

**MHAB Children’s Advisory Committee (CAC) DRAFT-UNAPPROVED Minutes**

February 22, 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)

<b>Attendees:</b>	<b>MHAB Members:</b>	✓	LD Louis, MHAB Chair, Deputy District Attorney (Alameda County Mental Health Unit)	
	<b>Committee / Guests</b>	✓	Gail Steele, <b>Former BOS</b>	Jessie Conradi, Attorney, <b>East Bay Children’s Law Office (EBCLC)</b>
		✓	Tanya McCullom, Program Specialist, <b>BHCS Office of Family Empowerment</b>	Adriana Furuzawa, Director of <b>Early Psychosis Division, Felton Institute</b> (Family Services Agency of San Francisco);
			Josh Thurman, <b>BOS, Dist 1</b>	✓ Joe Rose, <b>NAMI-ACS</b>
		✓	Ami Shalabh, <b>Irvington High Student</b> , receiving consultation from Joe Rose	✓ Lisa Warhuus, Interim Director for <b>BHCS Center for Health Schools and Communities</b>
	<b>BHCS Staff:</b>	✓	Andrea Dacumos, <b>Recording Secretary</b>	✓ Lisa Carlisle , <b>BHCS</b>

ITEM	DISCUSSION
<b>I. Roll Call / Introductions</b>	<p>A. LD Louis made introductions</p> <p>B. Guest Ami Shalabh is a senior at Irvington High in Fremont, working on a project called Quest, focusing on adolescent depression and anxiety and the lack of affordable resources.</p> <p>C. Guest Lisa Warhuus, Interim Director of Healthy Schools and Communities will be joining group later in meeting.</p>
<b>II. Approval of Minutes</b>	<p>A. January &amp; February Minutes will be reviewed in March</p> <p>B. Andrea will transcribe January notes</p>
<b>III. Children’s System of Care Report</b>	<p>C. Lisa Carlisle will be assuming the role of Director of Children Services, taking the place of Jeff Rackmil. Congratulations.</p> <p>D. Lisa C’s thoughts on the rising suicide rates and need for parent navigation: There is some flexibility with MHSA dollars on funding programs and opportunities to look at how we are administering youth and children services. School Based services have primarily been spent on Medi Cal population. BHCS is looking at creative funding beyond traditional billable services. In the near future, there are going to be an RFP for school based programs centralized in Oakland. There will be piloting new resources in special education programs. The goal for unit is to be more innovating and creative in engaging families and faculty and staff with limited school resources. Because of the increased suicide rates, we want to be strategic where to put funding. Are the calls coming from schools or home? BHCS would also like to provide intervention to those that have been identified and cycled through Willow Rock.</p> <p>E. Lisa reports the county has seen an increase in calls from lower Mid County and TrivValley: San Lorenzo, Union City, Dublin, Pleasanton and Livermore.</p> <p>F. LD pointed out that depending on cultural aspects, there are different manners of self harm. Navigation services are needed, including navigating parents’ own health insurance. We as a county need to do a better job in:</p> <ol style="list-style-type: none"> <li>1. Providing resources in these areas.</li> </ol>

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	<p>2. If there are resources, making sure the parents and young people are aware of services.</p> <p>G. Perhaps a youth based forum with the students, to build conversation in the school district is needed. Gail: We must include parents of suicide or died by violence. They are not included when there's a tragedy such as an accident. When a school loses a child, have the school call the family. In 2017 we lost as many young people to suicide as gun violence.</p> <p>H. The challenge of reaching Fremont Schools: Tanya: high achievement, high test scores and squelching the need for help. No wants to acknowledge there's a problem in a bedroom community (gangs, homelessness, crime)</p> <p>I. <b>Follow Up:</b></p> <ol style="list-style-type: none"> <li>1. Get a deeper understanding of suicide data. Where in the county? Lisa to provide data set on location of attempts and completions.</li> <li>2. Joe is promoting Ending the Silence which takes over a health class and a TAY will tell of their recovery. We could Collaborate with students and administration for MHAB and CAC. He will reach out to Fremont School District.</li> </ol>
<p>IV. Discussion</p>	<p>A. Lisa Warhuus, <b>Interim Director of Center for Healthy Schools and Communities</b> spoke on her unit and how they are building a system of parent navigation services.</p> <ol style="list-style-type: none"> <li>i. L.D. asked Tanya to email L.D. and Andrea a copy of the proposal</li> <li>ii. L.D. gave Lisa Warhuus a background on the CAC: There's been a proposal from this body surrounding parent navigation services. We want to make sure we engage in a complete investigation considering new School Based Behavioral Health Initiative (SBBHI). Lisa Carlisle drilled deeper into the issue last month. We still want to make sure we are not missing or duplicate any aspect on parent navigation resources connecting them to county services. Lisa Warhuus was invited to this meeting to look into another resource for parents in navigation, so we have a complete picture to move forward with the Board of Supervisors.</li> <li>iii. Lisa Warhuus explained that the <b>Center for Healthy Schools and Communities</b> includes 29 school health centers, who partner with ACBHCS. The primary goal is to increase health access and improve health and education outcomes for youth. Family Partnership is extremely important. They believe school district that Family Partnership is absolutely critical, as parents are the primary learning source. Schools are sometimes oppressive and daunting, so we advocate for the parent voice.</li> <li>iv. <b>Our Kids</b> is known in the schools as the "go to" for families. Our Kids Staff can engage outside the EPSDT billing system. They do Home visits, cultural events, table at Back To School nights, positive phone call for hopes and dreams for your kids. They forge a partnership so that when/if there is a problem, parents have a contact. Our Kids Staff partners with EPSDT Providers at the sites. Example, in Hayward, we supply funding for family navigators, partnered with LaFamilia. Every school has a parent leader who actively engages parent relationships and knows the system. Our Kids increases the work force in a restrictive mental health system.</li> <li>v. Fremont School District has proved be challenging to grow. It is the 4<sup>th</sup> largest school district in the state and EPSDT services may not be in every school. We are trying to expand beyond Oakland and Hayward (higher MedCal eligibility,</li> </ol>

