

**Alameda County Mental Health Board  
FRONT DOOR AD HOC COMMITTEE  
MINUTES  
February 4, 2003**

***Attendees:***

<u>Name</u>	<u>Agency</u>
<i>Alane Friedrich</i>	<i>Mental Health Board</i>
<i>Joe Shimizu</i>	<i>NAMI</i>
<i>Kathie Zatzkin</i>	<i>Network of Mental Health Clients</i>
<i>Nobbi Lampe</i>	<i>ACMC/JGPP (Chief of Patient Services)</i>
<i>Maryann D'Onofrio</i>	<i>BHCS – ACCESS – North County</i>
<i>Peter Alevizos</i>	<i>BHCS Administration</i>
<i>Steve Bischoff</i>	<i>Mental Health Association</i>
<i>Anthony Hare</i>	<i>Oakland Police Department (retired)</i>
<i>Mary Suilmann</i>	<i>Telecare</i>
<i>Michael Lisman</i>	<i>BHCS – Community Support Centers</i>
<i>Tracy Thode</i>	<i>PEERS</i>
<i>Dean Chambers</i>	<i>BHCS – Administration</i>
<i>Robert Barrer</i>	<i>BOSS</i>

**I. WELCOME & INTRODUCTIONS**

**Alane Friedrich**

*As an act of courtesy to others in this meeting, those present were asked to change pagers/cell phones to vibration.*

**II. APPROVAL OF MINUTES FROM 11/4/02 and 12/4/002**

- *Minutes of November 4, 2002 approved as submitted.*
- *Minutes of December 2, 2002 approved as submitted with the following comment:  
[With the sign-in sheet unavailable at time the minutes were transcribed, Committee members were listed on the Minutes of December 2, 2002. The Minutes of December 2, 2002, were approved with the understanding that only attendees will be listed and not Committee members as a group].*
- *Minutes of January 2003 tabled.*

**III. DISCUSSION TOPICS AND PRESENTATION:**

**TRACKING FRONT DOOR RECOMMENDATIONS**

*Ms. Friedrich stated that the Committee has covered the top 12 Recommendations, but not the rest. She and Barbara Majak went over the format and did some corrections. Now it's time to bring it out to the Committee. There is no way that the Committee is going to get through all of the recommendations in one meeting, and some of the answers can only be addressed when funding is available. An updated document will be available for discussion by the next meeting. There are 16 sections to the documents, which mean the Committee can only try to discuss four or five of them at each meeting. Homework will be to review the Short-term recommendation (page 13) and prepare to discuss them at the next meeting.*

*Ms. Fredrick stated that the Committee will be pleased to note that the work they did and the recommendation presented were taken seriously.*

**REPORT: GEORGRAPHICAL LOCATION OF 5150'S FROM OAKLAND – Mr. Anthony Hare**

*Mr. Hare shared his report from the Oakland Police Department condensed for convenience. His report covered the period January through December 2001. (See the attached condensed summary of Mr. Hare's report Committee discussion).*

**HOMEWORK DISCUSSION: POST training handout.**

**Comments and Discussion**

*Regarding the training, Ms. D'Onofrio stated that she thought it very basic. The examples are O.K, although they really don't keep the flavor of complexity for all of these situations, which she really does not know necessarily how you can do so in a training module like this. She felt that it was good introductory material, but there are things that officers might come in contact with (particularly the drug and alcohol piece) which she thinks could be improved. Also there are implications that seniors with dementia fall under our specialty mental health system, which they really don't. And that's always a difficult situation for officers on the street to respond to.*

*More discussion followed. It was re-iterated that this was just one piece of the training module and only an eight-hour piece.*

*After discussion Ms. Friederich suggested that we take this back to our Front Door Recommendation Number 11 which is what we've been trying to work on in clarifying the recommendation of training for police forces, judges, and hearing officers about mental illness. She suggested that the Committee might want to form a subcommittee to review the training manual, consult with the Oakland Police Department training staff on the lesson plans for the Police Academy, and work with the Oakland Police Department training staff to help develop and conduct the in-service training of the entire department.*

*Mr. Hare also reported that he had developed an informational brochure for use by families of those involved with the Police Department and Police Officers which he thought would be useful in showing how to make contact with the Police Department on different issues. It also lists an 800 number that is available 24 hours a day.*

**III. SAUSAL CREEK REPORT**

*Ms. Friedrich stated that one of things that impressed her about Sausal Creek was that the majority of patients that go there are out within two hours.*

*Mary Suilmann passed out a document which showed the number of clients served. Sausal Creek opened September 9th and each month there has been growth in terms use because of the word getting out about the services offered. There were 127 clients served*

*in January. Average number of clients per 24 hours was 4.2. 112 of the people came as walk-ins. And there seems to be always a small number of planned returns (they left and it was suggested that they come back the next day).*

*Discussion followed on the report regarding where clients are coming from (referrals, walk-ins), disposition of those clients, whether they really need Sausal Creek services or a general referral to BHCS ACCESS, etc. It was stated that depending on what the issue was that brought them in for service, they may make recommendations for something other service. The referrals are all over the map as to why people initially show up at Sausal Creek. One example given was that somebody had a death in the family three days ago, and they're just feeling sick. That's not someone that will necessarily be given crisis services. They may be referred elsewhere for grief counseling*

