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COMMUNITY HEALTH CARE ROUNDTABLE
Thursday, September 18, 2008

Mental Health Services Act
Prevention and Early Intervention

Yanes: I'm Richard Yanes, the Executive Director of Fresno Metro Ministry. This is the September Roundtable. Welcome everyone. Our main program, we'll have Karen Markland and Jim Ritchie talk to us about the component that makes up the Mental Health Services Act Prevention and Early Intervention activities that are being looked at. Karen Markland is Division Manager and in charge of the Mental Health Services Act and is working on the Prevention and Early Intervention component of that Act. And Jim Ritchie will be assisting her in this presentation. So Karen, if you're ready?

Markland: Good morning. How is everybody this morning? Happy? Good. I appreciate the opportunity to revisit. I think I was here a year ago. And talked a lot about the Mental Health Service, I'm afraid to touch it. About the Mental Health Services Act and the different components that are associated with it. And when I was here last time, we talked a lot about CSS, which is Mental Health Services Act. So here we go. I'm going to test you. Except for those that I know, know the answer. CSS, with the Mental Health Services Act stands for what? Give me a C. Community. Give me an S. Services. Give me one more S, that's clean. (Laughs) So Community Services and Supports. Mental Health Services Act has multiple components of funding. I'm going to just kind of do a brief introduction about Mental Health Services Act. Kind of a refresher. Where are we? And where and what other things are happening in Mental Health Services Act besides Prevention and Early Intervention. Then I'm going to introduce some,

one of our new staff members, Jim Ritchie, who's actually going to be facilitating our community planning process. He's going to provide you with a real brief overview about prevention and early intervention. What Fresno is doing next and where we are in our planning process. And then we will be using, I mean asking you, to help us kick off some of our stakeholder input and surveys. We have kind of a focus group invitation that we want to extend. We have a survey we'd like to kind of offer out today. So we kind of want to make this somewhat of a working opportunity as well just to do our stakeholder input. So just real briefly, I'm going to do kind of a brief overview. Community Services and Supports. That is the component of MHSA that's the service function. That is the first component of funds that were brought out to the community. And they represent services. So we talked about it about a year ago, some different services that are being provided in our community. And those are things like, full-service partnerships, where we are treating those adult mentally ill consumers, who are at risk of homelessness, hospitalization or incarceration. Do we have any of those in Fresno? A couple. We've been fortunate since I've been here last, that we've actually been able to expand some of those programs to increase capacity. So a program that once had a capacity of 67, now has a capacity of 120. We have another program that once had a capacity of 40 and now has a capacity of 80. We've been able to, with some additional funds, thanks to our millionaires of California, have been able to expand some of our services. And we will never probably have enough services to meet the needs. But we're really moving forward in this community to make sure that those services get out to our, our uh consumers and their families. What I didn't bring is an update sheet for everybody of what those services are. Who the providers are. Because some of them are contracted. How to get into those services and where we're at with those. I'm going to explain towards the end of my brief time, where all this information is located. We've spent a lot of time building our web site, which is really a good resource opportunity for folks. And we'll make sure you have that address before we leave today. I just also real briefly, wanted to mention the

artwork that was introduced. When you go to our website, you'll get a chance to see that artwork yet again. We did a, we responded to, from the California Institute of Mental Health up in Sacramento, a call for artwork. And we, with our mental health consumers, both in our children's side and our adult side, requested those staff and programs that work with our consumers, to submit artwork. And it was phenomenal. Because in years past, Fresno County has never submitted any artwork to the state. This year we submitted over 20 pieces. They are now viewable in the online art gallery through CIMH. And we were really honored that last week there was a policy forum, through CIMH. Which is the California Institute of Mental Health. And they did a recognition for approximately, I think it was four individuals, that were nominated to be recognized for their work in mental health. And it was very exciting. You know, how sometimes you get an award, and what sometimes you do with those awards? They're engraved and they're beautiful. They either go on your wall or in a closet. It was really exciting because the awards this year, the centerpiece of those awards were some of the artwork that you saw today. So it was very exciting that, that artwork was used and that will be hanging, I think, in multiple people's offices throughout California. So it was really an honor for Fresno County. The artwork that was selected specifically came from children who were receiving services in our crisis unit. Which I think is even more powerful to, to recognize. So I appreciate the opportunity to show that. On the table, I think we have at least one per table and we will make more. You're going to see a flyer that says putting the pieces together. So I'd like to take one quick second. You'll notice up here on my bullets, there are a lot of bullets with Mental Health Services Act. So I've talked about the CSS. There's also a housing component. And our housing component, through Mental Health Services Act is very exciting. We've done a series of stakeholder groups. We've done some focus groups. What we are going to do now is we're announcing a summary meeting that will take place on, help me? September 20, 25? Thank you. On September 25th. And what this is, it's an opportunity for the community to come together and kind of hear what

