

Alameda County Mental Health Board Minutes
November 16, 2004
6:30PM-9:00PM
Alameda Room, 2000 Embarcadero Cove

Meeting called to order @ 6:35PM by Chairman Anthony Hare

HOUSEKEEPING

A. Roll Call / Introduction of Guests

Mental Health Board Members:

Present: Karen Bridges, Anthony Hare, Marsha McInnis, Joe Shimizu, Sup. Gail Steele and Hal Zawacki

Excused: Juanita Dimas

Absent: David Androff, Lucas Daumont, Javier Esquivel, Bernard Flusche and Bielle Moore

BHCS Staff: Barbara Majak, Carolyn Novosel, Marye Thomas, MD and Thomas Walker

Public: Melissa Murphy (ACCMHA), Carol Patterson, Brad Gardner and Ellen Drori

ITEM	DISCUSSION	ACTION
<u>Approval of October 2004 MHB Minutes</u>	Due to lack of quorum...not able to take approval of October 2004 MHB minutes.	
<u>Correspondence</u>	Discussion took place re: Prop 1 A which will set-aside all unfunded mandates i.e.: MHB; it was addressed by a concerned citizen that the MHB is mandated but the State doesn't provide any revenue to support them so MHB could go out of existence if the county chose not to fund it. Dr. Thomas stated that it would be a huge mistake to eliminate the MHB because there's a role for them in the Prop 63, MHB's needed for the planning and growth of the transformation that is occurring in the mental health system.	
<u>Presentation</u>	None	

ITEM	DISCUSSION	ACTION
<u>Action Items</u>	<i>Due to lack of quorum...no discussion occurred.</i>	
<u>Discussion Items</u>	<i>This item was tabled to next month's meeting.</i>	
<i>A. Ten Key Questions</i>		
<i>B. MHB Roles in Prop 63</i>	<p><i>Mr. Hare asked for clarification if MHB is specifically been noted to be a community organization that will provide community input.</i></p> <p><i>Dr. Thomas stated that probably by next month there will be more info available, but Dr. Thomas pointed out a couple of areas that MHB has specific roles: 1) Dr. Thomas stated that whenever BHCS has a planning process or a budget process or any problematic planning etc. they usually include all of their stakeholders i.e.: BHCS Budget Task Force there are 5 slots for MHB, consumer, family, Mental Health & Alcohol & Drugs Providers etc. and that as part of BHCS planning process they certainly expect the MHB to be a very strong participant and 2) as mentioned in Prop 63-which defines an additional role for the MHB; there were public hearings, multi-plans were developed, there's a role for MHB to be involved in reviewing the plans.</i></p>	
<u>Director's Report</u>	<p><i>Dr. Thomas reported on the following:</i></p> <ul style="list-style-type: none"> <i>• Prop 63-Dr. Thomas stated that what they attempted to do after Prop 63 passed was to at least have an available after the fact info i.e.: what they know about Prop 63; what role the State Dept. of Mental Health (DMH) would play and clarify what Prop 63 is actually funding and what will not be funded; what's not yet determined is how Prop 63 will be implemented and the allocation formula for distributing funds whether it would be done on a population basis or base on other weighted kinds of things i.e.: # of homelessness & # of people who have persistent mental illness in the county and that the CORE Group is still waiting re: equity issues so it's also up in the air whether there would be some recognition or the disproportion of money be given to the under equity counties. Dr. Thomas stated that Prop 63 is expected to raised between \$70-\$100 billion statewide. Dr. Thomas stated what the State DMH will need to do is to establish what goes into the 3rd year plan so that it could be tracked that each county is expected to build the 3 yr expenditure plan that will cover the system of care</i> 	

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<i>Director's Report (Cont.)</i>	<p><i>for adults, older adults and children; that part of funding will be for innovative program and for prevention and early intervention; all of those are separate plans that are subject to review and /or approval in 2 levels of authority: 1) State DMH and 2) Governor's Oversight Accountability Commission; Prop 63 is not to supplant the funding of current county funded mental health programs, Prop 63 revenue is to be added on top of that; there will be a lot of conversation at the state level about what this means exactly; the 16 member Oversight Accountability Commission has not yet been appointed and the State DMH has to develop its public regulation in providing training for the counties. Dr. Thomas stated that within the last month BHCS met with the Health Committee and presented the following information : 1) 1st 6 months of the plan involved looking at what kind of infrastructure the system would have to develop in order to implement the act once the following fiscal year arrived and its not for service expenditures. Dr. Thomas also stated that they would want to have some focus on Work force Development on Education & Training on existing staff as well as doing outreach. Dr. Thomas stated that BHCS need to do an assessment of their workforce development; how they are bringing additional people in the workforce particularly how to train consumers and family members to participate. Dr. Thomas added that they need to look at their information system; what kind of computer needs as well as capital needs; then the next 3 years 5% of the revenue will go for innovative programs; about 50% of the program will go to system of care for adults, older adults and children; 20% is for prevention & early intervention. Dr. Thomas stated that BHCS has to develop plans specific to each of those areas and that the State DMH will let them know what goes into those plans. Dr. Thomas stated that what they decided to get done is to go to the Board of Supervisor to get authorization, to move forward with the planning process, participate with the DMH by helping to shape some of the reformation/reclamation; making sure they get a fair share of the allocations. Dr. Thomas and staff will be meeting with the Dept. Heads and other constituents group between now to the beginning of the year to educate the public on</i></p>	

