

Alameda County Mental Health Advisory Board FINAL Minutes
January 13, 2020 ♦ 12:00pm-2:00pm
The Redwood Conference Room, 1100 San Leandro Blvd., San Leandro, CA. 94577

Meeting called to order at 3:00 PM by Chair Lee Davis

Roll Call/Introduction of Guests

Mental Health Board Members:

Present: Lee Davis, L.D. Louis, Brian Bloom, Juliet Leftwich, Vanessa Cedeño

Absent: Tamika Greenwood, Linda Ramus, Loren Farrar, Ashlee Jemmott

Unexcused: Sheldon Koiles

Public: Narges Dillon (CSS); Gloria Vasconcellos (FASMI); Kim Lerch (RN); Joe Rose (NAMI Alameda County South); Alison Monroe (FASMI); Molly Shirle (RN); Ruby Tseng (Irvington High School); Peggy Rahman (NAMI Alameda County); Kristin Spitz (Boldly Me)

ITEM	DISCUSSION	ACTION
Roll Call / Introductions	Roll call taken. Introductions made.	
Emergency Action	None	
Approval of Minutes	Tabled	
Correspondence	None	
Chair's Report and Discussion	<p>A. Strategy Session Confirmed Member Brian Bloom proposed strategy session agenda item about the deaths of mentally ill inmates in Santa Rita Jail. Member Juliet Leftwich proposed Santa Rita issues, potential recommendations to BOS, and bylaws review. Session will be on February 1, 2020 from 10:00 am – 3:00 pm.</p> <p>B. Bylaws Summary in Package</p> <p>C. Ad hoc meeting for Awards Banquet</p>	<p>A. Chair Davis and Vice Chair Louis will develop agenda for upcoming strategy session.</p> <p>B. MHAB will vote on bylaws in February if there is quorum.</p> <p>C. MHAB will create an ad hoc committee for the Awards Banquet planning.</p>
ACBH Director's Report	<p>A. Deputy Director/Plan Administrator Imo Momoh has joined ACBH as the new co-Deputy Director and Plan Administrator. He will be at future MHAB meetings, barring any additional audits.</p>	

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	<p>B. ACBH Departmental Re-organization Wednesday meeting (January 15, 2020) with executive team and consultant to come to consensus about reorganization. Alignment on strategies impacting both the state and federal level. Committed to look at entire organization to ensure it aligns with the departmental direction as well as ensuring there is operational bandwidth and appropriate follow up.</p> <p>C. ACBH Website Update Finalize a primarily outward-facing website that reflects ACBH mission values and where the organization is going.</p> <p>D. New Administrative Specialist Kristin Boer is a new Administrative Specialist II who will help ensure the MHAB gets the support it needs.</p> <p>E. Update on Glen Dyer Facility Member Juliet Leftwich requested an update on the Glen Dyer facility. There is a lot of interest (County, BOS, other leaders). ACBH will come up with a plan to support the inmates. There is no decision yet due to the sensitivity of topic. MHAB would like to participate in the process.</p> <p>F. BOS Rep. Vanessa Cedeno about Restructuring Cross cutting areas: change around accountability and data and payment reform. Electronic Health Record (EHR) has joined to help get a new electronic database. Health care involvement with CalAIM: integrated mental health and primary care for mild to moderate population to make it seamless for the community. This process is estimated to go on for several years. Some behavioral health payment reforms and integration are effective January 1, 2021, such as use of different building codes. Codes of specialty mental health will look like primary care codes. State has indicated that January 1 is a hard deadline, but there is a grace period to enacting the reforms.</p>	<p>B. ACBH will discuss divisions that are impacted, and then discussions will move to public stakeholders and the Board. An organizational chart will also be finalized.</p> <p>C. ACBH aims to finalize and launch the update process at end of December 2020.</p> <p>D. Administrative support staff will work to provide support to committees.</p>
<p>MHAB Committee Chairs' Reports</p>	<p>A. Criminal Justice Committee (CJC) CJC met in October but not in November or December. The next meeting is on January 29, 2020 from 12:30 PM – 2:00 PM. The focus will continue to be on the Santa Rita Jail mental health struggles and how those are being addressed.</p>	<p>A. Santa Rita Jail follow up done by Member Juliet Leftwich and ongoing.</p>

