - 1. Very nice sharing was done (A+)

II. Consumer Voice

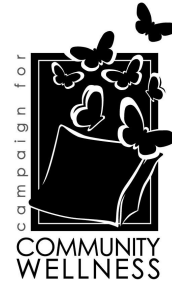
- a. Johnathan (staff at Welcome Center and a consumer) read a poem to the group that he wrote
 - i. He was once in an institution and now he is working for the County
 - ii. Talked about the Welcome Center
 - 1. Welcoming everyone to go
 - 2. Activities, games, resources
 - 3. Quadrupled the groups we have in last month
→ please come on by!
 - a. Recovery group-dual diagnosis group
 - i. Arts and Crafts group –
 - ii. Johnathan presented the consumer created art and other materials which were on the side table adjacent to the Steering Committee. Some are for sale!
 - b. Social group- what do you want for resources and groups?
 - c. Women's support group
 - d. Introduction to crochet
 - e. Parties (4th of July (actually on 3rd))
 - 4. Month of June
 - a. 89 people 1st week, 87 2nd week ,134 3rd week, 154 4th week
 - b. Folsom zoo trip coming up
 - c. Focus groups now have 15 attending



- d. Please get the word out that we are here!
5. **Location:** Old Dewitt Diner off C Street on the left if you are coming off of first.
6. **History:** New location here for 2 months, been around for a year
7. **Goal:** Want to have this be consumer run. Some programs are already, but we want more of that.
8. ASOC Housing & AMIH collaborative getting more involved
9. Funded: through AB2034 and MHSA system development dollars
 - a. Outreach and self-help activities

III. **David Gray Public Comment on New Money CSS Recommendation:**

- a. Not enough funding is going to Tahoe. Original talk suggested 20%. He is not seeing that.
- b. Differential between CSS funded services to adults and CSS services to children
 - i. Governor Schwarzenegger cancelled AB13, hope was to backfill it with MHSA and he is not seeing that children are getting their fair share.
 - ii. Clarify
 1. How the decision was made for Tahoe' portion of the funds
 2. How do you see the differences between adult and children allocation of funds.
 3. Competitive bid for medi-cal services at Tahoe.
 4. Need to see more detail in the minutes
 5. What were the conversations in the minutes as to how you got to the recommendations
 6. Need written response to my public comment



Stakeholder comment: Diane mentioned that have 5 slots and will get 18 by end of year. Have 4 families waiting. Children are at imminent risk. Wait time is 4 months. Unclear messages. Capacity of 18 is not true.

Richard Knecht (Staff) response: Challenge may be semantics. Relative to how the dollars are used. More clarity from CSOC folks might be needed to present back to this group. I'm comfortable with Diane's definition, though perhaps the definition of "slot" needs to be reviewed. **Action to review this and improve.**

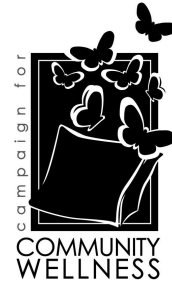
Stakeholder comment: Do we want to look at quality assurance of the full-service partnerships? Do we want to make sure that teams that are doing the work are following the quality assurance methods?

Richard Knecht (Staff) response— we need more transparency and accountability and communication during this process.

Cindy Brundage (Staff) response: How are we studying evaluation and quality assurance should be communicated to the group.

Stakeholder comment: We should look at all issues and stakeholder comments.

Stakeholder comment: Not sure where this comment fits in today's process, but clearly we should have the folks familiar with this project get together to respond to this (David Gray's comments).



Stakeholder comment: We need to provide clarification. What happened at the Tahoe group meeting? What was the process and how it happened? Work out those details. Share back with the group.

Stakeholder comment: Do we have our roles and responsibilities?

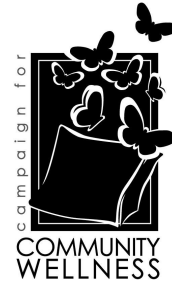
Facilitator comment: Yes. .. it is in your binder. Hard when you miss meetings and there is a lot of data. We are constantly working on improving the system.

Stakeholder comment: Concerned how you are getting the information out there. Is new information set up for Blogging? Can you make a public comment that way? Also when you are talking about setting up new services and getting that information out to the community, you could be getting information from a lot of organizations as well. What is the format of this discussion? Do we hold our comments to the end or jump in there?

