

**MHAB Children’s Advisory Committee (CAC) APPROVED Minutes**  
**October 23, 2020 ♦ 12:15p – 1:45p ♦ Via GoTo Meeting Video Conferencing**

Meeting called to order @ 12:18p. by LD Louis Deputy District Attorney (Alameda County Mental Health Unit)

<b>Attendees:</b>	<b>MHAB Members:</b>	✓	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 District 4				
		✓	Joe Rose, President CEO of NAMI Alameda County South <b>NAMI National Alliance on Mental Illness-ACS</b>	✓	Jessie Slafter– <b>East Bay Children’s Law Attorneys</b> and <b>Member of Mental Health Advisory Board</b>		Sarah Oddie, Policy Advisor <b>Supervisor Wilma Chan’s Office</b>
		✓	Adriana Furuzawa, Director of <b>Early Psychosis Division, Felton Institute</b> (Family Services Agency of San Francisco)		Neill Penn, <b>Member of Mental Health Advisory Board</b>	✓	<b>Boldly Me</b> Kristin Spitz, Executive Director
		✓	Ricki Garcia, Parent Partner at <b>Fred Finch</b>	✓	Lara Maxey, Director of External Affairs at <b>La Familia</b>	✓	<b>NAMI Alameda South Board of Directors</b> Teri Talauta
		✓	Jackie Siefel, Clinical Supervisor at <b>Victor Community Support Services</b>				
	<b>BHCS Staff:</b>	✓	Andrea Dacumos, <b>BHCS</b> Recording Secretary	✓	Tanya McCullom, Program Specialist, <b>BHCS</b> Office of Family Empowerment	✓	Damon Eaves, <b>BHCS Associate Director Child and Young Adult System of Care</b>
		✓	Angelica Gums, HR Liasion, <b>BHCS Office of the Director</b>	✓	Asia Jenkins, <b>BHCS Office of the Director</b>	✓	Kristin Boer, <b>BHCS Office of the Director</b>

ITEM	DISCUSSION	DECISION / ACTION
<b>I. Roll Call</b>	A. LD Louis conducted roll call	
<b>II. Approval of Minutes</b>	A. September notes are approved with the following change: a. Adriana clarified in Paragraph D under Family burnout, should state Wrap Around, rather than WRAP	
<b>III. Children’s System of Care Report by Damon Eaves</b>	<p><b>A. External Quality Review Organization (EQRO)</b> is scheduled for Nov 3-5<sup>th</sup> where the State conducts its annual review of our system of care through focus groups, as well as follow up on items from last year. There are 22 organizations invited with a final count of 10 participants from different agencies.</p> <p><b>B. Conversion of Pharmacy to fee for services</b></p> <ul style="list-style-type: none"> <li>a. Currently the County has a complex process in accessing medication with a few HMOs, such as Kaiser.</li> <li>b. By January 2021, there will be fee for service which would make the process easier, eliminating HMO.</li> <li>c. There will be a contract with virtually all pharmacies who would bill Medi-Cal</li> <li>a. Training on new system is presently happening</li> </ul> <p><b>C. New referrals for Katie A</b></p> <ul style="list-style-type: none"> <li>a. Katie A. is the name of the youth on the lawsuit, which resulted in a mandate for the State of California to provide Intensive Care Coordination and In-Home Based Services for child welfare involved youth</li> </ul>	

	<ul style="list-style-type: none"> <li>b. EQRO will want to make sure every youth in our EPSDT system will be screened for Katie A and seeing proof that a screening was done.</li> <li>c. The referral process requires data sharing between ACBH and Child Welfare</li> <li>d. IT department is working out the issues between the two system for this to happen</li> </ul> <p><b>D. New Covid 19 Unit</b></p> <ul style="list-style-type: none"> <li>a. Health Care Services Agency which oversees both Public Health and Behavioral health has created a COVID unit for next 2-3 years which will: <ul style="list-style-type: none"> <li>i. Cut contracts</li> <li>ii. Secure PPE</li> <li>iii. Mobilize staff</li> <li>iv. Share info between agencies</li> <li>v. Rotation of staff drafted out and new staff coming in.</li> </ul> </li> </ul> <p><b>E. Outpatient Administrative Staff</b></p> <ul style="list-style-type: none"> <li>a. Administrative Service Managers (ASMS) are now re-assigned to report to Outpatient Directors.</li> <li>b. This ensures things are working at a clinical level.</li> <li>c. Clerks report to an ASM, who previously reported to Deputy Director. ASM are now reporting the Clinical Managers, who are more in touch with the work they do.</li> <li>d. Transition expected to end soon, but will be on-going as relationships are established</li> </ul>	
<p><b>IV. Jessie Slafter- East Bay Children's Law Attorneys</b></p>	<p><b>Jessie Slafter did a follow up on her presentation on Dependent Child / Youth and Access to MH System of Care for October meeting</b></p> <ul style="list-style-type: none"> <li>B. Jessie would attend these CAC meetings and reflect on the lens of the parent who advocate for their children, but felt there was a void in the voice of those who didn't have a guardian or traditional caregiver, such as foster youth or those in the dependency or probation systems.</li> <li>C. As soon as a youth is removed from the home and enters the dependency unit, a bundle of rights is disbursed across the youth, parents and agencies <ul style="list-style-type: none"> <li>a. Treatment, Psychotropic rights may go to Court or Attorney</li> <li>b. Major medical systems may be up to Court.</li> <li>c. Release of Education Information may be Parent, or school or youth</li> </ul> </li> <li>D. Services are provided in several ways <ul style="list-style-type: none"> <li>a. Least restrictive environment – able to be at home for treatment or at school</li> <li>b. Community Based – serve the youth where they are</li> <li>c. Medication– Attempting to use non-pharmaceutical treatment prior to pharmaceutical treatment</li> <li>d. Youth at the table, able to make decisions</li> <li>e. Using targeted and evidence-based services (services already being used)</li> <li>f. The more the acute, the more rights are limited</li> </ul> </li> <li>E. Limitations of Mental Health services <ul style="list-style-type: none"> <li>a. A diagnosis is required for medical to obtain full scope Medi-Cal.</li> <li>b. Targeted and evidence treatment is required, however, If the county is not already contracted for a specific service the parent needs to be a fervent advocate. For example, Therapeutic Foster Home has not been implemented in the state.</li> <li>c. Most teens do not respond to talk therapy, or even play therapy. They'd rather play basketball or go for a drive, which are not billable.</li> </ul> </li> </ul>	 <p>CAC 2020.07.24 - Dependent Childrer t</p>

