

Committee Members:	<input checked="" type="checkbox"/> Brian Bloom (<i>Co-Chair, District 4</i>); <input checked="" type="checkbox"/> Juliet Leftwich (<i>Co-Chair, District 5</i>)
ACBH Staff:	<input checked="" type="checkbox"/> Angelica Gums (<i>Administrative Liaison</i>); <input checked="" type="checkbox"/> Asia Jenkins (<i>Administrative Liaison</i>)

Meeting called to order @ 12:32 PM by **Chair Juliet Leftwich**.

ITEM	DISCUSSION	DECISION/ACTION
Roll Call	Roll Call completed.	
Approval of Minutes	September and October minutes approved.	
Presentation by Dr. Lorenza Hall Regarding MHAB Data Request. Discussion and Questions.	<p>A. Introduction</p> <ol style="list-style-type: none"> 1) Dr. Hall, Senior Management Analyst of Alameda County Behavioral Health (ACBH), provided a PowerPoint presentation to answer some of the questions posed by the Committee in their data request to Behavioral Health. 2) Much of the data requests come from internal and external stakeholder and ACBH follows up with these stakeholders to seek further clarification on their request. 3) Before processing a request, staff seek prioritization from their Executive Leaders since resources and time are limited. On occasion, they meet with Data Governance and Privacy, and County Counsel to get clearance to share Data. 4) Yellowfin is the platform that ACBH uses to generate reports for stakeholders within the County and external resources, such as the National Institute of Mental Health (NIMH). <ul style="list-style-type: none"> ▪ They can know how many MC benefits reside in Alameda County in a month or fiscal year. 	

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<p>Discussion/Questions</p>	<ul style="list-style-type: none"> ▪ An estimated 4.5% of the Alameda County population is considered seriously mentally ill (SMI) based on the NIMH calculation. ▪ SMI disorders are: <ul style="list-style-type: none"> ○ Bipolar and Related Disorders ○ Bipolar Disorders ○ Depressive Disorders ○ Psychotic Disorders ○ Schizophrenia Disorders ○ Schizophrenia Spectrum and Other Psychotic Disorders <p>1. Is the incident rate of 4.5% on the chart similar to Alameda County?</p> <p>This statistic comes from the National Institute of Mental Health (NIMH). Link to the website is here: NIMH » Mental Illness (nih.gov). We don't have a percentage number for Alameda County, so we base it off this indicator. The blue line represents an estimate and the green line provides the number of clients who we have provided services to.</p> <p>2. Does the NIMH have another percentage, took out depressive orders, and disaggregated the remainder of disorders would we know the percentage? Can you disaggregate the diagnoses?</p> <p>No, it is only the 4.5%.</p> <p>3. Can you disaggregate the diagnosis for the numbers making up the green lines in the graph?</p> <p>No, but we can work on this in the future.</p> <p>Dr. Hall provided answers to questions 7- 9.</p> <p>4. SMI is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.</p> <p>For this request, ACBH defined clients experiencing SMI as:</p> <ul style="list-style-type: none"> ▪ Housed in specific Santa Rita jail housing units within the previous 2 years. 	

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	<ul style="list-style-type: none"> ▪ Served only a Level 3 provider within the previous 2 years ▪ Served only in Crisis Stabilization or Hospital in the previous 2 years where admitted to Crisis less than twice or Hospital less than twice. ▪ Served in an episode with an SMI diagnosis in the pervious two years. ▪ Currently open or had an open conservatorship episode in the previous two years. <p>Item 7: Looked at SMI population based on Ethnicity, Age, Sex, City, and Homelessness in Alameda County.</p> <p>5. Based on the distribution by region and city chart, it doesn't show how many of the clients with SMI live in Dublin for instance?</p> <p>No. The Chart reflects the percentage of clients served by city with SMI.</p> <p>Item 8. Looked at how many individuals (other than those identified in response to questions 5 and 6) were treated at Villa Fairmont Mental Rehabilitation Center, Gladman Mental Health Rehabilitation Center and JPG, including their length of stay and cost.</p> <p>6. Why were questions 1 through 6 not part of the presentation?</p> <p>Why we don't have information from 1- 6, those are related to some of the jail outcomes. They are working with Data Governance and Privacy, to make sure MOU allows us to use data that they are receiving from the Alameda County Sheriff's office. They will report back in mid-January.</p> <p>7. Are the numbers of All Clients vs. Multiple Stay Clients a unique number?</p> <p>It is unclear. Dr. Hall will check to see if "All Clients" is a unique number that does not include clients who had multiple stays at a facility. In addition, the mean and median numbers are in days and the typical episodes that a client is having is two and a half.</p> <p>The highest number of episodes for each provider were attributed to Schizophrenia Spectrum and Other Psychotic Disorders.</p>	<p>April, from Sherriff's Office, will work with ACBH to get questions 1 through 6 answered. You can submit this as a CPRA to get this information. April will take a look at the questions and get back to the Committee.</p>

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	<p>Item 9. Looked at the episode and client count of individuals with SMI at Amber House, Jay Mahler and Woodrow Place.</p> <p>Co-Chair Leftwich asked why question number C was not answered, which explains the number of persons who sought treatment at each facility and were declined treatment and why in the length of any waiting list?</p> <p>Co-Chair Leftwich explained that one of our goals is to determine the unmet needs in the County. If we don't know how many people were turned away, we don't know how many beds/facilities are needed. Dr. Hall said to his knowledge there is no tracking of incidences where people are turned away from specific providers. He would also not have access of this administrative data to answer these questions.</p> <p>It was a concern that the cost was so high for inpatient treatment and if ACBH is looking at suggestions and proposals, what would it look like if there were comparable crisis centers and amber house facilities throughout the County and divert so many people from this level of inpatient hospitalizations.</p> <p>Most of the clients at Gladman are on murphy conservatorship by the Court and that would take additional intervention to drop them down to a lower system of care.</p> <p>8. When someone is in jail, they lose their housing benefits and then it takes a while for them to get it re-established. Is there anyway to communicate benefits when someone will be released from jail in enough time to re-establish their housing? Where is the data flow and who is working with the data elements to make this better?</p> <p>Dr. Lorenza hall says that we have a data dashboard that they share internally with our full-service partnership and service team staff that identifies clients who are connected to care at Santa Rita Jail. That information is communicated to them. We also let them know when they are discharged from the jail.</p> <p>Joe Rose explained that it would be nice to have some data flow charts to look at, so people know what is going on and what agencies need to be connected. Dr. Hall agrees that the County operates in silos and this seems to be an effort to turn down those silos and get people to the table.</p>	

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	<p>9. There is an issue about whether the County needs more subacute locked beds like those at Villa Fairmont at Gladman. ACBH said that we do not need more beds because there are people backing up because there is no place to discharge them to. What data should we ask for to find out whether we need more Villa beds or more board-and-care beds or both?</p> <p>Dr. Hall says that we need to look at all beds at the facilities to see if they are being filled. If there is no space, and we're hearing from clients and providers, that we need additional beds, then we will add the beds.</p> <p>Joe asked for annual reports of CBO contracts.</p>	<p>Dr. Hall will send PPT slides and share it with the committee.</p> <p>Imo suggested that Joe email him the details of the request for ACBH mental health contract reports.</p>
Adjournment	Adjourned at 1:52 PM	

Minutes submitted by A. Gums