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	<p>B. Children’s Advisory Committee (CAC) CAC met in November but not in December. FERC gave a presentation that about gaps in navigation. ACBH has been working to connect youth to services but services are not countywide and uneven. FERC is funded by MHSA and committed solely to navigation services. The services provided for families with young children are increasing at a rapid pace. Website has been redone and translated into five corner keystone languages of the county. There is interest in whether FERC’s services could be expanded in some way in the county. The next meeting is on January 24, 2020. There will be a presentation from Boldly Me, which has provided services for young people primarily in Fremont Unified School District.</p> <p>C. Adult Committee (AC) Member Marsha McInnis could not attend today’s meeting, so Chair Davis made an announcement on her behalf. The next meeting is Tuesday, January 28, 2020 from 12:15 PM - 2:15 PM at the Sequoia Room at 2000 Embarcadero Cove. Kathy Davies will give a presentation and talk about vision for MHAAC.</p> <p>D. QIC Committee No report given.</p>	<p>B. MHAB will discuss whether FERC can expand its services at the Strategy Session.</p>
<p>Mental Health Services Act (MHSA) Plan Update Presentation</p>	<p>A. Overview of MHSA MHSA was passed as Prop 63 in November 2004. It created a funding stream mainly distributed based on population. Individuals with income greater than \$1,000,000 are taxed 1% to go to MHSA and is then distributed to the counties. Changes may come in the spring.</p> <p>B. MHSA Annual budget It covers over 85% of ACBH mental health services and substance use services that are contracted out. MHSA makes up 23% of ACBH funding.</p> <p>C. MHSA Allocation Detail The treatment component of MHSA, Community Services and Supports (CSS), receives 76% of MHSA funding. CSS is collected two years behind during tax seasons. Estimates can change, resulting in an increase or decrease in funding in the last quarter. ACBH plans carryover money for instances when there is less funding. As CSS allocation increases, the 20% allocated for transfer also slightly increases.</p>	

D. MHSA: Who Does It Serve?

It serves those with serious mental illness and/or severe emotional disorder as well as those not served or underserved by current mental health system. MHSA may only replace existing program funding or use for non-mental health programs if the program significantly changes.

E. MHSA: Five Plan Components

Five components:

- 1) CSS
- 2) Prevention & Early Intervention (PEI)
- 3) Workforce, Education & Training (WET)
- 4) Capital Facilities & Technological Needs (CFTN)
- 5) Innovative Programs (INN)

ACBH must turn in plans before receiving funding. Counties are required to conduct a Community Planning Process (CPP) every three years in relation to their Three Year MHSA Plan in the spring.

F. MHSA FY 19/20 Fiscal Overview

Carryover funds are leftover funds from the previous year and can be used at any time. Prudent Reserve funds cannot be used unless certain economic conditions are met. Use requires approval from DHCS. Fiscal consultants determine budget with ACBH executive leadership. Prudent Reserve Transfer is 33% of the average of last five years. Most of carryover funds comes from Prudent Reserve Transfer. Projected expenditures are a balance of carryover and existing funds. CSS, PEI, and INN must be used within three years, and WET and CFTN can be used for 10 years.

G. MHSA FY 19/20 Plan Update Changes

Plan update is mostly retrospective. Changes are new programs, such as the Ohlone Community College mental health training and advocacy pilot (working to create a three unit curriculum).

H. MHSA Priority Areas

Forensic services have been added to ACBH's top MHSA priorities. There are payment incentives for the (Full Service Partnership) for meeting metrics.

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	<p>I. Community Services and Supports Programs, FY 19/20</p> <ol style="list-style-type: none"> 1) Homelessness/Forensic: preventing incarceration, helping reentry, FSP work 2) Wellness centers: drop-in center led by consumers going there, some have medication services, case management 3) Primary Care Integration: bringing primary care into mental health clinics <p>J. Community Services and Supports: FY 18/19 FSP Outcomes Reductions measure how many instances of episodes after one year of care. For the forensic population, there is a new metric to track reincarceration. ACBH has created a number of new metrics, such as incarceration, increase in employment, school, and housing. Clients should be seen at least four times a month. Payment incentives benchmark for half is 65% and full is 85%. There is currently no metric for criminogenic needs. Adult Needs and Strengths Assessment (ANSA) tracks other types of support that clients either have or do not have for clinicians. The FSPs have more information on these statistics. FSPs are currently being updated for people who have died, gone missing, or left the county.</p> <p>K. FY 20/21-22/23 MHSAs Three Year Plan Community Planning Process (CPP) ACBH hosted five large community input forums last year with interpretation services, an online survey, and additional focus groups. ACBH also partnered with POCC and MHSAs Stakeholder Committee. ACBH should partner with MHAB to get more engaged on the MHSAs Stakeholder Committee. CPP will assist ACBH in making resource decisions, particularly new innovations project ideas. New Innovations Planner should increase capacity for stakeholder committee. Alameda's next CPP will be in Spring 2020.</p>	
<p>Presentation Questions</p>	<p>A. Juliet Leftwich Would like to know how much coordination there is among counties and whether there is state oversight. Mental Health Services Oversight and Accountability Commission (MHSOAC) has learning communities to engage counties to come together. MHSAs coordinators across the state meet every few months. Bay Area coordinators exchange ideas quarterly.</p> <p>B. Chair Lee Davis Will make it a priority to have a Board member sit on the MHSAs to participate and give feedback.</p>	

