MHAB Children's Advisory Committee (CAC) APPROVED Minutes
May 24, 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				
		✓	Gail Steele, **Former Board of Supervisor**	✓	Adriana Furuzawa, Director of **Early Psychosis Division, Felton Institute** (Family Services Agency of San Francisco)	✓	Kim Beckham, Director of **School Based Services at La Familia Counseling**
		✓	Tanya McCullom, Program Specialist, **BHCS Office of Family Empowerment**	✓	Joe Rose, **NAMI National Alliance on Mental Illness-ACS**	✓	Ann Crosbie, Trustee at **Fremont Unified School District**
		✓	Sheldon Koiles, **Board Member Board** (via phone)	✓	Lisa Warhuus, Interim Director for **Center for Healthy Schools and Communities | Alameda County Health Care Services Agency**	✓	Joy Young, Family Partnership Coordinator **Center for Healthy Schools and Communities | Alameda County Health Care Services Agency**
			Jessie Slafter (nee Conradi), Attorney and Social Worker with, **East Bay Children's Law Offices (EBCLO)**	✓	Carolina Padilla, Family Partner of **Early Childhood at Mental Health Advocates of Alameda County**	✓	Lourdes Villegas, Community Specialist, **Union City Family Center / New Haven Unifed School District**
	BHCS Staff:	✓	Andrea Dacumos, **Recording Secretary**		Lisa Carlisle, Director of **BHCS Children's Services**		Damon Eaves, **BHCS Assistant Director Child and Young Adult**

ITEM	DISCUSSION	DECISION / ACTION
I. Roll Call / Introductions	A. LD Louis made introductions	
II. Approval of Minutes	A. March minutes are approved. B. April minutes C. The goal is that minutes will be uploaded to the Mental Health Advisory Board site so that folks can see our minutes.	
III. Children's System of Care Report	A. LD will request Damon Eaves to attend on a regular basis as representative for Children's of Care	
V. Presentation on Family Navigation Services	A. Lisa Warhuus introduced herself as the Director of Children and Youth Initiatives for Health Care Services Agency, which oversees the Center for Healthy Schools and Communities. She brought with her: a. Joy Young, Family Partnership Lead and representative from New Haven School District b. Lourdes Villegas, Community Specialist from Union City Family Center (UCFC) for the New Haven School District.	

B. Joy summarized their philosophy: In order to serve the youth and communities, we partner with the families, since they are the experts on their children and their communities. The Union City Family Center wants to make sure that families are aware of the resources that are available to support them and make sure that the mental health services doesn't remain a closed system.

C. Lourdes spoke about the UCFC as a Family Resource hub
    a. For the last six years they have collaborated with over 30 partners, offering services to not only students of New Haven, but also to the residents and seniors in our sister cities that refer families to us for urgent needs.
    b. UCFC has a team 13, with have nine family liaisons placed at different school sites throughout our district. They are part of our costs teams who also get referrals from centralized enrollments of newly arrived students, foster students, displaced or homeless students.

D. How do you get your referrals in?
    a. Lourdes: It's all done through the school site, through cost teams, using the coordinated team of social workers, administrators, counselors, admin and a family liaison who sit together and bring up any high risk students or identified as requiring support services. This is the entryway for our family liaisons to make contact with families.
    b. Lourdes: All school sites have our website and information on their school web page, as well as with their Back to School information that goes out the beginning of the school year.
    c. Lisa W: Other ways in which families can access UFCS:
        i. Direct access—There's a lot of push out of information in the community, as the Family Center is fairly well known. We have a partnership with the City of Union City, so information is advertised in libraries, police department and local stores.
        ii. Through the family liaison at the school site, either to the Center or to the Family Resource Center. The majority of family liaisons have gone through thrsystem, were born and raised in the community and/or have their children have gone through the system. They have a deep relationships and trust from the community.
        iii. Through a teacher or somebody outside of the family recognizes that there might be a need, there's a referral, an opportunity to reach out instead of expecting people to come in

E. Joe Rose asked how the Center is connected with the county in compliance of AB 2022, which states that all high schools have to inform both students and parents of available mental health resources, at least twice a year.
    a. Lisa responded that she has worked very closely with Lisa Carlisle and the Children's and Young Adult System of Care around implementation. The county has been providing multiple funding sources in support of that school district
    b. Through this work AB2022 is being implemented and people are being informed of services. Lisa agrees the continuum of services in places like Union City where there is a need with higher resources than other areas, gaps exist. Her team has been working very intentionally and directly through blended funding streams to meet those gaps.