we have done with our stakeholder process. What our next steps are. We are with an agreement with our local housing authority. And have some really exciting plans on the table to pursue. Obviously, our community has spoken loud and clear that we need housing for the mentally ill. What do you think are some of the top things that our community said they wanted when it comes to housing for the mentally ill? I like to make things interactive. If I have to talk, so must you. So what do you think are some of the top things that our community said they wanted for housing for the mentally ill? Pardon? Affordable. It'd be nice. That it could be affordable. Safe. Yeah. Absolutely. Close to transportation. Yeah. All of those things are obvious priorities. But then I'll challenge you a little more. If you kind of think of what housing would look like for the mentally ill. What do you think are some of the components of what housing would look like that came forward? It's kind of interesting. When we started talking to our consumers. Single living. One bedroom. People really don't want to have roommate situations unless they have to. I think most of us wouldn't want to live with a stranger that we don't know. So we really talked about one bedroom, single resident occupancy. We talked a lot about apartment complexes, because they like the idea of potentially having neighbors that are understanding of what's going on in their lives. About being supportive. One of the big things was talking about thickness of walls. Very interesting concept. How many of us have ever lived in an apartment complex where you had that neighbor? Or you were that neighbor? Yes, exactly. It was really interesting to kind of hear some of the functions that really were desired. And one other thing that really came forward, was the allowability of pets. Which I thought really spoke to the supportive needs of our mentally ill. So those are just kind of some things. We're going to be going to the Board of Supervisors next week I believe, identifying some potential demonstration projects. We're really kind of making some progress, so it's very exciting. So I wanted to mention that. Work force education and training. Perhaps we'll be able to return to this wonderful meeting at a later date, speaking specifically about work force education. We have a work force education and

training coordinator that has been hired. That is, we're in the process of designing our focus groups and our planning process specific to that. Work force education and training, just real briefly, is the opportunity for us to really focus and look at our work force to make sure we're truly meeting the needs of our mentally ill in a new, in the new concept of wellness and recovery. When we start doing kind of a needs assessment, I'm going to give you one last quiz, and then I'll move on. What do you think, when you take a snap shot of our work force working with the mentally ill? What are some needs our work force has? Oh, oh, excellent, yeah. Location of those services. Transportation. The cultural and linguistic abilities of our staff. We've done a work force needs assessment where we've looked at the staffing within the Department of Behavioral Health and the Department of Children and Families. And guess what? We don't have a whole lot of bilingual licensed clinicians. We don't have a whole lot of bilingual psychiatrists. I mean these aren't shocking things. So work force is an opportunity for us to kind of dive into those needs and be able to be very creative. We also are really looking at the fact that our work force has been in place for a long time. And we want to make sure that our future work force through the education systems are really educated for wellness and recovery and to the guiding principles of MHSA. So it's an exciting time for us to collaborate with our educational institutions, as well as with our main providers and vendors in the community. So we're really getting moving on a lot of these pieces. And I really appreciate your interest in it. Because we certainly get a lot of interest. So prevention and early intervention. You're like, yeah, yeah, yeah, move on. We're here to talk about prevention. I'm sure people here have kind of heard about prevention and early intervention associated with MHSA. This has been kind of a, something that's been coming that we're really excited about. The goal of our time here this morning, is to share some brief information with you about what it is, what it can, and unfortunately what it cannot do. What we are required to do locally, to be able to access these funds. So I'm going to try to alleviate some of the questions. We, through MHSA have a component of money called prevention

and early intervention. And we have money that's been allocated or designated to our county for the purposes of these funds. So we are not in a competitive bid process to access those funds. However, we are responsible to create a plan that appropriately accesses the money that's been allocated to Fresno County. Just like we did with the CSS process. So I think we have approximately, how much? We have approximately seven million allocated for us to kind of start designing some programs and plans. Does that sound like a lot of money?

Male: Not in this day and age.

Markland: Thank you. Yeah, not in this day and age. The exciting thing about prevention is it really does a couple of challenges. It really challenges us to do things new and exciting. It challenges us to have partners that mental health has probably never had partnerships with before. It challenges us to do services in places we've never done services before. So there are a lot of parts to this. Uh, that we really need to make sure, that as a community, we are very strategic and we are very creative in how we want to have these funds coming out and what kind of programs they're in. So that's the exciting part of it. We are also, as we are required with Mental Health Services Act, we are required to have a community planning process. Stakeholder process. And that's what we're kind of here today to initiate and to keep moving forward with. Approximately a week and a half ago, we did a stakeholder kick-off meeting. And it was really well attended. We had over a hundred participants that joined us at the Holiday Inn Airport. It was kind of a stakeholder kick-off. Where we kind of did a broad overview, once again. We're really desperately trying to not have repetitive information for those that are our faithful followers and I see you out there. Uh, to not kind of bore you into repetitive submission. However, we think it's always important to remind ourselves of why we're here and what we can and can't do with these funds. So our purpose is to talk about that, give that overview and to also, like I've already said, invite you to participate in our focus group processes. I know that there are some people out here already that have approached us, that say we would love to put together a focus group. Mental Health Services Act