Facilitator comment: If there are pressing issues, we tend to address them immediately. Also, on the website, Michele Zavoras is working hard on this and is new to it, so bear with us. We are trying to make it easier. Blogging is a great idea.

Lynn Tarrant (Staff)comment: The website is a government site. Not sure we can do a blog on the Placer County government site. Will check into it.

Facilitator comment: We did our first planning process for CSS, let's improve upon it based on this discussion and move ahead if that is OK.



IV. **Review**

- a. Campaign for Community Wellness Phase I
 - i. The nexus of MHSA and SAMHSA funding (see slide handout)
- b. Vision – should say draft, always open to updating (see slide handout)
- c. Elements of the Campaign (see slide hand out)
 - i. Reaching Out
 - ii. Changing the Way we do business
 - iii. Improving Lives of those most in need

V. **Actions**

- a. Working on all comments
 - i. See handout on Actions from May meeting to see what we worked on for the month
- b. More explanation on voice. What is happening with voice?

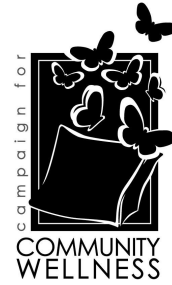
Staff comment: We are in the first phase of CSS. 51% needs to go to FSP's, 49% for system development and/or voice.

Facilitator: It's a two-way voice, going out and coming back in. Hand out was presented to group:

1. Consumer Councils
2. Press submissions (reports, etc.)
3. Meetings
4. Plans for anti-stigma campaign work
5. Newsletter- campaign updates
6. Upgrading the website

c. **Final Recommendations:**

1. We had 2 meetings going over what to do with the new funds. We used break out sessions to get feedback and finalize the recommendations through a consensus process.



2. Now these recommendations are on the website
www.campaignforcommunitywellness.org
3. Recommendations were submitted 6/15 and will be posted 30 days for comment. Please distribute to all of your constituents.

d. Letter to Gov. office re: AB2034

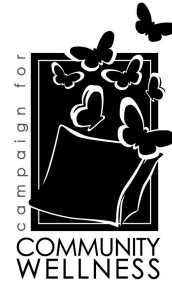
1. We sent 1 letter would like to send another with all of our signatures
2. Facilitator passed the letter around for signature.
 - a. Put name, who you represent and address
3. Facilitator mentioned California Housing Inc. as a resource for more information on what to do to support AB2034.

Stakeholder comment: How do we know that he is even reading this?

Stakeholder response: You will get a response. We have submitted something from NAMI. There is no central location to know who has submitted and who is getting though.

Stakeholder comment: The staff at the State is understaffed. We should be dealing with this at the local level.

Facilitator: The more letters that inundate the State the stronger the impact. And, all our signatures on this letter will be more impactful.



Staff comment: There is a weighting involved as to who sees the letter. A letter signed with a lot of signatures has more weight than one.

Facilitator: We would like to post the comments on the recommendations for the CSS plan on the website.

Action: Add public comment section on website.

Facilitator gave a handout on how the State is moving through the Prevention and Early Intervention process.

e. Formalize approval for notes:

Facilitator handed out notes and asked how group would like to approve them. We will push this to an action item at end of meeting which will give group time to read them during breaks today.

Action: Ran out of time. Will try to approve minutes electronically.

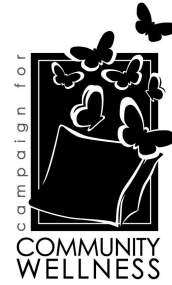
Facilitator reminded the team to please try to read the minutes and topic prep before the meeting if possible.

Facilitator: Is it OK to move on? I realize we gave you a lot of information right now?

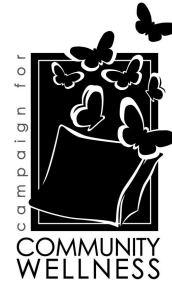
Committee: Yes, we are ready to move on.

VI. SAMSHA Highlights

Cindy Brundage (staff): Come to me if you need more information on SAMHSA. And, thanks to David Gray for helping us write the narrative for the grant that is one of the main reasons we got the grant. I am grateful for that.

