

MHAB Children's Advisory Committee (CAC) APPROVED Minutes

January 25, 2019 ♦ 10:00 a.m.- 11:30 a.m. ♦ 500 Davis St., San Leandro, CA Suite 120, **Creekside Room**

Meeting called to order @ 10:06 a.m. by LD Louis Deputy District Attorney (Alameda County Mental Health Unit)

Attendees:	MHAB Members:	✓	LD Louis, MHAB Chair, Deputy District Attorney (Alameda County Mental Health Unit), Vice Chair of Mental Health Advisory Board and Head of Mental Health Unit for the Alameda County District Attorney's Office	
	Committee / Guests	✓	Gail Steele, Former Board of Supervisor	Jessie Slafter (nee Conradi), Attorney and Social Worker with, East Bay Children's Law Offices (EBCLO)
		✓	Tanya McCullom, Program Specialist, BHCS Office of Family Empowerment	Adriana Furuzawa, Director of Early Psychosis Division, Felton Institute (Family Services Agency of San Francisco);
		✓	Family Member	Joe Rose, NAMI National Alliance on Mental Illness-ACS
			Linda Ramus, Mental Health Advisory Board	Lisa Warhuus, Interim Director for BHCS Center for Health Schools and Communities
BHCS Staff:		Andrea Dacumos, Recording Secretary	✓ Lisa Carlisle, Director of BHCS Children's Services	

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I. Roll Call / Introductions	A. LD Louis made introductions
II. Approval of Minutes	A. This meeting will be recorded and LD will ask Andrea to transcribe notes B. Next meeting will be February 22 nd LD. Will invite Lisa Warhuus to discuss parent navigation and survey methods C. November 2018 Meeting Minutes are approved subject to updating attendees from sign in sheet, if needed D. December meeting was cancelled
III. Discussion	A. LD: The discussion of holding a Town Hall meeting began last summer. Josh from Haggerty's office came to our meeting to talk about the prospect. That seemed to fall through for reasons that seem unclear. LD had an informal chat with Supervisor Valle and found out that he and Supervisor Haggerty are leading an initiative to have a Mental Health Summit in the South County that will be held at Washington Hospital. It will be focused on children and TAY, where they are envisioning every agency engaging in presentations. B. LD has become a member of the planning committee, as a representative of the District Attorney's office. LD brought up the following issues the Children's Advisory Committee have been working on: a. The proposal b. The new legislation that Joe Rose brought to our attention AB 2022, which is a mandate to the school district. c. Presentation on the navigation between the initiative and what's going on for parents. C. Gayle finds the timing of the summit extremely odd after this committee has been reaching out to Livermore. LD thinks there's a broader discussion at foot which triggered the interest. The folks we were reaching out to are now working on the summit. This committee has been doing some great work and there's going to be opportunity to talk about the efforts during that event. They want it to be held all day on a Saturday. Gail: I think what they're going to do is get is different agencies to come and tell what

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	<p>they're doing. But, they cannot have an all day summit without the parent voice. Parents will not understand the basic core of what's not working for kids. LD: There was one parent that was present at the planning meeting.</p> <p>D. One of the things that LD pointed out to the planning committee was the noticeable rift between parent groups and peer advocacy groups with adults. We should talk about:</p> <ol style="list-style-type: none"> a. Why does this gap exist? b. What is the disconnect? c. How does that create barriers to services and treatment and children's services? <p>E. Gail: Instead of seeing where there was agreement we have become adversaries. Tanya: Adversary is historical--it goes all the way back to when the consumers were making the first push to being seen. "Nothing about us without us". In the 50s, and 60s, families were writing off their loved ones to being institutionalized, in very Draconian treatments. When the consumer stood up, the family voice was drowned out. Our loved ones were suffering and there were no real options.</p> <p>F. LD: This an opportunity. It's exciting to see the discussions, calls and efforts we started last summer planted a seed that is moving to an all-day event--that is a win. We have to be results oriented, and not get caught up on the process. The drive is to:</p> <ol style="list-style-type: none"> a. Engage the community. b. To have people walk away feeling like they have options. <ol style="list-style-type: none"> i. One of the options LD will be pushing for is to make sure that the Mental Health Advisory Board and the Children's Advisory Committee are out there to the community so that they know you can come into these meetings and talk about what's going on with your family. <p>G. LD will be talking to the staff about flyers, brochures or postcards that are needed from the executive committee in Mental Health Advisory Board. This committee needs materials that we can hand out at community events, or the mental health summit. Without these, the Board of Supervisors can't be surprised when we don't have members or why no one knows about us. It needs to state:</p> <ol style="list-style-type: none"> a. Day and time we meet b. Calendar of our events c. Subcommittees and our standing <p>H. LD reminded the committee, they anyone can always partner with the Mental Health Advisory Board and there's a whole Children's subcommittee where this is all we talk about. This is our role as an advisory committee.</p> <p>I. Gail thinks Scott knew we were trying to help in Livermore. He then decided to extend to Fremont, as part of his district. Richard then got involved and brought children aspect in. She's sure it stemmed from Josh coming into our meeting, and enthusiastically returning and then getting squashed.</p> <p>J. LD: The goal is to have a presentation about Mental Health Advisory Board Children Advisory Committee and how parents can utilize this space as a resource to talk about what they're see surrounding mental health issues and children and TAY in the community. LD is a part of the planning subcommittee and hopeful these issue can be built into this event. There's several agencies involved:</p> <ol style="list-style-type: none"> a. Probation b. Public Defender c. Public Health Agency d. Behavioral Health Care e. Two Boards of Supervisors and their staff f. One family member who I'm not sure because she's not NAMI, and she's not FERC and she's not like she's not the family agencies we normally see was there