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	<p>C. Nurse Kim Lerch Wants to keep nurses in the loop as they are often first point of contact for people with substance use disorder or mental illness. Lerch suggests a county wide or Bay Area emergency room representatives from medical hospitals to come together for a symposium to stay informed about ACBH's work.</p> <p>D. Crisis: What programs are funded? MHSA funds the mobile crisis team and a few crisis clinics. Majority funds Willow Rock Center, crisis service for youth for John George in San Leandro Area.</p> <p>E. The CATT (Community Assessment Treatment Team) Program is not ready yet. The issue is purchasing vehicles through the county not the software. Update under Innovation in the MHSA Plan. Innovation programs can be taken and tailored to different populations. ACBH is looking for ideas that will fit into the system.</p> <p>F. Future of MHSA Will be a change/push to use the MHSA funds for substance use primary disorders. Currently cannot fund only substance use (can fund dual diagnosis). Currently, there is a push for MHSA to be used for unsheltered homeless without mental illness. Report to come out in 2020.</p> <p>G. Brian Bloom MHSA can only be used for voluntary services. The voluntary/involuntary distinction is unclear. While locked facilities can have voluntary admissions, patients cannot leave until they are deemed ready. This makes locked facilities involuntary services.</p>	<p>F. MHAB will discuss the change in MHSA at the Strategy Session.</p>
Public Comments	<p>A. Joe Rose, NAMI Alameda County Alameda hospital system is responsible for beds not ACBH. Thus, inquiries for beds should go to Board of Trustees. He gives two suggestions hospitals could do for patients. John George discharges have a difficult time managing their medicine. The hospitals should provide a pill organizer, and there should be a way for patient to demonstrate that they understand how to take their medicine.</p> <p>B. Alison Monroe, FASMI MHAB should write letter to say MHSA funding should be for SMI as intended. MHSA is not perfect and has many obstacles.</p>	
Adjournment	Adjourned at 5:00 PM	

ITEM	SPEAKER	QUESTION/COMMENT
Mental Health Services Act (MHSA) Public Hearing	Gloria Vasconcellos, (FASMI)	Concern for dual diagnosis of mental illness and substance abuse. There doesn't seem to be enough coordination in programs. Licensed board and cares could do more.
	Chair Davis (MHAB)	What strategies are there for staffing challenges in getting and retaining qualified staff?
	Joe Rose (NAMI Alameda County)	How is AB 2022 being addressed? AB 2022 is a mandate that every high school must inform students and parents of local mental health resources. MHSA funds can be used to meet that mandate. What is the correlation between the 11 programs approved by BOS as an alternative to AOT in February 2014 and now in 2020? What are the changes in the health committee requested by Supervisor Chan?
	Alison Monroe (FASMI)	People who are in danger and often homeless or in jail are not represented by POCC. While family members can speak for individuals, the system often makes it difficult. There is a need for more hospital beds and licensed board and cares. Unlocked care should be licensed. Request for more locked treatment beds. Next best thing to locked facility is a large facility with a big staff and with alarms and supervision. Most of the things funded do not help the sickest individuals.
	Vice Chair L.D. Louis:	Frustration with how funding goes to short term treatment, crisis intervention and stabilization with little investment in long-term care. Many people remain in conditional release program despite being eligible to leave because of the high level of support and care unavailable elsewhere. Requests that ACBH replicate pioneer pilot like the conditional release program at the local level.
	Peggy Rahman (NAMI Alameda County)	There is no coordinated social work for patients who are released, and it is worse in private mental health system. Frustrated by refresh, which doesn't seem to include family and community input. Requests that Alameda County sponsor a workshop to inform the community about the refresh to prevent community from being excluded again.

Minutes submitted by J. Wan