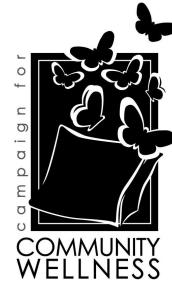


- a) **Highlights:** Substance Abuse and Mental Health Services Administration Grant through Children's Health Initiative. (see handout)
- Focused on Children's system of care population and Transition age youth
 - Will receive \$5m over a 6 year period
- b) **Goals:** New services, but not by creating new positions
- Increase public awareness of the need to protect and nurture the mental health needs of youth
 - Transform our System of Care by including family and youth and voice at every level and becoming culturally competent
 - Stigma is what prevents folks from getting help early on. We need to reduce stigma and have people less afraid to seek services for themselves and their children. We also really need to be culturally competent and I am encouraged about the gains that we have made.
- c) **Councils:**
- We have a Latino Leadership Council thanks to Maria Cordova. I am encouraged by the work of this group.
 - We have a Native American Council. Colfax tribe, and others looking at improving service to the Native American community that are very different than traditional services to mental health.
 - We have 2 youth councils coming together. Amir (staff) is working on western slope and folks from TTUSD and our evaluator are pulling together youth in Tahoe area.
- d) **Year 1 SAMHSA Accomplishments**
- Passionate groups of people have come together. How do we transform our services so that they are more meaningful? The ideas are amazing. And we will be



implement these ideas starting this fall and through this grant period.

- We are learning a lot about evaluation. This grant has a lot of evaluation components. We are launching our evaluation component of SAMSHA as we speak. I won't go into total detail as it will bore you to tears. However, it does involve getting the stats together and presenting to you folks as to what is impacting the lives of children and youth.
- We are working with schools to identify gaps. We need to be better partners with our schools and how to make a difference.
- We launched our first children's mental health awareness day at Auburn Library gardens. Judge Francis Carnie spoke, we had media, we released balloons to illustrate loss of life from mental illness and butterflies to signify the transformation and reducing stigma.
- A video is available. Contact Cindy to get it if you want. This was the launch of our campaign to reduce stigma. (We will try to put this on the website)
- We are hiring family and youth. Diane Shively is director of Family Advocate program. We had an amazing week. Interviewing youth who have been emancipated. We have 3 positions (1 coordinator and 2 mentor positions). It will be a hard decision amongst all the candidates. They all want to come back and make a difference. I'm very encouraged that 3 weeks from now we will have 1 coordinator and 2 mentor positions.



- Family Advocates is submitting its 501 (c) 3 papers. Will potentially happen by January 2008. We are very excited about this.
- We are outreaching to youth and families and other committees (cultural competence, family/youth relations committee). We need voice at the table to transform if we are going to do it in any kind of respectful and successful way.
- Cindy pointed to nexus points of Campaign:
 - Voice, outreach, culturally competency, co-occurring competency, full-service partnerships.
 - We have 2 funding streams with similar goals and we can do more as we look at these nexus points.

Stakeholder comment: Can you achieve your goals given this funding?

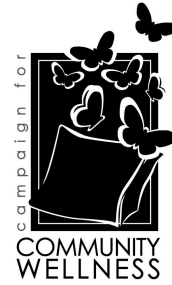
Staff comment: I hope so.

Staff comment: We are largely talking about a process change.

Stakeholder comment: Sounds like most of the money is going to recreating what you do.

Staff comment: Outreach to Native American, TAY, involved family members are in a new way, making sure our services are family-driven and family involved.

Staff comment: These dollars are to reset the irrigation to reach every tree in the orchard. Reach more trees, use better fertilizer



Stakeholder comment: Where are the funds for more services?

Stakeholder comment (reply): That's what MHSA dollars are about, delivering the concrete services.

Facilitator: There are fixed pots of MHSA funds. It depends on which sources of money you are talking about.

Staff comment: MHSA is one pot of money. We have other sources through realignment, county general fund, medi-cal, etc. That's our broader funding base. SAMHSA is helping with system development and we are trying to integrate these 2 funding streams.

Facilitator: If you show a pie of these 2 funding sources (MHSA & SAMHSA) relative to the total County budget, they are very small (less than 5%), so we need to remember that.

Facilitator: We need to break for lunch. You have 2 assignments. Read the PEI summary during lunch. Just briefly look at it. Meet back at noon to go over Prevention and Early Intervention funds.