prevention and early intervention really prompts and encourages us to really access the unserved, under-served populations. And we think the best way for us to do that is to really talk to those groups really specifically and intimately. Almost a one-on-one situation to really hear what the needs are. We've done a lot of valuable lesson learning from our CSS planning process. Big is not always better in terms of a planning process. Because you have a room full of people. You may hear from 12 of those folks, but there may be 80-some odd that you didn't hear from. So we really want to approach this in a kind of a out-on-the-street mentality, which is really being mirrored across California. The good thing is that California counties have really learned some valuable lessons in how we did this before. So that's our goal. And like I say, at the end Jim will be introducing a survey tool that we are designing. We're going to look at doing our stakeholder process in multiple ways. Doing some large group settings, some focus groups, key informant interviews, as well as some written surveys. The idea is that we're going to kind of identify our community's needs. I think we all know what we need. But we need to organize that information. What are our needs and how can we identify that those are our needs? Have their been need's assessments done? Where are gaps in prevention and early intervention? We have to go into this in an organized manner in order to produce a plan that is approvable by the state. This plan will be approved by the Department of Mental Health as well as it has a review process with the Oversight and Accountability Commission, the OAC. And that is one group that looks at everything you say and do. And we've had some pretty extensive training by them to make sure that we write a plan that is approvable by them. So we're excited. We think we're poised and ready. We know the community is ready. So we are in that process of organizing our needs, organizing our input and moving forward with our planning process. So I welcome, I am welcomed by the opportunity to share this information. I'm going to introduce Jim Ritchie. He's going to kind of do that overview. I'm sure there will be some questions. We're going to do our best to answer those. However, in the event that we don't have the answer, we will

certainly make sure that we can get that information out to you. The Power Point that you see today as well as the other information that I've referenced, the Housing Flyer, etcetera, will be posted on our web site. We'll make sure that you have that web site address. However, if you feel the need and you need it now, if you kind of, if you do a Fresno County MHSA through a Google search, you will find out web site. It's pretty easily marked as well. Well, thank you very much. I appreciate your time and your attention. I know you want to hear now about money and not what I have to say. So I'm going to introduce Jim Ritchie, who, like I've identified, I think he's two weeks?

Ritchie: Yeah.

Markland: Two weeks into this job. So I insist. Ask very hard questions. No. So he's two weeks into this and I'm telling you what a chore he has. I'm grateful that the cavalry has arrived and it isn't just me. So, we're please that we're able to add to our MHSA family and get things moving forward. So with that being said, I'll introduce Jim. And he'll take your questions and go over some information and give you a survey. And make sure that you have his contact information to move forward if you have any focus groups or additional kind of stakeholder ideas. Thank you very much.

Ritchie: Hi. I'm Jim Ritchie. And I won't be as dynamic as Karen unfortunately. She's a much better speaker than I am I think. But if we could get the, Power Point going. So the Mental Health Services Act, prevention and early intervention component is a very exciting help first approach to address key community health needs that we'll need to identify as a community and for priority populations. Now one of the things I think it's important to note about the prevention and early intervention component, is that those funds have to be used for prevention and early intervention. They cannot be used to fill gaps in services. So it's strictly prevention and early intervention. So that's, it's kind of good to keep that in mind as we move forward. What is prevention? Prevention involves reducing risk factors or stressors, building protective factors and skills and also promoting positive cognitive, social and emotional development and encourages a state of

well-being, which allows the individual to function in very difficult situations. You know, the economy has some serious problems. People losing their jobs and so forth. So the prevention component, we want to get in there and help people, you know, deal with some of these stresses or give them skills to deal with the stresses that they face in their everyday lives. And especially with those priority populations. Early intervention is directed towards individuals and families for whom a short duration, relatively low intensity intervention is appropriate. To measurably improve mental health problems or concerns. Such efforts can result in a reduced need for more extensive mental health treatment or services and then thereby relieving some of the strain on the service side of things. I think it's also important to note that the language is intentionally broad in the law. When we talk about mental health problems or concerns, rather than assessed mental illness. And that's important. That means we can get in early and not have to deal with some of the stresses of assessing before we can intervene. Some of the key points that are worth noting for the prevention or early intervention, is that a minimum of 51 percent of all funds have to be directed towards individuals under the age of 25. Another one is that we have to leverage resources. And leveraging resources means that, you know, we rely on donations of staffing for example from, or we work with other groups and combine staffing. We get facilities to hold our community stakeholder meetings and focus groups and working groups as we move forward. And other in-kind activities. So we will be leveraging a lot of resources. Some of the prevention and early intervention priority populations that I referenced earlier, are the under-served cultural populations. And I won't read all of these. You know, you can ask me individually if you have any questions about them. I won't read all the definitions that is individuals experiencing the onset of serious psychiatric illness, children and youth in stressed families, those individuals exposed to trauma, children and youth at risk for school failure, and children and youth at risk of juvenile justice involvement. Assessing prevention and early intervention key community needs for Fresno is part of our planning process. The PEI funding will focus on

