

**Alameda County Mental Health Board Minutes
February 15, 2006
12:00pm-2:30pm
Room 255, County Administrator's Office Building**

Meeting called to order @ 12:10pm by Chairperson Marsha McInnis

HOUSEKEEPING

Roll Call / Introduction of Guests

Mental Health Board Members:

Present: Karen Bridges, Marsha McInnis, Joe Shimizu, Sup. Gail Steele and Dr. Ron Tauber

Excused: Anthony Forrette, Anthony Hare and Hal Zawacki

BHCS Staff: Maxine Heiliger, Barbara Majak, Carolyn Novosel, Carl Pascual, Marye Thomas, MD, Gary Spicer, Thomas Walker, Margaret Walkover & Agnes Catolos

Public: Rochelle Elias, Michael Diehl (Berkeley Mental Health Commission), Clarence Brewer (Howie Harp), Deborah Thomas (Howie Harp) and Danny Young (Howie Harp)

ITEM	DISCUSSION	ACTION
<u>Approval of January 2006 MHB minutes</u>	No correction was made to the January 2006 MHB Minutes	M/S/C Karen Bridges/ Joe Shimizu All Favored
<u>Correspondence</u>	Ms. McInnis stated that she received a Thank You letter from Sup. Keith Carson for appointing Dr. Tauber to serve on the Measure A Oversight Committee	
<u>Presentation</u> Briefings by MHSA Staff: <ul style="list-style-type: none"> • Overview of the "REVISED Community Services and Supports Plan:" Plan Structure and Strategies for System Transformation • Overview of MHSA Planning and Implementation Cycle for FY 1: 2005-2006 	Ms. Margaret Walkover stated that BHCS-MHSA Team will go to Sacramento on March 15 th to present and discuss with the DMH Review Team re: BHCS Community Services and Supports (CS & S) Plan. Ms. Walkover distributed handout for CS&S Review Team: Content Areas and Reading Assignments which described Name, MHSA Role, Content Area and Reading Assignments i.e.: <ul style="list-style-type: none"> • Dr. Thomas, Ms. Majak, Mr. Spicer and Ms. Gold- will present the budget infrastructure as well as on-going planning process, structure and data re: unserved/underserved population in the county • Ms. Walkover-will represent the system transformation strategy in Wellness and Recovery 	

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<p>Briefings by MHSA Staff (Cont.)</p>	<ul style="list-style-type: none"> • Michael Diehl-will represent consumers voice • Thomas Walker-will represent the cultural competence piece of the plan • Margo McDaniel- will represent family voice • Joe Shimizu and Diana Cunningham-will represent Older Adult proposals • Peter Alevizos-will represent Adult proposals as well as housing strategy • Carolyn Novosel, Michelle Burns and Jeff Rackmill-will represent Children/Youth and Transition Age Youth (TAY) <p>Mr. Spicer stated that DMH requested an integrated plan between Alameda County and the City of Berkeley; because of this integrated plan representatives from Berkeley will be part of the delegation that will be going to Sacramento; Berkeley representatives will include: Harvey Tureck-Berkeley Mental Health Director; Kathy Kramer-Berkeley MHSA Principal Planner and Mary Agee-will be working on the implementation.</p> <p>Mr. Pascual stated that the point of the meeting is to review the plan; it's an opportunity to make recommendations for revisions and the hope of this whole process is to ensure that the \$s allocated will actually come to the county and the department's hope was that this team of people will be well verse enough to ensure that all of the detail of the plans can be represented accurately.</p> <p>Mr. Spicer stated that the Review Team will be reviewing the plan before they go to Sacramento; as Ms. Walkover has indicated, the Review Team will have a head's up conference call before the meeting on Mar. 15th, where the review will be formalized and in that conference call they will touch on and identify issues that have come up in their own internal discussions about the county plan to give a head's up on major questions that the county want to be prepared to answer or address, the conference call will be on Mar. 6th.</p> <p>Mr. Pascual presented a packet that included the following:</p> <ul style="list-style-type: none"> • Copy of BHCS Website and the section on Prop 63, where the MHSA plan can be downloaded either by the full 484 pages documents or by sections. • ACBHCS CS & S Plan with revisions per public comment and review (submitted to CA DMH 1/17/06) 3-year Program and Expenditure Plan Requirements FY 05-06, 06-07 and 07-08 <p>Table of Contents: Part I-County/Community Public Planning Process and Plan Review</p>	