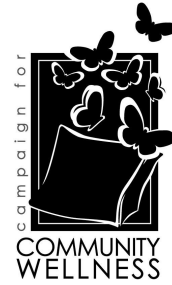
VII. Overview of Prevention and Early Intervention (PEI) dollars – Richard Knecht (Director, Children System of Care, HHS staff)

Facilitator comment: We are here to develop our local process to decide on how we will plan for PEI dollars. Richard is here to simplify the elements of PEI dollars and funding.

Richard Knecht presented an overview of initial PEI guidelines:
CSS is 1st largest bucket of MHSA funding
PEI is 2nd largest bucket – don't know how much but think it is big.

Stakeholder comment: It's a lot of money.

Dave Gray Response: Could be up to ½ billion dollars statewide, and will be several hundred million in any case.



Richard Knecht continues:

We are much more prepared as a partnership than any other County in the State.

I was in a training yesterday and all participants were raising questions about getting services to child welfare kids. I appreciate that 15 yrs. ago, this community came together to integrate children services so we are not dealing with that issue today.

Today we are better prepared organizationally to make these dollars (PEI) work.

Prevention services are upfront and efficient services preventing need for expensive hard to deliver services later on.

Please Look at PEI Handout: This is what we are going to talk to you about today. It is a draft from the state MHSOAC.

We do not have final guidelines. We expect that shortly (by next month).

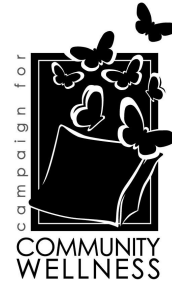
Purpose and Vision of PEI: refer to handout

You can see how this represents a paradigm shift. This shift in emphasis to prevention and the early intervention side we will change how we operate today. This is very exciting!

Guiding Principles (see handout)

Outcomes:

We need to know definitively that what we do is working. These services will have to be evidence based and measurable.



Youth at State level are advocating loudly for non-stigmatizing environments. For example, social community centers and similar environments that provide a social outlet for them and reduce pressure on other mental health resources.

Strategies and Target Populations – again from State initial guidelines. These are parameters we need to meet (see slide)

Key Strategies (see handout)

Stakeholder comment: What about the children and adults that get pushed out of homes? Adult gets put in hospital and their room gets closed and now they are back out in the street or in a situation that they shouldn't be in.

Richard Knecht comment: This is an example of current gaps in our continuum. Full Service Partnerships (FSP's) are designed to address this particularly, the Transition Age Youth Full Service partnership.

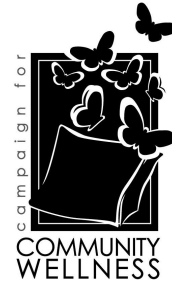
Stakeholder comment: Because it's happening for my nephew right now.

Staff comment: We would need to see if this fits with PEI. But let's also see if it fits somewhere else. So let's not forget this point.

Staff comment: One of the funding sources coming down the pike is housing dollars. Could be a good fit there.

Staff comment: PEI targets at-risk children and young adults – recall 51% must go to 25 and under. This could address some of the issues that David Gray raised earlier.

Stakeholder comment: Who decided the 51%?



Staff comment: State and MHSAOC, along with stakeholder comment.

Stakeholder comment: It was a bloody battle to determine this figures but they finally agreed to this.

Richard Knecht continues on PEI DRAFT Guidelines:

Age groups-

- Little more than half must be for those under 25 yrs of age. Could be more.

Other populations:

- underserved cultures, early onset, trauma exposed, and youth (in stressed families, risk of school failure, and risk of juvenile justice)

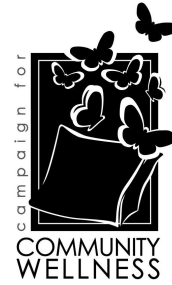
Stakeholder comment: Are there any guidelines on direct prevention services vs. system transformation services?

Staff comment: These PEI funds are mostly direct. Currently, 5% is allocated for evaluation (though this is to be used from MHSA admin. Budget, not the PEI budget)

Stakeholder comment: One of the strengths of SAMHSA is getting national data back. Two issues we found that are in 90% indicator range are that young people with mental health issues had: a) a parent that had mental health issue or, b) a parent of single-family homes. We should look at those indicators as a community.

Staff comment: These are great examples of clear risk that we want to factor into our planning process.

Staff comment: Some of us on the SAMHSA team are going to a SAMHSA conference on trauma informed services in August. We will bring this research back to you.