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	<p>higher school lunches, etc) as it was originally started. An assessment in Fremont revealed that family engagement is the largest gap.</p> <ul style="list-style-type: none"> <li>vi. L.D. brought up the suicide rates that are rising in South and East counties. Beyond MediCal and lunches, hopefully funded by MHSA they can look at this urgent need. Lisa W stated that a California Health Kids survey indicated that across the state shows an increasing level of distress. It is an urgent need: <ul style="list-style-type: none"> <li>a. 30% of youth in Oakland expressed they felt so depressed that it inhibited in daily life activities</li> <li>b. 15% of kids have actively contemplated suicide</li> <li>c. Half knew where to get services.</li> </ul> </li> <li>vii. Lisa W reported that MHSA money has been used to hire staff or contract with school district to create a centralized Mental Health lead at the school district level. Their role is to assess mental health needs and provide resource connections (through training and capacity building, suicide prevention programs, etc). For example at Mission San Jose, they can work with Crisis Response, Teens for Life, as well as providers as Hume and EBAC. The Center does training on trauma informed schools and how to recognize depression. Trying to build a system that can notice where issues are and do preventative work. <p>Gail: The need is so much greater that the resources in South and East Counties. Even in Hayward with La Familia, support is few with family navigators/partners. There used to be no county staff, so steps have been made. It is a wonderful start, but the need gets lost on a political level. Looking at a grant that would create a place where parents who have gone through the school are assigned an advocate to walk through the school, social services, etc. Funding is so limited. Look at every family going through SARB and those expelled and see what resources were offered prior to expulsion.</p> </li> <li>viii. Lisa W: Another resource is <b>Connecting Kids to Coverage</b> for Medi Cal, primary strategy is to offer support, food bank, parenting. Family Supports has been actively building the program. Central Family Resource Center in Oakland.</li> <li>ix. LD inquired on how to partner with Lisa W: How are navigation services functioning? What they are doing with parents-- is there a warm hand off to a program? We could make the case to serve kids now, so they don't evolve into adult mental health population. Goal is to make case to politicians to expand these programs financially to deal with suicide rates. LD Taking this to the larger MHAB, this needs to be a part of the agenda for coming year.</li> <li>x. Lisa W: Through MHSA funding, we have a person in nearly all districts to do mental health work. Challenges is to engage school districts beyond school work. Many school districts are not on board. Gail: San Leandro School District does not have a psychologist. We also need advocates with local non-profits connected to community.</li> <li>xi. <b>AB2022</b> where School Districts are required to notify parents of new legislation. This could be an opportunity to approach school district for providing navigators, or encouraging them to comply with new law, suggesting contract with navigator.</li> </ul>

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	<p>xii. <b>Next steps:</b> LD and Lisa W will speak outside this meeting to talk about engaging school districts in AB2022. Lisa can refer school district staff that we partner with parent navigators. La Familia could also attend this meeting. This legislation is a strategy to increase partnership.</p> <p>xiii. Ami would like to give her insight on mental health services. She doesn't know if her school (Irvington) has a psychologist. She has reached out to teachers and are has been referred to Hume, which hasn't been helpful. A lot of her friends suffer from depression and would like to help them. School counselor's main role is purely academic, not mental. As an Indian, Ami does not know how to deal with it, or her parents. LD advocating for meaningful resources for students so you can advocate for yourself. There is a generation and cultural gap. Tanya feels there are multiple ways to include parents, but it is critical it happen between middle and high school.</p>
V. Chair's Report	<p>A. UPDATE: MH SUMMIT in Tri-Valley (BOS Haggerty &amp; Valle joint venture)</p> <p>B. UPDATE: AB2022 – Education Code re Pupil Health</p> <p style="padding-left: 20px;">a. CAC to investigate what services currently on offer by School Districts</p> <p>C. REPORT: MHAB General Meeting</p> <p style="padding-left: 20px;">a. Strategic Planning Process</p> <p style="padding-left: 20px;">b. Upcoming MHSA Presentation</p> <p style="padding-left: 20px;">c. Search for new BHCS Director</p>
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 11:35

Minutes submitted by Andrea Dacumos