F. Gail asked what is your assessment of kids still falling through the cracks?

a. Lisa: We live in a highly traumatized community, racism, poverty, lack of a support net and a lack of mental maps that support community engagement and involvement. We need to shift our thinking as a community and wrap our hands around our children and our families. There are huge resource gaps in the school districts' mental health system, especially in the non Medi-Cal system. It's not any one thing, though, there are many things.

G. LD: Where are the services located?
   a. Lourdes: There is one centralized location on Whipple Road, where our partners come in and deliver services for the families
   b. Every school site is covered with some type of support through a family liaison.
   c. In our centralized office there is a non-perishable food pantry, as well as clothing and other basic necessities.
   d. There is a small satellite office at the Logan Family Resource Center where students can get access as well as parents to multiple services, just like our main office hub.
   e. We piloted at Alvarado, a Parent Resource Center at one of the elementary schools of Rutgers Elementary, which serves quite a bit of the west side of the community.

H. LD: What have been the successes and challenges for the program?
   a. Lourdes: As 90% of our staff is from the Union City, we have quite a bit of trust built within the community when families are reaching out for some type of resource. This relationship helps prevent that stigma of being judged. Many of our family liaisons will support our families going to the social worker allocated by the county or the admin to make that process a lot smoother. Building trust is what has helped us thrive as a program
   b. We conduct a parents survey twice a year, which we look at managing our successes and our challenges to that as well.
   c. Even though we serve large volume of families, when we start seeing families being our support system and navigating and helping other parents access resources, that is success to us. We follow through with families making sure that they're still accessing the services to be able to provide a safe space for their family.

I. LD: Do you feel that you have enough staff or the volume that you're seeing?
   a. Lourdes: To be honest, it would be nice to be able to allocate full time employees to all school sites, but with current funding, that's impossible.

J. LD: How many people are served?
   a. In 2017-2018----6700 Youth and 6400 adults were served, totaling 13,000. This was done between 13 staff. The majority of it done through access and linkage to services.

K. Joe: What are the results of those encounters with so many families beyond the housing and basic needs?
   a. Lourdes: We currently have about 184 students that are classified as homeless, displaced or foster.
      i. We do twice a month of check-ins, personally, with those 180 students, some of them have siblings, which probably makes 110 families that we contact twice a month. We interact with them, go to appointments and they come into our center.
      ii. Many of them man our clothing pantry and our food distribution every Tuesday.

iii. We see many enrolling in adult education

b. Lisa: Our results are based on accountability impact measure--How is anybody better off? One method of tracking is from the linkage to a resource that has been accessed and received that resource, whether it be food, access to a medical home, transportation, whatever it is.

L. LD shared with the group that the Children's Advisory Board is part of a larger body, the Mental Health Advisory Board. We are statutorily mandated to provide advice to the Board of Supervisors surrounding programming for our mental health services. We are in the process of drafting our annual report and this whole investigation surrounding services for families is going to be a piece of that annual report. We want to ask how this body can help the Center thrive to expand your level of engagement in your own jurisdiction and throughout the system? We need to be seeing more of this commitment and engagement where there are people front line, fighting to break down the stigma to connection and mental health services. Lourdes: Our struggles:

a. Providing mental health services to non Medi-Cal recipients to be able to mental health services
b. Providing appropriate mental health services for young ones. We are seeing incoming Kinders, dealing with quite a bit of trauma, because many of them have been living in a parking lot then going into school and facing more trauma.
c. Transportation is a huge issue for many of our families that utilize our resources out of our center. Having to go to Highland or, any other hospital out of Union City is almost impossible for our families to utilize that resource.
d. Access--when we do make referrals, many of providers are already at capacity,

M. Gail: if you look at the county funding it is absolutely outrageous. We need to make the point that South County is not getting the percentage of mental health dollars it needs, LD: We need to think aggressively how those Mental Health Services Act dollars are being spent. And with the 184 homeless kids and the homeless initiative, we may be able to get on that bandwagon to drive some change surrounding the use of some homelessness MHSA dollars.

