



# County of El Dorado

See meeting locations  
below

## Minutes - Draft

### Behavioral Health Commission

*James Abram, Chair - Term Expiration 8/15/2026*  
*Norma Santiago, Vice Chair- Term Expiration 10/26/2024*  
*John Taylor, Vice Chair - Term Expiration 1/1/2026*  
*Kathryn Hamilton, Secretary - Term Expiration 08/11/2024*  
*Wendy Thomas, Board of Supervisors Representative - Term Expiration 01/01/2024*  
*Dr. Richard Lynn, Commissioner - Term Expiration 11/16/2024*  
*Lauryn Sumimoto, Commissioner - Term Expiration 04/12/2025*  
*Debra Thornburgh, Commissioner - Term Expiration 12/07/2024*  
*Dr. Stephen Clavere, Commissioner - Term Expiration 01/01/2026*  
*Vacant (2), Commissioner*

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Wednesday, February 21, 2024

5:00 PM

Meeting Locations (in person and connected via tele/video-conferencing):

- 330 Fair Lane, Bldg. A, Placerville, CA
- Mental Health Office, 1900 Lake Tahoe Blvd., Suite 103, South Lake Tahoe, CA
- <https://edcgov-us.zoom.us/j/81454679228>

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**CALLED TO ORDER AT 5:02 P.M.**

**Present:** 8 - Hamilton, Thornburgh, Lynn, Sumimoto, Taylor, Thomas, Clavere and Abram

**Absent:** 1 - Commissioner Santiago

**ADOPTION OF AGENDA**

**A motion was made by Commissioner Taylor, seconded by Commissioner Thomas to Adopt the Agenda.**

**Yes:** 8 - Hamilton, Thornburgh, Lynn, Sumimoto, Taylor, Thomas, Clavere and Abram

**Absent:** 1 - Commissioner Santiago

**PUBLIC HEARING**

- 1. 24-0381** Public Hearing of the El Dorado County Mental Health Services Act (MHSA) FY 24/25 Annual Update (30 minutes)

*Dr. Richard Lynn, Commissioner: Regarding the Revenue slide of the MHSA presentation, asks what sources are included in "Funding from other sources".*

*Meredith Zanardi, MHSA Program Coordinator: Funding sources are consolidated on the presentation slide, but reference to proportions anticipated for each additional funding source can be found in the draft update- which is the second attachment for this agenda item.*

*No Public Comments Received.*

**Presented**

**APPROVAL OF CONSENT CALENDAR**

**CONSENT CALENDAR**

**A motion was made by Thomas, seconded by Hamilton, to Approve the Consent Calendar this matter.**

**Yes:** 8 - Hamilton, Thornburgh, Lynn, Sumimoto, Taylor, Thomas, Clavere and Abram

**Absent:** 1 - Commissioner Santiago

- 2. 24-0382** Review and Approve January 17, 2024 Behavioral Health Commission Meeting Minutes

**Approved**

- 3. 24-0383** In accordance with AB 2249 (2022) Commission Chair accepts any commissioner request to participate remotely according to Just Cause or Emergency Circumstances allowances pursuant to Title 5 Government Code, Division 2, Part 1, Chapter 9, 54953(f)(2) and take action on any requests made

**Continued**

**END OF CONSENT CALENDAR**

**COMMISSIONER COMMENT**

**NO COMMENTS**

**PUBLIC COMMENT (Items not related to the agenda)**

**NO COMMENTS**

**DISCUSSION ITEMS**

**4. 24-0384**

Report out by the Behavioral Health Commission (BHC) Mental Health Services Act (MHSA) FY 2024/25 Annual Update Ad Hoc Committee. Discussion on the El Dorado County MHSA 2024/25 Annual Update and vote on Substantive Recommendations to be made to the Board of Supervisors. (30 minutes)

*James Abram, Commission Chair: Oversaw Ad Hoc Committee which consisted of Commissioner Taylor, Commissioner Santiago and Commissioner Hamilton.*

**PUBLIC COMMENT:**

*Barry Harwell, Sierra Child and Family Services: Asks where public comments made for the MHSA Plan go, where to make a comment that actually becomes a public comment, why there isn't the ability to email a comment on an agenda item for everyone to see, and expresses he does not want comments edited like one was in a previous plan.*

*Meredith: Comments are received to the MHSA email and our team processes to identify if it is within the scope of MHSA. We do look at the public hearing as an opportunity for the public to share everything; Barry, providers and individuals are welcome to make comments here for the commission to hear and discuss. We are not trying to remove comments for any specific reason, but comments are sometimes edited due to constraints of length, reflection of what is substantive, items essential to the plan or the scope of MHSA, and not including additional data or research that can't be vetted timely and at reasonable length. We did receive feedback this year for more transparency on how to provide a comment and what comments will be accepted. We always respond back to the person and will have a dialogue with anyone whose comment is not agreed on if edits were made. Accepted comments are attached to the Plan.*

Behavioral Health Commission Substantive Comment Recommendation #1: MHSA component budget should list not only the percentage of total funds, but the dollar amount equal to the percentages.