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<p><i>Director's Report (Cont.)</i></p>	<p><i>Prop 63 Dr. Thomas believed that there's a lot of misunderstanding within the community re: what can be funded, how it can be funded, how quickly it can be funded and that its very important for everybody to stay on the same page. Dr. Thomas also believe that there's a misperception that its kind of a free for all money. It's important to pay a lot of attention at the local level that Prop 63 will be used to expand capacity in the mental health and transformed the mental health system; its not to spend more on what the system is currently doing. Dr. Thomas added that there's a perception that BHCS doesn't need as much support from other funds because of Prop 63 and stated that they always have to prepare vigilant.</i></p> <p><i>Ms. Majak stated that one other thing that they are working on in the shorter term is taking a look at the resources that they need, there are \$s available for administration and its also important to know that technology is one of the first things in the 1st 6 months; Ms. Majak believed that 80% of the counties statewide are looking for info system that will be able to do complicated mental health technology capability; there's a recognition in the initiative that most counties like Alameda County have 15 yr old info system.</i></p> <p><i>Mr. Shimizu suggested having the Information Technology Officer of the Alameda County do a presentation to MHB. Mr. Shimizu added that as he reads the law there is no definition of the target population; the law doesn't say who should be medical necessity therefore anybody can be subject to this law and another thing is that state fund shall be available to provide services to anybody that are not already covered by federally sponsored programs or by individual or families insurance programs and asked if it's right that there's no target population defined.</i></p> <p><i>Dr. Thomas respond not entirely, one of its purpose is to make serious mental illness among senior adults, adults & children priorities. Dr. Thomas related that they had a discussion about medically necessary which is different from medical necessity; at</i></p>	

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<p><i>Director's Report (Cont.)</i></p>	<p><i>the state level medical necessity is a definition of the circumstances within which mental health services are provided; medically necessary services could include primary care.</i></p> <p><i>Ms. Majak stated that there's a language re: the population of being seriously mentally ill adults & older adults and seriously mentally ill children tend to be much broader in terms of transforming how those population are served including find to mitigate the negative consequences of certain diagnosis and that the prevention of early intervention that addresses stigma; prevention and innovative programs for 1st breaks, working with families & teenagers to identify signs/symptoms of mental illness; so it could be the subject of lots of conversation i.e.: Oversight and Accountability Committee in the Planning Council.</i></p> <p><i>Ms. Patterson stated that she had visited other county MHB and that they are already talking about planning or gathering consumers and families to get input into what's needed.</i></p> <p><i>Ms. Patterson felt that she's not hearing its happening in Alameda County and asked how would she know, how would she be able to be involved in the process.</i></p> <p><i>Mr. Hare's response was that MHB doesn't have an answer yet because MHB's not contemplated their role and that it's the 1st time he has heard direct feedback re: the planning process.</i></p> <p><i>Ms. Majak stated that each county has different approach in the Prop 63 planning process; ACBHCS will have public hearings, procedures and processes for people who can participate in committees and services & that they chose to look at what the State is saying and wait for the State to give directions. Ms. Majak asked Ms. Patterson if she has suggestions or if she know people that would like to participate particularly consumers and family members she can email Ms. Majak and added that they are aware that there are some counties that are already having public forums and that they could do that but they don't know what to do with the</i></p>	

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<i>Director's Report (Cont.)</i>	<p><i>info they get, BHCS would rather be able to structure those forums and gather info that will help shape their plans.</i></p> <ul style="list-style-type: none"> <i>Measure A-Dr. Thomas stated that BOS had an on-going public hearings from the end of Sept. up to almost the entire month of Oct. to hear from the community concerning what should be considered priority areas for Measure A funding (Measure A-1/2 cent sales tax increase to help fund health care issues 75% to fund ACMC & 25% to fund other health care areas id: support for primary care provider & clinics, BHCS etc. Dr. Thomas stated that BHCS identified 3 priorities for Measure A-1) MOE 2) Indigent 3) Detox Program. Dr. Thomas distributed info on what is being recommended to the BOS and that there's a Board letter that will be going to the Health Committee which summarizes what was presented at the meeting and the proposals for allocation of the \$22 mil.</i> 	
<u>Committee Reports</u> <i>Chair Report</i>	<i>Mr. Hare asked everyone for input re: MHB Dec. meeting this because usually MHB has a volunteer (Ms. Friedrich) who coordinates Holiday Gathering in lieu of MHB Dec. meeting.</i>	
<i>Adult/Front Door Committee Report</i>	<p><i>Ms. McInnis stated that they had a very small group at their Adult Committee Oct meeting and they had a preliminary discussion on Prop 63; discussed Sausal Creek Report; lost conversation re: the general theme of finding resources in the community that will benefit consumers and possibly families and other that would be interest and concern in mental health services. Ms. McInnis stated that Mr. Alevizos has suggested that may be Adult Committee could be a conduit for the public hearings around Prop 63so that they could give input on what they find in different areas in the county. Ms. McInnis stated that she will invite JG representative Dr. Biehl to attend Adult Committee meeting and do a presentation-Overview of John George.</i></p>	
<i>Awards Committee Report</i>	<i>No report given.</i>	

