

**ALAMEDA COUNTY MENTAL HEALTH BOARD
ADULT COMMITTEE
September 18, 2006
1:00-3:00PM
Alvarado Niles Room**

MINUTES

Meeting called to order at 1:10M by Anthony Hare

Present:

MHB Members: Anthony Hare

Committee Members: Pansy Taft-Butkowski (Sausal Creek), Debbie Duthie (MHA)
Clive Chambers (Washington Hospital)

BHCS staff: Peter Alevizos, MaryAnn D’Onofrio and Agnes Catolos

Welcome, Introductions and Announcement:

Approval of May and June minutes:

May minutes-there was a correction on page 1, it should read Service Teams get out on the street at “10am”
M/S/C Ms. D’Onofrio/ Ms. Taft-Butkowski
1 Abstained
Motion passed as amended

June minutes-there was a correction on page 3, it should read “For Mr. Hare, the concern he had with the draft was its too detailed on diagnosis and that it would be more appropriate to teach police officers this materials in their annual training.”
M/S/C Mr. Alevizos/Mr. Hare
1 abstained
Motion passed as amended

Sausal Creek (SC) Report:

Ms. Taft-Butkowski reported the following:

- Admissions-251 in July and 267 in August
- 5150’s-2 in July and 7 in August
- SC is looking at how they are going to improve the process of capturing and documenting all phone calls they receive, starting Oct. 1st they will start a different format in terms of internal assignments for each shift; they will assign one person responsible for answering phone calls; they will have to rotate this assignment among the staff so that everybody get a chance to do it.
- SC will be piloting on Oct. 1st a new assessment tool that was revised by Telecare Corp not just for SC but for all of Telecare Crisis Services, it will replace SC’s intake form.
- Mr. Hare asked if SC’s current telephone intake form is also standard throughout Telecare. Ms. Taft-Butskowski’s response was no, its for SC’s use only, there was no standardized form before.

Front Door Project Report: Mr. Hare stated that the final draft of the OPD's training bulletin re: dealing with mentally ill went forward which incorporated all of Steve Bischoff's suggestions and comments from family members, clients and others that Mr. Bischoff facilitated. Mr. Hare will be able to see the revised document tomorrow

John George Report: No report given. Mr. Hare related that John George did a presentation to the Mental Health Board.

Discussion Items:

- *Identifying underserved and "voiceless" populations*-Committee members suggested the following "voiceless populations":
 - Survivor's International-an organization that deals with tortured and refugee populations in CA. Survivor's International do their work through UN grants, Santa Clara County and San Francisco County fundings though much of their work is done in Alameda County but they are not funded by Alameda County.
 - The most severe persistently mentally ill population and homeless.
 - Hearing impaired population-the county is having difficulty in providing services to hearing impaired population because there is no available resources, the only contract that the county has is with UCSF but they don't provide any hands-on case management and the hearing impaired clients are having difficulty taking public transportation i.e. by BART.
 - Afghan community with other religious connotation especially in south county there are a number of diverse groups. It was mentioned that its hard to recruit quality staff that speak the language, some place are requireing family members to translate which is totally inappropriate in doing clinical assesment.
 - Ms. D'Onofrio related that she was a co-chair of MHSA-Underserved Committee and they have a plan to increase services to certain groups and that another population that need attention is the Native American.
 - Mr. Alevizos stated that there are groups that are so small that never hit the radar screen.
 - Mr. Hare would like to use the above list of suggestions as an antenna that the committee can bring back to the Mental Health Board because the board is seeking for appropriate goals and looking for performance as well to be able to do oversight.
- *Triage: Establishing priorities for the allocation of limited resources*-Mr. Hare stated that one of the things that was implied of what Mr. Alevizos mentioned about some groups being so small i.e. Survivors International and most severe persistently mentally ill populations is that the system has limited services and asked is the system going to give a wealth of attention to service and recruitment to people who are reject in every turn or is the system going to let them go and assign a higher priority to people who are more pleasant, more accepting treatment and have a very legitimate need. Mr. Hare addressed that he doesn't have any idea even from attending the budget hearings that there was no clear understanding of who was getting and what percentage of the treatment dollars in Alameda County and that it was very difficult to capture by looking at the budget and the reports.

Ms. D'Onofrio stated that by definition it doesn't have to do with cooperation, it really has to do with the assesment need for services risk to not providing services the whole switch which is now 10 years ago was to those who clearly need treatment but the treatment seems to be happening more in inpatient than outpatient as a result its often reluctant clients.

Ms. D'Onofrio stated that at some point there are some numbers that show that there seem to be improvement with the chronically severely mentally ill population, the challenge for the system (the Crisis Response Program) is sorting out who gets the best treatment/services; on the part of the clients its difficult depending on what point to catch clients and get some level of agreement i.e. catch clients in a hospital seeting, discussed case management, they agreed and was assigned to a program and then they don't want to do it so its not the more cooperative clients its what the system is trying to assess, its not easy with all other components and it just may not work in favor of a client who is very cooperative who is seen as more functional so they get a lower priority on the scale of who is the most in need. Ms. D'Onofrio felt that the system is more in favor of the severe clients who are not terribly cooperative because they just keep cycling into crisis standing up on inpatient unit and it's the kind of the way its structured.

Mr. Hare would like to see numbers re: how much resource is available, who's not being seen for lack of cooperation, who's not being seen for lack of resources, who's doing pretty well.

Mr. Alevizos suggested to ask Gary Spicer for the numbers/reports.

Ms. D'Onofrio suggested getting reports i.e. how many people are signed, how many people graduated to a lower level of service – people who are doing better, how many people are missing in action for over 12 months, numbers of assignments that Service Teams made, numbers of discharge that are calculated monthly, etc.

- Mr. Hare asked the committee members if they want to move the meeting to 12pm-2pm. Committee members prefer the current meeting schedule, 1pm-3pm.
- Mr. Hare stated that he won't be available on the 3rd Monday of Oct. and asked committee members availability, committee members decided to meet on the 4th Monday of Oct. (10/23rd)

Meeting adjourned at 2:30pm

Minutes submitted by Agnes F. Catolos