**A motion was made by Abram, seconded by Clavere, to Approve this matter.**

**Yes:** 8 - Hamilton, Thornburgh, Lynn, Sumimoto, Taylor, Thomas, Clavere and Abram

**Absent:** 1 - Commissioner Santiago

Behavioral Health Commission Substantive Comment Recommendation #2: Provide the completed the Outcomes Report and Revenue and Expense Report in tandem with the Draft Plan or Update for 30-day Public Comment.

**A motion was made by Thomas, seconded by Clavere, to Approve this matter.**

**Yes:** 8 - Hamilton, Thornburgh, Lynn, Sumimoto, Taylor, Thomas, Clavere and Abram

**Absent:** 1 - Commissioner Santiago

Behavioral Health Commission Substantive Comment Recommendation #3: Include total cost per project, immediately after each project.

**A motion was made by Clavere, seconded by Taylor to Approve this matter.**

**Yes:** 7 - Hamilton, Thornburgh, Lynn, Sumimoto, Taylor, Clavere and Abram

**Noes:** 1 - Thomas

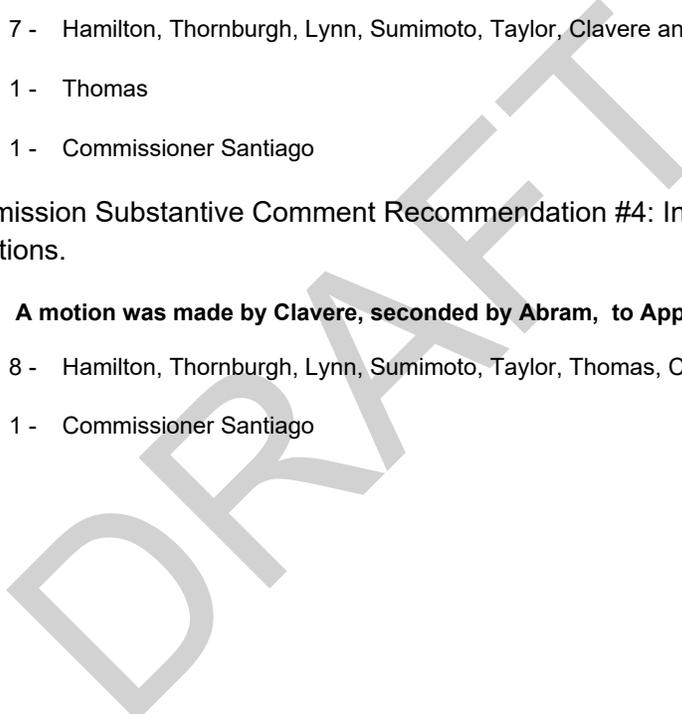
**Absent:** 1 - Commissioner Santiago

Behavioral Health Commission Substantive Comment Recommendation #4: Include glossary of abbreviations and definitions.

**A motion was made by Clavere, seconded by Abram, to Approve this matter.**

**Yes:** 8 - Hamilton, Thornburgh, Lynn, Sumimoto, Taylor, Thomas, Clavere and Abram

**Absent:** 1 - Commissioner Santiago



5. 24-0385 Chair recommends the formation of a Standing Membership Committee to administer Commissioner Application process and New Commissioner Onboarding. (5 minutes)

*James Abram, Commission Chair: [Behavioral Health Commission] bylaws state on page five, article ten, 'Committees' - "The Commission Chair may appoint either an Ad Hoc committee or standing committee". Based on bylaws, Chair Abram is appointing a standing membership committee. This committee will address commissioner applications which come in throughout the year. This committee will make recommendations to the commission after the committee has had a chance to speak with and get to know the applicants. This committee will work with recommended applicants to onboard them and provide them with important participation information. Asks who would like to be on the membership?*

*Kathryn Hamilton, Commission Secretary: I'll be on it.*

*Debra Thornburgh, Commissioner: I'll be on it.*

*James Abram, Commission Chair: Okay, and Norma expressed interest too. I will be overseeing that committee; we have one vacancy now, and the possibility of another coming up in a few months.*

*Dr. Richard Lynn, Commissioner: Asks if the committee will be responsible for bringing the commission into compliance with composition requirements, such as percentage of family members and consumers.*

*Meredith Zanardi, MHSA Program Coordinator: States the commission currently meets all WIC requirements associated with composition, as last reported by commissioners.*