N. Kim: There is a huge need for increased funding. School based EPSDT programs are being taxed when therapists are being demanded by schools to see non Medi-Cal students who are in crisis. Not that that is an important, but then it makes it difficult for us to meet our numbers for the County. In Contra Costa County where I had worked there was an agency called We Care Services for Children, which was a county wide mental health consultation program to address Kinder issues in the classrooms. I haven't seen this kind of model in Alameda County.

a. Lourdes: We are working on designing a model for transitioning from TK to kindergarten and to begin to be able to give sort of age appropriate mental health consultation.

O. Lisa: There are not very many public funding streams to support family engagement. I think that's why people here are sitting here today. Even with small funds, the payoff is huge when we have the ability to connect and support families and partner with families. The fact that we don't as a state and a federal government, invest in these partnerships countywide is a travesty, because families are the backbone.

P. LD: Is this program an example for San Leandro Hayward, Oakland look like?

a. Lisa: I think that there's a lot of work being done in Oakland and the Family Resource Centers. Oakland has high needs, and it's a larger community. Some of the Oakland family leads have visited Union City and vice versa and their work is very aligned. We need a centralized effort in every single school district.

	Q. Joe: What is the criteria for the county to focus in Hayward north? I understood the issue to be truancy. But you weren't looking at suicides and suicides attempts as a criteria for putting some energy into those areas, where South County and East County seems to have a high propensity. a. Lisa has not been aware that there's some criteria based on suicide rates. There's a difference between truancy and chronic absence, chronic absence being a bigger indicator of potential school challenges and health related issues. Chronic absence across the nation and in our school districts has the highest prevalence in kindergarten and first grade. And like most people think it's in high school. One of our strategies for getting school districts to understand why it's important to engage families is to say, your kids aren't showing up for school. Chronic absence is usually because of basic needs issues, health being primary health, asthma, a sick parent, transportation. b. There was an assessment of Fremont Unified and it was found biggest needs were around health and wellness supports in that districts, and the biggest gap was family support (family partnership). And that district still hasn't quite been able to figure out how to prioritize that. We're working with them on trying to support them. c. Ann commented that Fremont has a huge diverse family population and there are challenges when you're coming from cultures where it's not your role to engage in school, that that is insulting to do that, along with the huge stigma. Whereas there is very high attendance rate, you will not capture where we have problems. We're seeing 5150 in elementary, so we're having huge mental health issues that have to do with some of the pressures, because of our community. R. Lisa: It's not about engaging parents for you to help them. It's one thing to say we're going to support you, but we need parents to be involved, because they know their kid better than we do. We do have some expertise in reading, math and other skills, but you have expertise in your kids. S. Lourdes: Our families liaison work closely with the admin with their highest profile kids that are not attending school, and the school they many of them target like the top 30 and make direct phone calls or do the home visits with the admin and figure out why they are not attending school. T. Joy: Most of our partners do have the warm handoff to Kaiser, as they know who to connect students to. Hayward also has a program where like the nurses are involved and connect to Kaiser other HMO. So it's just kind of like, it doesn't stop. U. Adriana: and I think maybe what we are trying to address is when that handoff is for mental support, you are able to really support everyone who you are already serving in finding that that right door, yes. And that's where we can come in, and be a real resource for you guys. V. LD thanked the presenters. The feedback was extremely helpful and inspiring. Our biggest ask is that we are able to meet the community's needs.	
VI. Chair's Report	A. MHAB General Meeting Report: There was a very robust Mental Health Advisory Board meeting last week. Kate Jones gave a presentation on the gaps and services for adult and older adult systems of care. Kate said the biggest gap, which has been an ongoing problem is the lack of beds and longer term stabilization throughout the entire system. B. Behavioral Health Care Director Search: Colleen Chowla, Health Care Agency Director presented on the structure for interviews for Behavioral Health Care Director. The larger Mental Health Advisory Board is intensely tracking this	Submit interview questions to LD by 5/31