impacting five key community mental health needs that are identified by the State of California. And those include disparities and access to mental health services. Access uh, disparities as a result of cultural barriers. Linguistic barriers. Transportation issues. So you know, one of our goals is to get out into the communities in all corners of Fresno County and get to the rural populations. Seniors who are in isolation. Living in isolation and so forth. Or others living in isolation. Another key community health need that's been identified is the psychosocial impact of trauma. PEI efforts will seek to reduce the negative psychosocial impact of trauma on all ages. So those who witness community violence or domestic violence or uh, any number of you know, traumas, that people are exposed to. At risk children, youth and young adult populations. PEI efforts will increase prevention efforts in response to early signs of emotional and behavioral health problems amongst specific at-risk populations. Uh, and as noted earlier, children at risk for school failure, at risk of living in stressed families, at risk of uh yeah. Another key community health need is stigma and discrimination reduction. PEI will strive to reduce stigma and discrimination with respect to mental health issues. Uh, impacting those who are experiencing them. So a lot of people perhaps, well uh, are stigmatized. A lot of family members are stigmatized. The family members that their family members have a mental illness. So we want to, we're going to create programs to help reduce that stigma and/or discrimination. And uh, suicide risk. Very important. The State of California has announced a statewide suicide prevention program that we're all very excited about. And recent funding increases will help address that. So that's very nice. Our plans will include evidence-based programs in addition to uh, the importance, stressing the importance of local programs. So an evidence-based program or practice, is a strategy that's been used that has been or is being evaluated and meets the following conditions. Quantitative and qualitative data showing positive outcomes. And uh, those outcomes being subject to peer review or expert review. However, recent updates from the Department of Mental Health free up the prevention and early intervention component a little bit, in that we do not need

to focus only on evidence-based programs. We can think outside the box a little bit more. So getting feedback from community members is crucial to this stage. So this is why we have surveys and why we'll be doing community stakeholder meetings and focus groups and working groups and so forth. Another very important point is that the prevention and early intervention component has to specifically focus on non-traditional mental health settings. So Fresno County will need to document efforts to identify, to outreach too and to collaborate with non-traditional mental health settings such as community-based organizations. Uh, primary care providers and emergency rooms, hospitals. Parents and caregivers. Early childhood education providers. Child care facilities and so forth. Teachers, uh those in K through 12. At the college, community college level and at the various universities in town. Faith-based organizations and traditional healers. Uh, among others. So as I mentioned briefly, the statewide programs, there are five statewide programs that have been identified. And those are stigma and discrimination reduction, suicide prevention, and the student mental health initiative. And uh, Fresno County just got about four million dollars assigned for these statewide programs. Now, how that will break down with respect to these three, we have to determine yet. The state has not announced money yet for the other two statewide programs, the ethnic sensitive programs or the training and technical assistance programs. But, in general it's very exciting to get an increase in these economic times. So we're excited about that. And for our, I lost the page. Yes. We are in the planning process as Karen noted. And uh, I'll just kind of highlight what we've done and where we're going. Our logic model or our purpose is that we need to identify local, key community mental health needs and the priority populations. I mean, the State of California has said generally what those are. Now we need to prioritize those for our community. And so that's again, why we're doing these stakeholder meetings and asking for your feedback. So some of the things that we've done so far are, we have had a meeting on August 21st. It was the kick-off Roundtable. And then last week, on September, uh last Monday, on September 8th, we had a community stakeholder's meeting

