alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Mental Health Advisory Board APPROVED Minutes
Monday, August 17, 2020 ◊ 3:00pm-5:00pm
2000 Embarcadero Cove, Oakland, CA
Gail Steele Room
Video Conference Meeting

Alameda County
Mental Health Advisory Board

MHAB Members:	☒ **Lee Davis** *(Chair, District 5);* ☒ **L.D. Louis** *(Vice Chair, District 4);* ☒ **Marcella Anthony** *(District 1);* ☐ **Marsha McInnis** *(District 1);* ☐ **Tamika Greenwood** *(District 2);* ☒ **Linda Ramus** *(District 2);* ☐ **Neil Penn** *(District 2);* ☒ **Loren Farrar** *(District 3);* ☐ **Ashlee Jemmott** *(District 3);* ☐ **Brian Bloom** *(District 4);* ☒ **Juliet Leftwich** *(District 5);* ☒ **Jessie C. Slafter** *(District 5);* ☒ **Vanessa Cedeño** *(BOS Representative, District 3)*
ACBH Staff:	☒ **Karyn Tribble** *(ACBH Director);* ☒ **James Wagner** *(ACBH Deputy Director);* ☒ **Kristin Boer** *(Administrative Liaison);* ☒ **Jeanelle Wan** *(Recording Secretary)*
Unexcused Absences:	**Tamika Greenwood** *(District 2);* **Neil Penn** *(District 2);* **Ashlee Jemmott** *(District 3)*

Meeting called to order @ 3:00 PM by **Chair Lee Davis**.

ITEM	DISCUSSION	DECISION/ACTION
Roll Call / Introductions	Roll Call completed.	
Emergency Action	None.	
Approval of Minutes	July minutes approved with amendments.	
Chair's Report	**A. Letter of Condolence for Gail Steele** **B. Letter from Interfaith Coalition for Justice in Jails**	
Director's Report	**A. COVID-19 Departmental Update** Many staff have been deployed or redeployed until the end of August or beginning of September. ACBH currently expects 30 individuals to return. There was an increase in positive cases among residential facilities, primarily those affected by brain trauma as well as older adults. Efforts toward COVID-19 cases continue. **B. Budget Update** No consensus on the budget that would have been presented and passed by the Board of Supervisors (BOS) on August 4, 2020, so a budget has not been approved at this point in time. ACBH is looking at resources and strategies for the budget.	

ITEM	DISCUSSION	DECISION/ACTION
	C. Justice Involved Mental Health Update The BOS gave a directive to ACBH to come up with ways to decrease incarceration. The JIMH process looks at multiple angles to allow stakeholders to be involved. The recommendations will be reviewed by the steering committee and then go to ACBH. After consultation, the recommendations will go to the BOS. MHSA stakeholders are also involved in the process. Many have provided feedback on the forensic population. The MHAB has the opportunity to have a representative for input as well. On October 8, 2020, recommendations will be presented to the Public Protection Committee for review regarding systems, finance, and internal systems.	
Committee Reports	**A. Criminal Justice Committee** Focus was on case studies of individuals in jail with mental illness. There are not enough locked beds; the only beds available are at Santa Rita Jail. Challenges with conservatorship make it difficult to keep individuals out of the criminal justice system. **B. Children's Advisory Committee** Jessie Slafter presented on the dependency system and services that young people have or don't have access to. Nathan Hobbs was invited to present on SUD services for children. Damon Eaves will present in September on the response to COVID-19 and how to manage resources and services for young people since many services are school-based. Ms. Slafter will return for another discussion on the youth system in October. **C. Adult Committee** No report given. **D. MHSA Stakeholders Committee** Community input from April and May is moving toward presenting to the BOS. The meeting on August 19, 2020 will review recommendations from the input. **E. Quality Improvement Committee** The committee had a presentation on the Family Consumer Committee. Discussion focused on reasons for recidivism rates and next steps. The committee looked at performance measurement and management workgroup recidivism at psychiatric hospitals for adults. Next month will focus on children's recidivism.	