ITEM	DISCUSSION	ACTION
<p>Briefings by MHSA Staff (Cont.)</p>	<p><i>Process.....pg 3</i> <i>Section I: Planning Process.....pg 3</i> <i>Section II: Plan Review....pg 40</i></p> <ul style="list-style-type: none"> ○ <i>provide a description of the process</i> ○ <i>provide documentation of the public hearings conducted by the MHB that include a summary of substantive comments and revisions</i> <p><i>Part II-Program and Expenditure Plan Requirements.....pg 56</i> <i>Section I: Identifying Community Issues Related to Mental Illness and Resulting from Lack of Community Services and Supports...pg 56</i> <i>Section II: Analyzing Mental Health Needs in the Community....pg 77</i> <i>Section III: Identifying Initial Pop. for Full Service Partnerships....pg 119</i> <i>Section IV: Identifying Program Strategies...pg 123</i> <i>Section V: Assessing Capacity....pg 124</i> <i>Section VI: Developing Work Plan -Timeframes/Budgets/Staffing ...pg 137</i> <i>-are detailed description of every proposals; this is the largest section of the document</i></p> <p><i>Part III-Required Exhibits....pg 273-provide a lot of budget info, budget both for individual and administrative proposals</i> <i>Exhibit 1: Program and Expenditure Plan Face Sheet....pg 274</i> <i>Exhibit 2: Program Work Plan Listing...pg 275</i> <i>Exhibit 3: Full Service Partnerships Population....pg 281</i></p> <ul style="list-style-type: none"> ○ <i>Exhibit 4: Work Plan Summary....pg 282</i> <p><i>Exhibit 5: Budget and Staffing Detail with instructions....pg 307</i> <i>Exhibit 6: Quarterly Progress Goals and Report.....pg 477</i> <i>Exhibit 7: Cash Balance-Quarterly Report....pg 483</i></p> <p><i>Ms. Walkover presented an overview of the Alameda County “Revised Community Services and Support Plan”- proposals were grouped by MHSA Concept and Community Issues</i></p> <ul style="list-style-type: none"> • <i>Promote and Sustain Client/Family Driven System-to promote a system-wide orientation for recovery/resiliency, client/family driven programs and cultural competence</i> <ul style="list-style-type: none"> ○ <i>Wellness & Recovery Resource Hub</i> ○ <i>Family Education Center</i> • <i>Promote and Sustain System Transformation</i> <ul style="list-style-type: none"> ○ <i>Older Adult SOC Administration</i> ○ <i>Transition Age Youth SOC Administration</i> 	

ITEM	DISCUSSION	ACTION
<p><i>Briefings by MHSA Staff (Cont.)</i></p>	<ul style="list-style-type: none"> ○ <i>Transition to Independence Process</i> ○ <i>Training Coordinator (management support line item)</i> ○ <i>Adult System of Care Director (management support line item)</i> ○ <i>Implementation and oversight support for 16 MHSA programs (management support line item)</i> ● <i>Decrease Homelessness</i> <ul style="list-style-type: none"> ○ <i>HOST (Homeless Outreach & Stabilization Team)</i> ○ <i>North County Senior Homeless Program</i> ○ <i>STAY (Supportive Housing for TAY)</i> ○ <i>Greater HOPE Project</i> ○ <i>Creating Homes Program ((includes services and supports)</i> ○ <i>Creating Homes Program (housing subsidies and infrastructure)</i> ● <i>Decrease Ethnic and Geographic Disparities</i> <ul style="list-style-type: none"> ○ <i>Staffing to Asian Population</i> ○ <i>Staffing to Latino Population</i> ○ <i>Indigent Care Plan for Unserved Children & Youth</i> ○ <i>Indigent Care Plan for Asian and Pacific Islander Children & Youth</i> ○ <i>Indigent Care Services for Latino Children & Youth</i> ○ <i>Crisis Response Program-Capacity for Tri-Valley</i> ○ <i>Crisis Response Program-Capacity for Tri-Cities</i> ● <i>Decrease Emergency Medical Care and Frequent Hospitalization (via primary care integration with mental health services)</i> <ul style="list-style-type: none"> ○ <i>Integrated MH & Primary Care-Mobile Integrated Assessment & Treatment Team for Seniors</i> ○ <i>Integrated MH & Primary Care for Latino Seniors</i> ○ <i>Integrated MH & Primary Care Asian & Pacific Islander Seniors</i> ○ <i>Integrated MH & Primary Care-Emergency Room Services for Senior</i> ● <i>Decrease/Prevent Incarceration and Involvement with the Justice and Child Welfare Systems</i> <ul style="list-style-type: none"> ○ <i>FACT (Forensic Assertive Community Treatment) Team</i> ○ <i>Mental Health Couth Specialist Program</i> ○ <i>Juvenile Justice Transformation of Guidance Clinic</i> ○ <i>MST (Multi-systemic Therapy)</i> 	
<p><u>Action Items</u> <i>MHB Executive Meeting Times Change</i></p>	<p><i>Mr. Shimizu made a motion to approve MHB Executive Meeting times changed to 3:30pm-4:30pm every 4th Thursday of the month, effective in March meeting.</i></p>	<p><i>M/S/C Joe Shimizu/ Karen Bridges All Favored</i></p>