Stakeholder comment: Are there any psychiatrists on this board developing these programs?

David Gray (consultant on PEI process at State level and stakeholder): Yes. There are psychiatrists.

Stakeholder comment: When I look at partners, we have a good representation here.

Richard continues on DRAFT PEI Guidelines

Outcomes: see list

We might want to add to this list. This would be value added to our plan.

Stakeholder comment: We have a lot of partnerships. Looks like we are losing mental health services as it is getting partnered out. Is there a mandate that says this funding needs to stay in mental health (arena)?

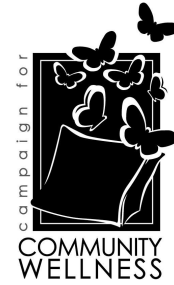
David Gray (consultant on PEI process at State level and stakeholder): There is a distinction between CSS and PEI funding. CSS is for those experiencing illness and are in the system. PEI is for everyone else outside system. The logic is that it would be outside county health system. The view is that the funding is predominantly for other organizations like the Boys & Girls Club, for example.

Stakeholder comment. Is that this pot of money?

David Gray: Yes.

Richard Knecht continues on DRAFT PEI Guidelines:

We have permission to think out of the box on this.



Short term Goals (see list)

Statewide Support

State will keep a good percentage of the money for programs at the State level in the following key areas:

- Anti stigma
- Suicide prevention
- Training, technical assistance, capacity building
- Ethnically & culturally specific programs

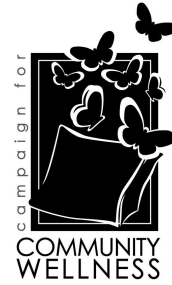
Stakeholder comment: One of the things El Dorado County did was talk about a futures planning and convergence conference. Allows them to bring in community partners. It has grown from 60 to 120 partners. The other important thing is the data outcomes. Where are we going? What are we doing? And get this out to the community. We should step up the communications piece as to where we are going.

Richard Knecht (staff): Good questions. We need to talk about how we communicate as a team and communicate outside. We have a social marketer on SAMSHA and we hope to expand our communication outline.

Stakeholder comment: This is a short timeframe as I see it. Need to decide in 4 months. When are we going to talk about this?

Facilitator comment: That's next.

Stakeholder comment: I know that the group has been meeting with other groups. And information is not coming back to the team. This is what we discussed and this is what we want. This is what the people are asking for.



Staff comment: This is actually what we are here to plan for.

Clarification from Staff: We need to make a distinction. Prevention dollars are for those who have not been diagnosed as AXIS 1 treatable. Dad may have bipolar disorder, and won't get services via PEI, but his son, living at home who is at risk and does not have a diagnosis --he gets the PEI dollars.

Facilitator Discussion:

What stands out/what excites you?

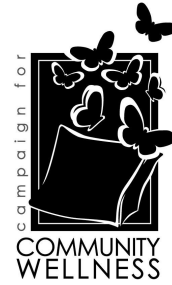
Stakeholder comments:

- That the money is going to a broader base, the non-traditional
- Not waiting until things get so bad
- More effective to provide services early
- 80% of kids using (drugs) end up with MH if not treated in early--this makes sense
- Early identification excites me (especially with the younger kids)
- Excited as an elementary level counselors to see early intervention have funding....it is part of our values and now we have funding to back
- This is not going to prevent mental illness, we need to remember that.

Stakeholder question: What about the adults who need this who are outside the 25 year old age group?

Answer (Richard Knecht): Funds are not only for children and if this person needs a lot of services then the CSS dollars are for that need.

Stakeholder comment: Schools are the most logical place for this program to be housed. We would like to see a doctor from the County (Doctor Mulligan) here for the PEI discussion since they will be making referral process.



Action: Remember to suggest Dr. Mulligan during PEI planning process.

PEI Planning Process

Facilitator described the DRAFT process to the group and asked them to consider how we would improve this process.

Stakeholder comment: This process doesn't work for Tahoe

Stakeholder comment: I don't think we have enough time to do this. This is the largest part of why we came here today and there is little time left for this topic.

ADD TOPICS LISTED ON WHITE PAPER – WHAT LIKE and DON'T LIKE.

Facilitator comment: How about we return July 27, 10-1 with this topic as the only topic on the agenda and get to work on the planning process?

Committee: Agreed.