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- g. There was a big push from Carol, to have children present because they are the peers with lived experience. So we can't have all these parents and adults talking about a constituency they do not know about. It's an example of some of our efforts actually bearing fruit.
- K. Tanya questioned if this is supposed to be an Alameda county wide summit. LD: The point was made that while we understand that mental health issues are a county wide concern, there is a deficit of resources in the south and east parts of the county.
- L. Lisa Carlisle was asked by the planning committee to put together a comprehensive report of the service provider descriptions in the South County, although, she has not been involved in the actual conversations.
- M. LD: Services have been traditionally driven to North County, and that's how Josh ended up coming to our meeting. This is a discussion we started a long time ago. Jenny is the main coordinator of the meetings. In attendance of the meeting were:
 - a. Supervisor Valle
 - b. Supervisor Haggerty
 - c. Josh from Haggerty's office
 - d. Chief of probation
 - e. One and two from the Public Defender's Office
 - f. Carol
 - g. A lived experience parent who LD did not recognize, perhaps she's from South County
 - h. A representative from Washington Hospital
 - i. Two judges:
 - i. One who's the presiding judge for the juvenile courts
 - ii. One who is the head of the collaborative court
 - j. Representative from the Sheriff's Department
- N. Gail and Tanya expressed their concern with such powerful people in the room, there is only one parent. Gail will definitely speak to Jenny on her concern about the lack of connection to and Mental Health delivery. To her knowledge, there are no parent advocates in South County. Tanya thinks it is advantageous as these institutions need to hear from the families of what's really going on, LD feels those who are on the planning committee are very different from the people here on this committee.
- O. Tanya: One of the guiding principles of family driven care, is there be more than one family member represented in a committee because of the power differential. Parents whose children are struggling with mental health challenges, are in the trenches, particularly those in Special Ed. Gail noted that San Leandro School District has not hired a psychologist, which is astounding with the population of autistic children.
- P. LD: There are nine people on the subcommittee and two are sitting at this table. We need to have parent representation at the level that is appropriate for an event of this size. We want to make sure we're talking to them about getting their needs met and not just something that's a great photo op. Lisa and LD can be the champions in that meeting.
- Q. Tanya: We recently found out through the Office of Family Empowerment about Family Fellows, who have had a lot of energy, time and money invested in them and they may be able to represent. When you talk about children, it is a broad spectrum from Birth to 24. We need representation from:
 - a. Parents of early childhood
 - b. Parents of school aged- those challenged by dealing with the school district with their child's mental health.
 - c. At least one or two youth
- R. LD: If we are dealing with a series of panels throughout the day, we need to plan and hunt for speakers. Panels may include:
 - a. School district parents for different age groups
 - b. What happens in dependency?
 - c. Social Services and the School District

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- d. 602 services
- e. In the juvenile justice system and what happens and how law enforcement is resourcing youth
- f. Police officers being used as school resource officers.