ITEM	DISCUSSION	ACTION
<p><u>Discussion Item</u> A. Role of MHB in MHSA Planning and Implementation</p>	<p><i>Ms. Walkover suggested that there are 2 possible places to start discussion about MHB role in the MHSA:</i></p> <ol style="list-style-type: none"> <i>1) To have the MHB do the review and comment in the annual plan update</i> <i>2) To have the MHB be the review body re: on-going planning process</i> <p><i>Mr. Shimizu asked if there is any state guideline on how to do the annual plan update.</i></p> <p><i>Ms. Walkover responded that she hasn't seen a document on what needs to be done in the annual update.</i></p> <p><i>Dr. Thomas added that she believe that the state's thinking has been...there is already 2 legislations: 1) Bronzan & McCorquodale-that makes the MHB the official body for community input into any planning process and 2) MHSA;</i></p> <p><i>Dr. Thomas stated that their goal is to have a parallel processes with the two legislations so the MHB will serve as the funnel for those legislations to come together; this will enhance the MHB role and it may even be a vehicle for recruiting more people to be involved with the board.</i></p> <p><i>Mr. Spicer stated that there is an opportunity to ensure that MHSA plans are integrated with the overall system.</i></p> <p><i>Ms. Majak stated that its really important to have the MHB clearly taking action on the important things that the dept. is working on; to have a strong voice and it may be a good way to help recruit people to serve on the board especially consumers and individuals who are ethnically diverse because its required by the MHSA to have consumers and ethnic representation.</i></p> <p><i>Sup. Steele stated that for her own perspective, some of the challenges in the county are a little different i.e: implementation and evaluation because its really hard to know how well the county is doing. Sup. Steele felt that what is missing across the board is a place to discuss how the county will implement different things and at the same time how to get an honest evaluation of things that are working or not working.</i></p> <p><i>Dr. Thomas stated that the role that's being discussed is relative to planning and implementation because the annual plan update should be based on how well they are going to implement the plan.</i></p>	

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<p><i>A. Role of MHB in MHSA...(Cont.)</i></p>	<p><i>Ms. Majak affirmed that the state call it plan updates but its really reporting back to the state and its constituency; the state recognize that implementation is going to be a real challenge ie: work force development-how to recruit and retain quality staff, consumer, family members, professionals etc. Ms. Majak added that eventhough they haven't seen any outlines from the state of what the real focus will be: what has been done already, what the county is able to do, what are the barriers, what's working or not working.</i></p> <p><i>Dr. Thomas stated that they have to generate outcomes to be reported to the state so the MHB will be very involve by being aware of those outcomes before they go to the state.</i></p> <p><i>Mr. Spicer stated that the outcome data is actually been established for the FSP, there is a template to identify variables and the data to be collected; there is a temporary website at the state level for the entry of the data to track the FSP outcomes; other kinds of outcome measurement have not really been able to address the same kind of comprehensive approach yet.</i></p> <p><i>Mr. Spicer would like to restate that in regards to what Mr. Shimizu asked earlier about the state guidelines on annual plan updates, there are no written guidelines yet however all of the discussions re: annual update is pretty consistent to what Ms. Majak mentioned to look at what has been done for the past year and if there's a need to update the plan do it to reflect what the true experiences have been, what works well or what hasn't work that may need additional attention, things that might have missed in the original plan that needed to be added or revised and that really is to be delivered to the state in the form of annual update but in the local process its a matter of reviewing what has been done, by having input and discussion around what revision might be appropriate to achieve goal at the local level.</i></p>	
<p><i>B. MHB Recruitment</i></p>	<p><i>Ms. McInnis stated that Discussion Item A actually merges to Discussion Item B- MHB Recruitment re: the comment of stimulating the interest of the public through the MHSA and how the MHB can define its role in MHSA. Ms. McInnis stated that her vision would be that the MHB would be the funnel, conduit or a hub that the public will be able to channel through the MHB and that by having role in the MHSA can be a real enticement to bring more people to the board.</i></p> <p><i>Dr. Thomas suggested the following:</i></p> <p><i>1) There were about 260 people who participated in the planning process; there may</i></p>	