- d. Placement changes often mean treatment staff changes. Teens are often reluctant to engage in therapy.
  - e. Even though there are standards for treatment centers, there still exists a wide variety of treatment, staffing and environments that have no pictures on wall, feels like an empty house, theft among residents. Staff may play favorites.
- F. Group Discussion on availability of trauma focused services and where does BHCS stand on trauma informed role.
- a. Dependency services call the Access line for referrals.
  - b. Once a youth is removed, it's full scope Medi-Cal.
  - c. Damon reports that trauma informed is one of the main principles in BHCS services, however, if primary needs are not being met or no continuity or parental figure, treatment can go on for a while. The ability to do therapy is difficult. There are often multiple providers, pointing the finger at each other with no solutions.
  - d. Jessie- Presumptive transfer is where a child goes between counties to his home county. There is an overlap in services. This is a legislative switch, not in the realm of BHCS.
  - e. LD asked where is there space for system improvement? If we could identify the population and areas of commonality, it would help us have a realistic discussion in closing the gap between TAY and adult services
  - f. Damon reported that each level has its own focus (depression, anxiety and behavior problems) developmental issues from Teens. We know who the cases are-- the ones more likely to be in guidance clinic, family discussions, child welfare, etc. There are not programs to address these problems.
  - g. In Tanya's work with families, she has seen that when families first enter the system, the mental health needs are not being met. Although simplistic, early mental health education for parents can prevent a child from languishing into the system.
  - h. Tanya has also seen a different trajectory between white children and those of color. Black male youth are quickly diagnosed with Oppositional Defiance Disorder. A diagnosis can make all the difference in the services they receive. This is often not the case with white children.
  - i. LD stated there is data on discrepancies of access to services and race. Deep and implicit bias appears in every aspect of our system. Damon said that although this topic is covered in the culturally linguistic training, it is not mandatory. Perhaps Javarre Wilson if Ethnic Services could speak to the cases that don't get the help they need.
  - j. Jessie described how a youth has to fail out of lesser treatment, even if they need a higher level of care. A challenging case is where a family has private insurance and will not get the mental health services needed and they end signing their kid into foster care, thinking social services will place youth in treatment center, but will end up in a foster home out of county and parents have no rights to health, as social services now have the custody.
  - k. Joe Rose brought up the MHSA presentation and could not find line item for AB2022, want to make sure money is identified to pay for that. LD advised to ask Tracey Hazelton and email LD the MHAB board
- I. Next Steps**
- i. Get the data on children into adult system with a presentation

Next steps are to educate ourselves on what implicit bias training there is. This is a system wide problem.

	<ul style="list-style-type: none"> <li>ii. Have a productive discussion with leaders to inform the discussion on how to fill the gaps in dependency system.</li> <li>iii. Is there a different navigation system for parents that have a youth in the dependency system?</li> <li>iv. Jessie would like to advocate how to access in patient treatment</li> </ul>	
V. Chair's Report by LD	<p><b>A. Larger MHAB &amp; JIMH update</b></p> <ul style="list-style-type: none"> <li>e. The last meeting continued the ongoing focus on a process for reducing the seriously mentally ill population out of Santa Rita Jail. MHAB has a list of proposals which will be going to Board of Supervisors.</li> <li>f. MHAB will be touring Glen Dyer Jail which is recommended to be repurposed for mental health housing and services, happening on the same day as the board is having a retreat on this recommendation.</li> <li>g. Dr. Tribble provided data on services for 0-17, TAY and Adult. There was an acknowledgement that 0-17 and TAY need greater effort in keeping them from becoming high utilizers in the adult system.</li> </ul>	
November Meeting on Telehealth and our youth	<p><b>Reminder, the time of this meeting will be: 12:15-1:45p on same 4th Friday of month.</b></p> <p>November 20<sup>th</sup> Topic will be on Telehealth and the State required Data notebook question that County has to answer on Children's Services and Telehealth, which is due on November 30<sup>th</sup></p> <p>Please email LD if you know of diverse families or youth to comment about telehealth and can attend November's meeting.</p> <p><b>There will be no December meeting</b></p>	LD will send the specific question from the Notebook for this group to think about prior to November's meeting.
V. Future Agenda Items	<ul style="list-style-type: none"> <li>A. UPDATED Presentation on Children's Services</li> <li>B. Children who are their own primary advocate (e.g. foster youth or youths without appropriate parental care)?</li> <li>C. Care facilities for youth (Fremont Hospital), Out of County Facilities</li> <li>D. Foster Care Issue</li> <li>E. Anxiety, Stress and Suicide in the TAY Population</li> <li>F. Ask for expansion of services similar to Union City Family Center</li> </ul>	
Public Comment on Items not on Agenda		
VI. Adjourn	Meeting Adjourned 1:46p	
Next Meeting	Friday, November 20 <sup>th</sup> at 12:15p via GoTo Meeting	

Minutes submitted by Andrea Dacumos