*James Abram, Commission Chair: One of the jobs of the commission membership committee will be to keep an eye on all of that and make sure that the composition meets the criteria.*

**No Formal Action**

6. 24-0386 Review by Chair of the Behavioral Health Commission (BHC) Bylaws section E. Membership Responsibilities. (5 minutes)

*James Abram, Commission Chair: Discussed importance of commission membership responsibilities; attendance at all regularly scheduled meetings; active participation in a minimum of one-task force program or activity or officer of the commission; becoming knowledgeable regarding at least one-component or service provided by the Behavioral Health Division.*

**No Formal Action**

7. 24-0387 Review/Discussion/Questions of Behavioral Health Director's Report (10 minutes)

*Dr. Stephen Clavere, Commissioner: Noticed the [Psychiatric Healthcare Facility] fill rate was 83.75%; the highest I've ever seen it, that's great.*

*Nicole Ebrahimi-Nuyken, Director of Behavioral Health: Partially due to several months with two-rooms not able to be used due to needed floor repairs, and that has now been resolved.*

*Dr. Stephen Clavere, Commissioner: On the PERT report, there was no services in January? Acknowledges footnote.*

*Justine Collinsworth, Manager of Mental Health Programs: Services were provided, but due to transition with vacant management position, data was not formally reported. We will report retro data in future reports.*

*Dr. Stephen Clavere, Commissioner: Clinician vacancy rate is at an all-time high of 62%.*

*Nicole Ebrahimi-Nuyken, Director of Behavioral Health: Beginning of December we were able to implement -and have it advertised- a hiring incentive. On top of the hiring incentive we can also offer -if and applicant is eligible for- relocation expense reimbursement. As of today, we have four FTE clinicians going through the hiring process; that still takes background checks, making a conditional offer, the candidate accepting that conditional offer, and then having a [start] date. One of those four has a tentative start date in mid-March. The other three-candidates are still in that process of background checks. We have two-extra help clinicians as well, so six total. There is also an administrative analyst, hopefully filling a vacant position soon. Hearing that we now have candidates to interview where we would not before have any qualified candidates, so I am optimistic.*

*John Taylor, Commission Vice Chair: Minor correction on page-15, Adult Outpatient Services- the second bullet item, says we have 54-fulltime mental health workers. I think from the previous month it said four. Looks like a typo.*

*Dr. Stephen Clavere, Commissioner: Under Grievance and Repeals, there was no outcomes.*

*Nicole Ebrahimi-Nuyken, Director of Behavioral Health: It's the timeline, we have 90-days; all are still within the timeline to be finalized.*

**Received and Filed**

**COMMISSIONER COMMENT**

*Dr. Richard Lynn, Commissioner: There was a typing error on page 3 of the Minutes; it wouldn't confuse anybody who knows anything, but it has the WS Vice Chair names from South Lake Tahoe twice. Don't know why minutes approval wasn't included on the agenda.*

*Meredith Zanardi, MHSA Program Coordinator: It was included in the consent calendar, but your comment is noted.*

*Wendy Thomas, Commission Board of Supervisors Representative: I wanted to let this commission know as well as the public, of an upcoming agenda item on next Tuesday's Board of Supervisors Agenda; it is an item I have brought forward in conjunction with Supervisor Hidaht -and is for the Board to consider taking an official position opposing Prop 1. And here are my reasons for bringing this forward -is that as I have read the legislative text and done research on this, very concerned Prop 1 will take away local control. While Prop 1 may increase housing for those that are most severely affected, it will also force us to reduce existing mental health services and community-based programs that are working -and rather put a one-size fits all solution that is dictated by the State. I think what this means locally is what we are seeing is there will be a 30-percent reduction in money available for community-based programs; like our student wellness centers, and support for NAMI and other programs that are working. It will shift Behavioral Health money away from prevention, to only serve those with the most severe need. It will take the flexibility for our County to meet the needs of our community, which are so important to each and every one of us. It adds unfunded mandates; for example it would put the burden of the potentially new housing operations on county governments, which is not sustainable -and two-thirds of those experiencing homelessness in California, are not chronic. So, for this population, for those that are newly or first-time homeless that are in transition -Prop 1 is likely to be very problematic for that major part of our unhoused population in California. And so, while it may provide additional housing for the chronically unhoused, there will be less resources for the mental health needs of our community. I don't know what position the Board is taking, but I wanted everyone to know that this will be for the Board to take an actual position. Placer County did that on February 14th, so if that's something you are interested in, please join us this next Tuesday.*

**NEXT BEHAVIORAL HEALTH COMMISSION MEETING DATE: March 20, 2024**

**ADJOURNED AT 6:49 P.M.**