where, like Karen said, over a hundred people showed up. So we got great feedback, great participation. We had breakout sessions where we had five large breakout sessions where people just talked about uh, various questions that we had given them. Focused on. And we got a lot of really good data. That data is posted or it will soon be posted to our web site. So please, as I pass out the survey, the web site address will be on the bottom. So please note that in your notes, so that you can go check it out. Or you can ask me, get in touch with either me or Karen if you have questions. Uh, where we're going is we need to assess the community capacity and strengths. And that's part of this uh, recent process as well. We'll need to develop focus groups where uh, I think many of you would probably like to participate in a focus group. I think it would be very important. Because there is money out there and then we can help your programs potentially. Then we will go into the selection of the PEI programs to achieve desired outcomes. And that will be phase two to be announced. We have to get through phase one first, which is the gathering of data. So, and then from phase two we'll develop the, we'll actually develop projects, establish time frames, determine staffing considerations and uh, allocate budget resources to those programs. And then phase four of course, will be the submission to the OAC. You know, so we will have to get it approved. So next steps. So for our immediate next steps in the planning process, we will continue with stakeholder meetings and we will develop more focus groups as well. We will be going all throughout the county in all corners. Uh, focus groups will contain, you know, we'd like to have them smaller as Karen said. Big is not always better. So smaller focus groups, eight to ten. Maybe twenty people. Something like that. Again, they'll be geographically dispersed throughout Fresno County and they will be open to the public of course. We will coordinate with existing community meetings hopefully, like we have today. It's been very helpful to us. And we will do face-to-face interviews, and then of course, the surveys. So we will communicate with our community partners to complete assessments, to assist in the identification of the local priorities and programs that we want to have. So are

there any questions? Yes sir?

Male: Can you identify the structure of your organization?

Ritchie: I beg your pardon. Yeah, please wait until the microphone . . .

Male: . . . Okay. Uh, could you sort of discuss the structure of your organization?

Where the funds come from? I'm not familiar with, . . .

Ritchie: . . . Mental Health Services Act uh, was Proposition 63. And it's, basically the money comes from uh, a one-percent tax on uh, incomes of a million dollars or above. And that money goes to the MHSA pool. Mental Health Services Act pool, for the State of California. And then each county gets its allocation. So Fresno County's MHSA allocation then gets parsed through the different components of Mental Health Services Act. The component I'm the facilitator of is the prevention and early intervention component. And those funds have to be used specifically for prevention and early intervention. They cannot be used to fill service gaps.

Male: In the, who makes the decisions on where the funds go? Is this a . . .

Ritchie: . . . This is the community stakeholder process. This is what we are embarking on right now. We're going out there. We're trying to get feedback from the community to help us identify what our priorities need to be. And from there, we will have uh, there will be public, once we determine what programs exist, there will be public comment and so forth.

Male: Okay. Because I noticed that there were some specifics like, you mentioned the 51 percent towards uh, people under 25 years of age. And, where did that decision come from?

Ritchie: That's established by the law itself. It says that a majority of the funding must be, it says that a minimum of 51 percent must be devoted to zero to twenty-five.

Male: That was the law that was passed?

Ritchie: That's the law.

Male: Okay, thank you.

Ritchie: Uh huh, you're welcome.

Torres: Hi, Chris Torres, Fresno Health Consumer Center.

Ritchie:Hi.

Torres: I was part of a group that went out and received data from consumers. And I know that several monies were granted to different agencies to do that. So is that data also going to be used? Because we did talk to consumers and reports were submitted to the County Mental Health.

Ritchie:And what were these? Stakeholder? What was the input surrounding exactly?

Torres: Well, we went out to find people who were not served or under-served.

Ritchie:: Oh. Well I think that data would be very helpful to us. Yes.

Torres: Well, you already have it. So, I just wanted to know if you were going to use it.

Ritchie:Yeah. I have not personally seen it yet. But I'll definitely check it out.

Etheridge: Monica, with Fresno Health Consumer Center. In relationship to that project, there was a mini-project. One of the uh, problems that we observed (inaudible) was the disconnection and organization within the Mental Health Services project. We had about three contracts, possibly four that the county had issued in this time frame. All of them overlapping each other, which caused a lot of confusion to the consumers that we serve, and one of the issues that Fresno County has had, this is prior to my coming on board with Fresno Health Consumer Center as a legislative staffer and other jobs that I've had, is that, lack of confidence from the community is very strong with regard to accessing mental health services. And they lost a lot of faith in Fresno County and it continues to exist. And so my concern is that, as you go forward with the PEI, that you use the data that was collected and is still, to my understanding, being collected. But that you outreach to those communities that have already indicated a frustration because of the confusion of various people contacting them, duplication of services, overlap. Uh, and as well as the biggest issues that we've heard doing our project, language access, cultural competency of your staff. Uh, the video conferencing system that you have, while I know it's probably cost efficient, is extremely confusing for LEPs. Uh, and when they're not explained or educated on how to access those services, it just creates a huge, huge problem for them. Transportation is the other issue that was . . .

Ritchie: . . . I'm sensitive to those. Those are above my pay-grade. I'm specifically dealing with the prevention and early intervention program. So I am sensitive to what you're saying. And absolutely, we are committed, uh not just, you know, emotionally committed, but also by law, committed to addressing access. Disparities in access to mental health. So that is one of our top priorities to be sure. So thank you.