ITEM	DISCUSSION	DECISION/ACTION
MHAB Recommendations for Diversion	**A. MHSA Programs for Diversion** The CATT program provides support with EMS and is funded by MHSA. The Safe Landing program is outside the Santa Rita Jail for direct handout for released individuals. It was initially funded by MHSA but now is funded by a separate grant. Forensic FSPs have doubled availability from 100 to 200, and many are designated for people who are discharged from the Jail. The Felton Institute runs an early psychosis program that designated most of its capacity to the transitional age youth population being discharged from the Jail. It uses an evidence-based model that has been very effective in scaling back impact on people who are in early schizophrenia. MHSA can also be used for transportation if it is provided by a behavioral health program. **B. Recommendations** Recommendation: better pay and benefits for those who work with seriously mentally ill population in the Santa Rita Jail. This would lower the turnover rate and allow patients to get the level of service they need, such as assessment upon entering the Jail to assess treatment, diversion, placement into the system. Suggestion: Alameda County creates guiding principles to policies regarding the Jail system to focus on care and treatment. Most of the system is focused on moderate to severe. Those who begin at mild to moderate often move to moderate to severe if not managed effectively. Recommendations from chat log: 1) Universal Screening at booking upon arrival at the jail to assess for SMI/SUD to aid with the exploration of alternatives to incarceration when the individual arrives in court for arraignment. 2) The creation of a unit within ACBH of employees (not a CBO or contractors) who are case managers for High Utilizers of the system as previously defined by the JIMHT. This unit would be able to be more flexible and pivot more rapidly than a CBO with a multiyear contract for services. This unit would function similarly to the CONREP program run by DSH in each county. The case managers would have small caseloads and enhanced access to case management resources.	B. An ad hoc committee formed for MHAB recommendations for diversion.

	3) The development of many more sub-acute and/or locked treatment beds to provide longer term CBT as well as an opportunity to conduct (if appropriate) medication trials while the patient is receiving food, clothing, shelter and medical services. 4) A requirement for care coordination meeting (similar to CFT requirement in children's system) to bring all system partners to the table for repeat consumers. 5) Community-based programs designed to prevent incarceration 6) A separate, widely publicized dispatch number for psychiatric crisis. Dispatchers would have some clinical training or have access to a team member with this training. 911 calls that were recognized as psychiatric emergencies could also be diverted to this number. 7) Additional MET and CATT teams to meet demand 8) More psychiatric bed spaces available (expand John George, New Villa Fairmont, repurpose Glen Dyer) 9) New legislation that allows for longer hold times for stabilization 10) Additional Crisis Residential bed spaces with longer stay times available 11) Step down to supported housing: Licensed Board and Cares 12) Intensive Outpatient Programming when appropriate 13) Coordination of care upon discharge including coordinating release with programs like LIFT (BACS) or JAMHR (telecare) 14) Better data collection on gaps in services 15) High utilizers of services as previously defined by JIMHT should have some form of enhanced access to services. 16) Diversion to Behavioral Health Court with services and placements for those who would ordinarily go to Santa Rita. 17) An expansion on Dual Diagnosis treatment - such as Bonita House.	

ITEM	DISCUSSION	DECISION/ACTION
	18) Locked hospital beds like at Villa Fairmont and John George. There is a need to more than double the current amount. 19) Build or buy board-and-care beds, including quite a few more like Bonita House for the dual-diagnosis seriously mentally ill. FSP slots are much more useful when they include licensed housing. 20) Most of the programs that are currently available and are under discussion are voluntary programs, which do not provide any solution for the many SMI who are too ill to accept voluntary services. This discussion will continue in the Criminal Justice Committee's meeting on August 26, 2020. An ad hoc committee will synthesize the recommendation prior to the September MHAB meeting.	
SMI Housing Programs from Healthcare for the Homeless	**A. Project Roomkey** Goal: to expand hotel resources. FEMA funding is used to expand services. Two types of interventions are Operation Comfort and the Safer Ground sites. Operation Comfort is for isolation and quarantine housing and provides a brief stay for individuals that is very restrictive. Safer Ground brings in unsheltered homeless individuals with health conditions that make them vulnerable to bad outcomes from COVID-19. **B. Partnership with ACBH** Telepsychiatry was set up for guests at the hotel. ACBH provided psychiatry coverage from March to June. Partnership with Telecare began on June 15, 2020. Services provided by phone due to video calls not being safe for individuals in quarantine. Hotels provide an opportunity to connect homeless individuals with services because of the availability of phones. However, some are only interested in therapy and not medicine.	

ITEM	DISCUSSION	DECISION/ACTION
	C. Challenges and Solutions Lack of follow up and retention is due to lack phones. Appointments are currently scheduled every two weeks; increasing frequency to one week or less will improve follow up. It can be difficult to assess whether someone is able to quarantine safely, especially those with serious mental illness. The programs partner with crisis services for the referral process. Individuals who were quarantined and needed a crisis residential level of care had nowhere to go after quarantining. Partnership with ACBH allows the continuation of expanding ability and capacity to care for those with serious mental illness and may have COVID-19 while receiving the right level of behavioral health services. **D. Questions** Regarding long-term housing, Project Homekey is to bring on more permanent housing options. For those who cannot quarantine safely, collaboration with the individual's site allows them to safely quarantine within their encampment.	
Public Comment	**A. Questions** Clients experiencing psychiatric symptoms and testing positive with COVID-19 can be referred/connected with psychiatrists and are treated like in outpatient. Data on fraction of clients who lost touch with a BHCS team was requested.	
Adjournment	Adjourned at 4:55 PM	

Minutes submitted by J. Wan