- S. Tanya: It would be nice to have the parents in on the planning piece because they will be really clear about what they will participate. Maybe a panel where can parents are able to really mix it up about this is what's going on. Parents are in the fray, and they need help immediately.
- T. Lisa: My question for this summit is, what is the goal? Are we expecting to be able to give people things that they need? She would hate to have participants expecting that they're going to have remedies to their challenges. We need to be very coordinated and scaled down into something that we can deliver on.
- U. LD: The list of resources that Lisa created may shape the beginning of the meeting. In terms of the tangibles, we need to be thinking about driving people into the programs that exist, or making them aware of the programs that exist. We want to discourage is people walking away so bitter, frustrated and angry until they're ready to flip over tables because they realize there's nothing. Lisa: SUD should be involved, as they particularly come into play with the TAY population.
- V. Tanya envisions when a parent sees these flyers or announcements, they're going straight to the mental health summit and think this is a place to find answers. For Tanya, if she saw an ad in the newspaper, or heard something on the radio it has anything to do with mental health or parenting difficult teens, she would show up.
- W. LD: As a lawyer, we hold clinics at churches where we volunteer our time. We set up a booths, for example, a criminal justice booth or family law and we'll sit down and hear their particular question in the time that we have will give them referrals. We give people that one on one satisfaction. Perhaps there will be an opportunity to have some resource fair area... Gail: That is not a good idea because the whole thing is getting into services is the door in. If we're talking about early intervention, that's a disaster. Lisa: It doesn't have to be one or the other, there's room for both. Gail is not sure what would be available for a child who does not have a diagnosis. LD: There's still information we need to know from Lisa Warhuus about parent navigation that will help us with this decision.
- X. Lisa: Referrals typically come in from faculty and staff at the school site. Services are not initiated by the family verbalizing that there are some challenges. This is not always the case, but it's important to understand for schools, the entry is very different. There may be cases where maybe a teacher has seen some things in class or is not comfortable with parent interaction, so they do a referral. The parent and family may or may not be aware that that referral has been done. LD was astounded that the first point of contact would not be a teacher who knows the child.
- Y. Lisa: The Birth-8 needs are different, and the kind of early later latency age adolescent is different. Once they get of age, you don't even have to get parent consent. LD: It will be interesting when Lisa W comes to talk about the types of satisfaction surveys and ways that we query, families and even faculty and staff
- Z. Tanya: Our proposal is about families getting referrals. Lisa: It's often depends on how savvy a family is to navigate any systems. There are also families that don't know what to do and they suffer in silence. This only pertains to the Medi-Cal beneficiary population. LD: Regardless of being Medi-Cal or not, is there an 800 number that the general population can call? Lisa: Our 800 number line is called ACCESS and it's only for Medi-Cal recipients. Currently, the ACBH system does not support a general number where the community can call for help. Families may call the ACCESS number and receive referrals to resources not tied to Medi-Cal in the community. LD finds it shocking there is not a non-emergency 1-800 line like a suicide prevention number. Lisa: The closest the county has to a warm line is FERC, which is not well advertised and primarily aimed towards adults.
- AA. Tanya: Our proposal is focused on the family member that is struggling with their child that may or may not have a Behavioral Health Initiative at their school. There may be a child who exhibits behavioral problems. We are trying to de-stigmatize this situation. LD: There's a deeper problem across the state and country from a cultural prospective--children of color, African American and Latino where mental health issues are treated as **behavioral** issues and treated with suspension and punitive

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	<p>expulsions. They are seen as threatening. Other groups are treated as a mental health concern or treatment concern. This is seen all the way through into the criminal justice system.</p> <p>BB. LD: As racial disparities have been brought up, what is done in the employment arena is names are stripped from the resumes and that blind template is given to people to be reviewed and scored. If it happens to be some African American guy from x, that's the one that we scored as the highest, without bias. Gail: Minority kids do treated differently than white kids. When she ran for Supervisor and lost and also lost her husband within the month, she was treated exactly that same way as her child. That attitude toward kids who were swearing one day, cutting and out of control, they system does nothing. A lot of the parents that she's worked with over the years who cared for kids who were mentally ill, they were also white. When kids are considered bad, they always look at you as if you're in a bad parent, even when they consider themselves liberal and caring.</p> <p>CC. When LD was young, there was a school therapist on site on site. They will send you to the school counselor who would sit down and come up with the plan. Having a teacher also be a mental health person while trying to teach a class is ridiculous. Los Angeles has successfully fought to get counselors back in their schools as a part of their teachers strike. They were willing to give up a part of their salary. The parents got behind their teachers. There is hope for Oakland, as they are now talking about striking over salaries and the same type of issues. Counselors support teachers and students. Lisa: Even as a family member, navigating our system, even in the adult world, it's not any easier. When we compound the kind of state of what's happening with our young people, the level of trauma, exposure to trauma and exposure to toxic environments has skyrocketed.</p> <p>DD. LD: Within the DA's office there's a Victim Witness advocate. Although they are associated with the DA's office, they are independent and have separate obligations. What is concerning about a navigator is if they're tied to the school, you may not get a better result. Tanya: Parent Navigators are not a part of the school, they are a part of FERC</p> <p>EE. Gail spoke to Steve Bishop and never got in connection to the director of FERC to talk about whether one could connect children issues. He does not seem to care for children issues, mostly adult. Tanya: When they were doing the RFP, we asked that it not be adult only. LD: There's a lot we're looking at. Hayward Unified could be the pilot to see how that would help with the goal of going county wide thing.</p>
IV. Children's System of Care Report	A.
V. Chair's Report	
V. Future Agenda Items	<p>A. Presentation on Children's System</p> <p>B. Children who are their own primary advocate (e.g. foster youth or youths without appropriate parental care)?</p> <p>C. Care facilities for youth (Fremont Hospital); Out-of-County Facilities D. Foster Care Issue</p> <p>D. Anxiety, Stress and Suicide in the TAY population</p>
Public Comment on Items not on Agenda	
VI. Adjourn	Meeting Adjourned 11:40a. Minutes submitted by Andrea Dacumos