Alejo: Hi, I'm Christina. I'm aware that uh, you're heading up the prevention, early intervention component. I know that there are other components as part of MHSA, but what Monica is mentioning is sort of this general confusion that's happening in the community. The initial stakeholder process happened in 2005. And then Dave Weikel and I, through Mental Health American, were assessing that initial stakeholder feedback process. And Monica's group was one of the one's that participated in that. Now uh, for people working directly with MHSA, all of these breakouts with the different components, like prevention and early intervention, workforce education and training, makes sense to keep segregated. But they don't make sense to the community. So maybe part of what needs to happen in these new stakeholder meetings is to explain the difference of why these processes are happening over and over again. Because the way it comes across to the community is didn't we do this a year ago?

Ritchie: Sure.

Alejo: Didn't we do this two years ago? And we keep saying the same thing and yet you keep coming back and we don't see changes. So I think that's part of the education that needs to happen as well.

Ritchie: Sure, sure. Uh, yeah. I, yeah.

Traynor: Hi, I'm Phil Traynor with Radio Bilingue.

Ritchie: Hi Phil.

Traynor: And a number of other organizations. But one of the things I wanted a clarification on is the uh, priority populations.

Ritchie: Yes.

Traynor; Because I remember sometime reading in the legislation, that when

they're identifying the priority populations, they were saying Black, Latinos, Gays, Lesbians, and those, those kinds of groups. Where what the state said were the priority population for PEI. And now if we're going to prioritize those, does that mean that those under-served, unserved and poorly served populations, will be prioritized differently in Fresno County? Or will it be, will be looking primarily at the, the ethnic disparities and uh, those other kinds of disparities?

Ritchie: We will be addressing the priority populations as identified through our community stakeholder process. Uh, this is what we have to do. So I don't know how else to answer that question, other than to say that, you know, uh we are, I mean the OAC is going to make sure that we've done our homework. That we've gone out to and addressed every aspect of our community. The racial-ethnic, uh the you know, various types of disparities in access, including rural, transportation-poverty issues, stigma, things like that. So uh, yeah we will you know, do the best we can. You know, with respect to prioritizing you know, our feedback. Our data from, from the stakeholders. I hope that answers your question somewhat. You can keep on it with me through e-mail. I'd be happy to, you know, . . .

Male: . . . (Inaudible)

Ritchie: Yeah. Well even just with e-mail. You're all welcome to e-mail me and, and if you have specific concerns, I welcome your e-mails. And uh, continue hounding, if-you-will. That's perfectly fine with me.

Male: Jim, this, you're new to the, to the . . .

Ritchie: . . . Seventeen days. Yes.

Male: Okay. So you're still in the honeymoon phase.

Ritchie: Wet. Wet behind the ears.

Male: But uh, this question kind of follows up from Monica's and Christina's comments. And let me ask it this way. So and without sort of identifying Fresno County as sort of a culprit, but I talked with uh, Rachel Guerrero from the state about sort of a Central Valley-wide sort of engagement during the CSS process. And she was very disappointed. Again, I'm not, I wasn't involved in the Fresno . . .

Ritchie: . . . Disappointed with what exactly?

Male: With the level of engagement. How the counties went about reaching populations. And I'm hearing now, now, you know, feedback loops and that kind of thing. Which she didn't talk about. But the question I have is, what is Fresno County doing about assessing what worked and didn't work in the first, in the CSS phase, that you want to make sure you don't repeat or that you repeat the good stuff in this phase. Are you doing that kind of analysis?

Ritchie: Yes. And I would ask you to e-mail me for details on that. I, I can't, I don't have them at hand. So . . .

Male: . . . Is Karen here? I don't if she's still . . .

Ritchie: . . . She had a meeting.

Male: Okay.

Ritchie: She had to meet Supervisor Perea.

Female: The assessment of the initial stakeholder process, which you're referring to, was conducted recently. And it was completed a few months ago. That report has been submitted to the county. It was submitted directly to Karen Markland. And uh, lots of lessons learned and recommendations in there. And uh, actually that process was engaged in specifically because there was uh, there were other people at the state level and also locally, who were very dissatisfied with the engagement of communities. And so uh, that process has been complete.

Ritchie: And let me just assure you that as the PEI facilitator, I will make sure that we will go all over Fresno County. There's no question about that. And you can, again, hound me. Follow up and I'll make available what I'm doing, so that you can say hey, you forgot this. That's fine. I appreciate, I welcome that.

Female: I'd like to know if you have the, I guess, the previous assessment report that was provided, uh in terms of recommendations. Uh we, in our clinic, we see a lot of children that are very sick. And potentially, there's a lot of intervention that can be provided. But I really have not heard of one mental health worker in Reedley. And I don't know if they go to the community center or maybe somewhere else. We have no access. We also have a very large perinatal program. And thanks to the CPSP program, which Laurie Misaki is here, we are able to have a social

worker work with our pregnant women and uh, after you know, the post-partum depression issues like that. But past 60 days, we really don't have anywhere else to refer these patients to. Uh, so you know, I'd like to see more uh reaching out to the rural communities because I feel there is an incredible amount of poverty.