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<i>Children's Advisory Committee (CAC) Report</i>	<p><i>Ms. Novosel reported the following:</i></p> <ul style="list-style-type: none"> • <i>CAC Oct. meeting-discussed EPSDT 2nd RFI, they had 68 program proposals from 40 providers; proposals will be reviewed in summer by a panel of expert affiliated with the priority groups and decision will be made in January.</i> • <i>CAC Nov. meeting- discussed Prop 63 and distributed various info</i> • <i>CAC Dec. meeting- will have a presentation from the Probation Dept.; they invited Don Blevins & Hamilton Holmes.</i> 	
<i>Housing Committee</i>	<p><i>Mr. Hare stated that Hal Zawacki will be chairing the Housing Committee and that MHB's really looking forward to set a 1st meeting date and develop some goals as soon as possible.</i></p> <p><i>Sup. Steele asked for Mr. Zawacki's # and asked Mr. Zawacki if he could come to the meeting and that it would be great if he could join the City of Oakland and County effort in looking at developing some standard i.e.: motel standard. Sup. Steele expressed that if Mr. Zawacki could say a few words for her group of what Housing Committee is planning to do because Sup. Steele stated that they haven't started yet and she felt that rather than make up a new committee it would be better to join them.</i></p> <p><i>Mr. Zawacki stated that he's not planning to re-invent the wheel and that one of the first things that he wanted to do is to find out who's interested and what else is going on and also try to coordinate things MHB is ultimately going to want to have their own Housing Committee and to push their own issues but until then Mr. Zawacki agreed to Sup. Steele that it would be great to work with them.</i></p>	
<i>Public Awareness Committee (PAC) Report</i>	<p><i>Mr. Hare stated that Mr. Shimizu agreed to chair PAC and expressed his appreciation of Mr. Shimizu.</i></p> <p><i>Mr. Shimizu stated that PAC almost complete their Speaker's Bureau program and that all they have to do is to go out and do it; they are looking for more members to be speakers from family members as a client members bodies and encourage everyone to</i></p>	

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<i>PAC Report (Cont.)</i>	<p><i>volunteer to become speakers. Mr. Shimizu added that in regards to the CAL State of Hayward Mental Health Institute Program concerning Stigmas Issues that he read from last months minutes, he asked Ms. Heiliger to coordinate with the CAL State of Hayward Mental Health Institute to find out if there's an area that PAC can cooperate.</i></p> <p><i>Ms. McInnis stated that she asked Speakers Bureau to come out to her area and it's scheduled on Feb or Mar.</i></p>	
<p><u>Liaison Committees</u> <i>Criminal Justice Oversight Committee (CJOC) Report</i></p>	<p><i>No report given.</i></p>	
<p><u>Public Comment</u></p>	<p><i>Ms. Drori addressed her concerns re: some incidents that happened to her daughter i.e.: medication problem-not able to have her medication filled on time due to lack of communication between her doctor and the pharmacist assigned to her; people not connecting with each other-Ms. Drori felt that nobody wants to know what's going on with her daughter; eligibility to access county services like case manager; etc. Ms. Drori expressed that she's worried for her daughter and that for her it's a very alarming situation that is wasteful to the county.</i></p> <p><i>Mr. Hare respond that the MHB is also concerned but the MHB is not an investigative body. Mr. Hare asked Ms. Drori for a synopsis of her daughter's situation and will forward it to either a Case Manager or through BHCS to ensure it gets reviewed.</i></p>	
<p><u>Board Comments</u></p>	<p><i>Mr. Shimizu mentioned that NAMI Bay area will have a NAMI 5k fundraising walk next year on May 21, 2005 at the Golden Gate Park. Mr. Shimizu stated that he would ask PAC for a full support on the fundraising and hope that MHB will cooperate and may be have a MHB team.</i></p>	

*Meeting was adjourned @ 8:50PM
Minutes submitted by Agnes F. Catolos*