**IV. CONTINUING UPDATE ON JOHN GEORGE**

- January report, and report on reduction of Administrative Days

**V. COMMITTEE AND PUBLIC COMMENT**

*Participants asked to continue considering a different date or time for future MHB Front Door Committee Meetings. After more discussion it was decided that:*

- *Future MHB Front Door Ad Hoc meetings will be held the first Monday of every month.*

**VI. ADJOURNMENT**

*Meeting was adjourned.*

Anthony Hare  
Oakland Police Department  
Report and Discussion on the Geographical Locations of 5150's  
MHB Front Door Ad Hoc Committee Meeting of February 2, 2003

Mr. Hare had asked the OPD crime analysis section to provide statistics available on 5150 detentions in Oakland. He pulled figures for January 2001 through December 2001. Oakland adopted community policing beats (35) many of which were sub-divided into two or three community policing beats to reflect local communities, political jurisdictions, etc. He stated that a lot of thought went into these divisions. Oakland has historically been divided into 35 beats organized into five areas and about essentially seven beats per area. There are a number of factors that influence where 5150 calls come from. One of which is the fact that if you're in a residential neighborhood, a lot of things can happen on the street that don't scare people so problems go unreported, whereas if somebody is decompensating (presenting either a problem or a danger to himself or others) in a Business District, merchants and passers by call in and individuals will get 5150'd with greater frequency. But even so, we're going to find that facilities and hotels, formal and informal institutions account for most of our 5150 detentions. (In other words a person who's just sitting on a curb and not a threat to himself or others, and if he doesn't look like a threat, someone in the neighborhood might not call him in. Whereas if he sits on a curb downtown, a policeman is liable to 5150 him.)

A Committee member responded that one would have imagined exactly the opposite.

Mr. Hare went on to say that he was suggesting there are going to be some things on the report that don't have anything to do with the demographics of the area that are going to influence the numbers. But he does think that when all is accounted for we're going to find that there are few places in Oakland that account for disproportionately high number of the 5150 detentions.

A report was shared entitled *Substandard Board and Care Addressing Inadequate Facilities in Oakland*. The report was addressed by beat in Oakland. Mr. Hare stated that he really thought visual drive through to some of areas were needed to get a better idea what's in the area, to see if there is a clinic in the area, is there a place for clients to get their medication? What can we do to help? Or is it not something we can do anything about?

Mr. Hare offered to bring to the Committee a Beat Map that shows locations of some of these areas by the next time we meet. Before considering a drive through or trying to go out and do an inspection, having such a map would allow a more strategic and better use of the Committee's time.

He stated that if you look at the report on Substandard Board and Care Homes, it notes that Oakland with about a third of the population in the county has about 50% of the entire board and care population in the county.

Ms. Friedrich responded there was also a committee set up by the Board of Supervisors to address the unlicensed board and care homes some of which were substandard. And there were recommendations made at that time. She went on to explain that she would rather see somebody under a roof than somebody out on the street, but she has seen licensed board and care homes that supposedly we're giving a supplement to and you walk into them and they don't have toilet seats. But considering that we have lost a lot of the single residence occupancy hotels here; she does not want the Committee to get involved in the idea of shutting down any place. That's not

the purpose. The purpose is to provide counseling to some of the people who run the board and care facilities, or let them know they can call the case manager, the service team, etc. if there are problems

Ms. Friedrich stated that she had been informed by Mr. Hare that one of the reasons a lot of these people are picked up is that they want to go get their medicine. So what they do is they purposely get sent to the hospital to get their medicine. She suggested that if the mobile van began going down once a week to these areas so people can get medicine, it would be a lot less expensive. But what she was really expounding on is doesn't want the Committee to get the idea of shut down any unlicensed facilities.

Ms. Zatkan responded that she was not saying we should or should not shut down any facilities at all, but that the problems of the facilities not being adequate or substandard for our clients should be addressed and not let board and care operators "hold us hostage" because of a lack of housing for our clients.

Discussion followed on the need for education, providing criteria to be used (5150 versus a patient just being a nuisance), medication availability, etc., realizing that some police feel the best way to resolve a particular problem is to put someone on 5150.

There was discussion of maybe getting a student intern to do studies regarding these issues. Ms. Friedrich also mentioned that Scott Zeller reports it's either two thirds or three quarters of all the patients that get 5150'd actually don't get admitted. That's a high number. And to her, this really means that some of those probably didn't need to be there the first place. She stated that one of things that impressed her about Sausal Creek was that the majority of patients that go there are out within two hours.

Also discussed with these same issues relative to those on conservatorships and whether these see people are getting put on conservatorships in order to get benefits.

Ms. Zatkan stated her concerned about this was a tendency to just think that a lot of the people being 5150'd are off there medication and thus needs more, which is just a shorthand way of doing a quick diagnosis when time is of the essence for everyone. She feels that in the long run, thinking this may have us treating people or mistreating people in a way that may not be necessary or may be detrimental. They may need other forms of treatment which should be researched.

There was consensus on this.