Ritchie: Yeah.

Female: And other issues that are, you know, stressing our communities right now.

Ritchie: Yeah.

Female: And I'll tell you, you know, this is the reason why I was here. I wanted to hear that maybe something had happened in terms of the budget. But we're at risk of closure. We're within a week or two of closure. And that means uh, thousands of patients will have nowhere to go for care. We have a hospital that is so stressed, that they're probably one to two weeks at risk of closure as well.

Ritchie: Yeah.

Female: And so, when these things are happening, I don't know, you know we don't have an infrastructure any more. And what I'd like to see is let's, you know, do the assessments, but then put the money into intervention. And put the money to work.

Ritchie: Well yeah. I mean I would recommend, if I could, I'm sorry, what is your name again?

Female: (inaudible) Teri.

Ritchie: Teri. Teri, if you could get with me, maybe you could create a focus group with consumers and providers from Reedley. From the area. Uh, and we'll sit down and, and we'll absolutely you know, listen and do what we can to address that. With respect to the PEI. Unfortunately, well the PEI funds by law, cannot be used to fill service gaps. So we are going to have do with the early intervention and prevention as best as we can so that, you know, hopefully it will reduce the strain on services down the road. It's not going to be an overnight process obviously. But uh, yeah. We are committed to the intervention aspect. And so I would ask you to do a focus group. You know, and get with me and, and that goes with all of you. If you could do, you know, create focus groups and uh, with

consumers and uh, stakeholders in your area that, that have a vital interest in specific aspects. Priority populations or uh, you know, suicide prevention or you know, any of the things that I've talked about today. And by all means, please.

Female: And I hope you don't perceive this as, you know, you know, as attacking you, you know physically voicing our anger. Fresno County has a long history of reduction in budgets and services directly at mental health. And I spoke to this when we had our recent budget cuts. Uh, on the impacts. And Reedley won't have services or has greatly reduced services. Last year they lost 15 staff and closed a series of clinics. And reduced staffing levels to one day or half a day in the rural communities. So those are our services that we have for the poor that live in Fresno County. It's not acceptable and I don't think it's something that we support. But I would like to obtain a copy of the report if you could e-mail it to us or at least let us know where we can download . . .

Ritchie: . . . Which report exactly?

Female: The report that,

Ritchie: . . . The assessment of the CSS?

Female: Yeah. We could be able to access that and be able to, our e-mails are all on the list as well. And we'd also like to, FHCC, would also like to be able to, in conjunction with Central La Familia and some of our partner agencies, we have a Hmong project that TC has graciously funded. And we're into our third phase. And we're monitoring this issue. We'd like to be able to uh, step forward and put a focus group to address the issues of the Hmong population as well as the Spanish-speaking population.

Ritchie: Absolutely. That would be a huge help to us. If I could uh, somebody could help me out and pass these out. These are the surveys. If you could fill them out. And then my e-mail address is on there so please, I would like to get the surveys back today. Uh, if possible. So please, if you could fill them out while we're in this question session. I don't know how much time we have. Do you want me to keep going or?

Yanes: (Inaudible)

Ritchie: Okay. And then please note the e-mail address and then contact me directly.

McLane: I want to go back to that uh, my name is Vic McLane. I haven't been here for a long time and, but I want to keep (inaudible). I was particularly concerned about funding. Because you said that very confidently, we have a certain percentage of this funds that comes in. And it sounds like you're saying it's coming in and no problem. Whereas, over here we hear that programs are closing . . .

Ritchie: . . . I know.

McLane: Daily. Now, tell me what the relationship is.

Ritchie: Again, it's Proposition 63. It's, this money is to be used for the Mental Health Services Act. It's a tax on incomes of a million bucks and uh, that money goes solely to the uh, Mental Health Services Act. So it's owned . . .

McLane: . . . That's safeguarded?

Ritchie: Safeguarded. Well I mean it's subject to the sensitivities of the economy inasmuch as uh, maybe there are fewer millionaires this year than there was last year I suppose.

Male: I can, I can actually explain that, that too. Because I understand what, what the question is probably, how does the MHSA funding flow differently than the other funding? And the MHSA fund, one of the neat things about it, is it can only pay for mental health services. Whereas, all the other mental health services funding is shared. One, it goes through the state budget process and two, it's shared with health, probation, social services. MHSA is unique in that it can't go to that. It bypasses the actual state budget process and goes straight to uh, public mental health. So that's why the money is still flowing and isn't really affected by the state budget process. Uh, it was, originally when it came out, Mental Health Services Act as a whole was about ten percent of public health budget. And now it's twenty-five percent. And that's not necessarily because of the increase. It's actually because of the decrease of other funding. But continues to become a larger portion of the mental health budget. The other portions are uh, various taxes. Sales tax, vehicle licensing fee, billing to Medicaid, and other (inaudible).