	issue. The breakout engagement brought up by Elaine (who has sadly hit her term limit) has a lot of institutional knowledge. She questioned the pay scale, as the quality of the applicants were poor in previous searches. Compensation is not competitive for the contiguous Bay Area. Colleen's answer was that we there was a salary assessment done, and there was an increase in the salary that's being offered. Alameda County does not pay as well as the other surrounding counties. 1. Interview is set for July 11. We need to try to get a solid Behavioral Health Care Director, as that person will affect the Mental Health Advisory Board and every one of our partner agencies: DA's office, public defender's office, the Sheriff's, etc. 2. There will be Mental Health Advisory Board members sitting on each panel, including LD, who will sit with the Behavioral Health Executives panel. So the design is three panels: a. CBO group with Lauren, from our MHAB board is going to sit in on the Behavioral Health care and Health Care Agency executives, i. Tanya requested a peer or family run organization be represented on the CBO panel, so that we make sure we have a solid consumer voice. ii. LD said in terms of who the specific CBOs are, she said she wanted to target children and adult. b. Mental Health Advisory Board group – lead by Lee i. Will be our chair, adult committee, one other person and Tamika. c. Behavioral Health Care Executives Panel – LD to sit with i. Colleen was somewhat vague on who's on the executives panel--assuming Carol Burton, Lisa, James Wagner, and Kate Jones. 3. It is noteworthy that there is no DA or PD on a panel as in previous searches. Colleen said that she would reach out to the agency heads in anticipation of the interviews to factor in their thoughts on the position. 4. If we're not in the other panels, or some representative is not in the other panels, we will not know what the engagement is. How can we then give feedback to the community? 5. LD stated interviews will be 45 minutes each panel. The panel members will come together to compare notes and discuss the candidates and give feedback. It's a full day of engagement. LD is assuming, Colleen will make the final decision. 6. Please submit questions, we're going to discuss the questions at the next Mental Health Advisory Board and narrow it down and merge some 7. There are 10 candidates, which LD believes will be narrowed down to five. That process happens with HR and Behavioral Health Care, Public Health agency and executives. a. When the list is being narrowed, LD stated the Mental Health Advisory Board should be involved in selecting those final five candidates? Lee has taken the position that we want to be collaborative, that the board is going through the process of rebuilding, trying to make sure that we fulfill our statutory mandates. b. We want to make it clear that the community voice is extremely important. We need to be a strong part of the process. Core board, is small right now, but a strong one. Colleagues push each other.	Gail has been dropped off staff list LD will see if CBO Panel can include Peer or Family Run Organization

There's a lot of respect in the room, and a lot of experience, and we're trying really hard to be a service to the community and fulfill the mandate.

8. Joe noted the Mental Health Advisory Board is getting a lot more involved in this search. There was a process started the last time search, which must have been the impetus for doing it this time.
9. Joe Rose hasn't attended a board meetings for quite a while for various reasons. But it sounds like that Lee is really looking at the 10 mandates and the see what the role of the Mental Health Advisory Board is fulfill based on those mandate.
10. LD expressed her hopes that Lee will be running for re-election and asked if she could remain as vice chair. Lee is a lived experience consumer. Hoping to keep the momentum and good work going. Board is also recruiting.
11. LD reported that Carol Burton will be staying on for the transition. After the Director is hired, she will continue to oversee the Justice Involved Mental Health Task Force. We wouldn't want to lose the efforts that Carol has made over a two year period.

C. Task Force has been an interesting experience, showing the challenges that we have as a county. The purpose of the task force is to divert people away from the criminal justice system. It's focused on Adult Services. Committees include:
    1. A steering committee, LD sits on
    2. Diversions and Alternatives meeting which LD co-chairs
    3. Data sharing Committee
    4. Judicial Education Committee, surrounding better training for the judges in our county on our mental health services.