But those are the major ones. But that's why Mental Health Services Act money is continuing to flow, because it doesn't go through the state budget process.

Ritchie: Thank you. Is that, I hope that answers your question. It seems odd doesn't it? That in, the face of all these cuts, you know, that we keep getting money in.

Male: (Inaudible)

Male: Nobody can touch it. And in the end, they always figure some way to touch it.

Ritchie: Yeah. Well, we'll see. I think a lot of people probably share your skepticism.

Uh, but as it stands that funding exists. So any other questions? You can see me or uh e-mail me. Call me. My phone number is on there as well. Thank you all.

Yanes: Are there more questions? The surveys, I notice people are doing. Do you want those back?

Ritchie: I would like those back.

Yanes: Right now? Okay, some comments on the budget process. Because you've hit a real sore point for me. There are special funds. MHSA is a very good example of certain kinds of funds that get developed, and this one was developed by an initiative that the voters acted on. As Jim said, the money comes from the wealthiest in our state. It's a small percentage. It goes into a special fund. And by that initiative process, the law has stated that it cannot be touched. Nor can the funds be used to supplant ongoing services. These funds are for basically, I'm not going to say this correctly perhaps, but new activities. So even the County Board of Supervisors cannot get to those funds to use it to support a mental health clinic that's already being supported. Okay. So that was done by the voters. By the initiative process. It was very narrowly defined. The state can't touch it. The county can't touch it. And until somebody gets very creative at that level, that's the way it's going to stay. There are other funds that are like that, that have gone through the initiative process. There's some education funds that exist that way. We're familiar with bonds for parks and recreation and water projects, if you-will. A variety of things happen that way. And then there's the state's general budget process and that process also has certain limitations by

state laws that the legislature has passed and imposed upon themselves so that certain services within the state have to get certain amounts of funds. Education falls into that and so the amount of discretionary fund, that even in the budget process is available to the state legislature to work with, is exceedingly small. It's much smaller than we think it is. And I can't remember what the percentage is, but I believe it's well under 40 percent. It may be as small as 15 percent. I just don't remember the number. But I think that tells you how limited the legislature is. So now get to my mantra. You cannot, we cannot, continue to fund services the cost of which are increasing, simply because things cost more today, and because we have greater populations, we cannot continue to fund those services without looking at an increase in revenue. So we are not having the right conversation at the state level. When we refuse to talk about tax increases, we are not having the right conversation. We have reached limits. And this has been going on, this dance, this music that we've engaged in, this song that we have been singing, has been going on for decades. This is not a new cycle we're facing in the budget process. This has been constant. It's been repetitious. It has been almost predictable in terms of economic cycles. And we continue to do the cuts. And every time we do the cuts, and we come back in a good economic cycle, we don't come back to where we started. We come back at a lesser level. We've lost services of people who are knowledgeable, who are competent, who are expert in their field. They've moved on. We've lost clinics. We've lost service outlets. We don't come back to the point where we were before. We have, and especially here in Fresno County, because we have gone through this so frequently, so many times, we are faced now in this process, in this cycle, with organizations that are standing at the edge of the abyss. A little event pushes them over. A delay in payment from the state pushes them over. That's where we are. There are experts out there. Nobel prize laureates, economists, who will tell you that making cuts during an economic downturn is the wrong way to go. Now, that is up for debate of course. In any profession, you have people on all sides. But we haven't tried that approach. And they say that, because if you take

a state dollar out of circulation, whether it goes to pay for a health care worker, whether it goes to pay a clinic to keep their doors open, you take that dollar out of circulation, that's a loss to the economy of that dollar. That dollar doesn't go in to buy food or pay for rent or health care services by the consumers who are out there. And we are a consumer-based economy. So they will tell you also, that increasing the tax to a small degree on the wealthiest in our society, has minimal impact on the loss of those dollars to the economy. Why is that? Because most of the people who are at the higher end of our economy save or invest. And those dollars are taken out of circulation. They don't all go back into the society economically. A lot of what they purchase are higher-end goods. Those dollars are not profits. Those profits don't come in necessarily to the county, to the state, or even to this country. So the impact on the wealthier people of a tax, is less on the economy than it is on lower income. Lower income people spend virtually all of their income to survive. So I'm telling you, we're having the wrong conversation. And until we change how we discuss this issue, we will find this cycle repeating. We will find clinics closing. We will find people who don't get services. We will find a future in which many of us will not like to exist. And that's not the world that I see in front of me. That's not the world I want to live in. I thank you for being captive and listening to my rant. We'll see you next month. Next month, we'll talk about violence and it's impact on health. (End of recording)

(This transcript has been edited for clarity.)