D. Diverting People away from Criminal Justice: Joe mentioned that although most of the effort in the group has been for adults, Intercept Zero is looking at schools and adolescents. LD: Children were expressly left out. There has been discussion of needing to do this work all over again, only for children. The lift has been very heavy to divert people away from the criminal justice system and into mental health services and treatment in the community.
    1. Joe: We have a lot of juveniles that are being 5150'd. Then we have this the suicide issues with the juveniles and everything.
        a. LD: They are being 5150'd, but they're not ending up in the hall.
        b. LD: For the last couple years, we've been averaging about 55 in the hall that has a capacity for over 300. Before that, the average was around 200 kids in the hall. The number of young people that are in the hall has been slashed.
        c. The real concern is that as the population at the jail has plummeted, so historically used to have around 4000. Now it's hovering around 2000. Now they're all in Mental Health services.
        d. Dependency court side literally the level of aggression, my boss, and the judges have wanted to clear those beds at the hall is very high. You would have to do something terrible, like kill someone to be at the hall.
        e. We have a separate behavioral health court. We're sending juveniles through a restorative justice program and not even charging them. Juvenile hall is the last resort.

2. Joe Rose asked, statistically, is there any one part of the county having more juveniles coming into the court than others?
    a. LD didn't know the answer. She was recently in a talk about aggressive reduction in population of young people at the hall and found there is heavy use of collaborative court services at the juvenile Hall.
3. Joe Rose also asked if there's a criteria to have a navigator program and if navigator program was having any effect on the juvenile system.
    a. LD didn't think it has anything to do with it. There has been a collaborative effort between the defense bar, the judges and the DEA in building out and funding behavioral health court services to keep them out of the hall. If they are in the hall, offenses are probably extremely egregious. We are also not been sending young people to the Youth Authority, unless it's something really egregious. Nancy is committed to clearing out everything that's not basically like murder, and is now they're in the community.
4. Tanya asked about recidivism rate of those the young people that are being diverted?
    a. LD responded there is an ongoing impediment to our ability to do good work with clear metrics because of HIPPA and CMA. The rules about sharing are restrictive, so we are unable to share information. We would little if they rescinded a back into the system.
    b. LD feels law enforcement does not want to have the responsibility. They turn the kid to a mental health provider and hopefully will never see the kid again. What we're finding is that the person will rescidivate after end up arresting, because we have the public safety consideration. We are then accused of criminalizing mental illness. We're getting a great deal of resistance on being included for release of information. We may literally have to have a separate law enforcement release of information for the purposes of diverting, reconnecting with services and trying to come up with a compassionate treatment based solution to the problem.
    c. Tanya, as a parent, can appreciate with not wanting too much of my kid's information out there. At the same time, if someone had taken the time to explain to me exactly what it is we're trying to do here, because I don't want my kid going back to the hall any more than you do.
    d. Tanya feels there can be ways that this can be done in the families being very mindful and making very informed decisions about what and how they're releasing information. It doesn't have to be tracked, just the date. It's like a whole wraparound thing, just making sure that this child is getting where this young person is getting everything that they need, so that they can be successful.
5. Tanya also asked how are the youth being supported in the community in terms of that school? If they haven't been identified as having a disability, with an IEP, and they're not getting the extra support that they may need at school, they're seen as the bad kids,
6. Tanya chooses to believe that if parents understand the process more would cooperate. LD: What has been successful is having a substance abuse court for the parents at the juvenile hall. We're dealing with parents that we can't get their child stable because they are completely not stable. We're working like a companion with the dependency system, and the juvenile system to try to resource these young people. There's a lot of overlap.

	7. Ann believes things will be changing, as we are now seeing 5150s at the elementary level. We are finding that our mental health providers in the community are overloaded. For instance, her own daughter has anxiety. I made phone calls through our insurance company to mental health providers in the community for a year and never got a return phone. We changed our insurance and eventually was able to get around the services. I think that you're going to end up seeing more families who do have engaged parents but are also struggling financially with the housing and all that, and how incredibly expensive it is to live in the Bay Area and are struggling to make a living at the same time while having a child imploding. E. **Mental Health Summit** is scheduled for May 1st and 2nd of 2020. There will be panels for and by Youth and TAY	
V. Future Agenda Items	A. UPDATED Presentation on Children's Services B. Children who are their own primary advocate (e.g. foster youth or youths without appropriate parental care)? C. Care facilities for youth (Fremont Hospital), Out of County Facilities D. Foster Care Issue E. Anxiety, Stress and Suicide in the TAY Population	F.
Public Comment on Items not on Agenda		
VI. Adjourn	Meeting Adjourned 11:45	
Next Meeting	Friday, June 21, 2019 at 10a at 500 Davis Street, San Leandro	

Minutes submitted by Andrea Dacumos