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<i>MHB Recruitment (Cont.)</i>	<p><i>be some people who might be interested to be part of the MHB if they understood that MHSA process was going to continue through the MHB as official members; Dr. Thomas felt that it would be a real rich resource for recruitment provided that the BOS would be willing to look at it.</i></p> <p><i>2) Some members of the Berkeley Mental Health Commissions (MHC) are interested in serving on the MHB. Dr. Thomas believed that there is no prohibition to having people serve on both boards – Berkeley MHC and MHB. Berkeley MHC has been very successful in recruiting consumer members.</i></p> <p><i>Ms. Walkover stated that she’s working with Mr. Walker to send info to members of the MHSA planning list which basically says that “the MHB will be having responsibility for planning and over-site for MHSA, with ideas about what MHB responsibilities are and want to encourage people who were involved in the MHSA planning consider being part of the MHB, that the MHB is currently recruiting for membership, looking for consumers or individuals who are from ethnic diverse group; providers who receive money cannot apply.”</i></p> <p><i>Ms. Elias expressed some concerns re: Recruitment of MHB members; she thought that there is some challenges involve with integrating consumer involvement in the MHB and also ethnic concerns and would like to know if MHB has committee established isolating exactly what are some of the challenges that future board members are going to face in becoming part of the board; where there might be concerns with the substance or getting lost in the bureaucratic issues, etc.</i></p> <p><i>Sup. Steele suggested meeting with the staff and different BOS members to discuss some of the challenges in MHB.</i></p> <p><i>Mr. Walker stated that there was a plan that was discussed at the last Executive Meeting to invite BOS each month and ask them or their staff to come to MHB meeting and discuss recruitment and their open seats, Sup. Miley was the first choice but he was not available, Mr. Walker was referred to speak with Sup. Miley’s staff person Anna Gee to discuss recruitment and also asked if Sup. Miley does not have anybody to appoint, if he is willing to appoint somebody from another BOS District. Mr. Walker felt that MHB will probably be in a very good shape re: recruiting members with the recruitment plans i.e.: emailing MHSA list and by talking to each BOS.</i></p>	

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MHB Recruitment (Cont.)	<p><i>Mr. Shimizu stated that as far as the consumers are concern MHB was not very successful, consumers probably felt lost in the meeting and that MHB should revive the mentoring system.</i></p> <p><i>Sup. Steele felt that part of the reason MHB lost members is because of the term limits, being a member in MHB should be for a lifetime level.</i></p> <p><i>Mr. Shimizu added that another issue that needed to be discussed at the Executive Meeting is to have committee for Older Adults and Transition Age Youth to be able to do over-site and evaluation.</i></p> <p><i>Mr. Walker suggested that the MHB host a mixer possibly held at BHCS-Alameda Room and invite people from MHSA who served in the Stakeholder’s Group and consumer run program as well as family group, may be one afternoon that the board would be able to talk about recruitment, be able to discuss barriers on serving on the board, etc. Mr. Walker felt that it would be a worth while endeavor.</i></p> <p><i>Ms. Walkover stated that clients would have difficulty getting to BHCS Office.</i></p> <p><i>Mr. Spicer suggested San Leandro Library.</i></p>	
<u>Director’s Report</u>	<p><i>Dr. Thomas discussed the following:</i></p> <ul style="list-style-type: none"> ▪ <i>Re: the mixer that Mr. Walker suggested, Dr. Thomas thought that it could also be part of the May is Mental Health Month</i> ▪ <i>Dr. Thomas stated that the dept. particularly with Ms. Heiliger started the process of looking at system transformation and looking at how they can incorporate the principles of wellness and recovery into the whole system; they a wonderful kick-off with Mark Reagan from the Village who cam and talk about system transformation and that whole concept BHCS Admin. team is going to some emergent training at the Village; Dr. Thomas felt that if the MHB is going to be a vehicle, they should either go to training or invite somebody to train MHB may be in a board retreat to help the board become more knowledgeable of wellness and recovery principles or may be have somebody come to May is Mental Health Month Celebration.</i> <p><i>Sup. Steele expressed her concerns re: system transformation.</i></p>	

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<i>Director's Report (Cont.)</i>	<p><i>Dr. Thomas stated that she is optimistic with the system transformation because its a statewide and a nationwide move toward wellness and recovery and toward system change; there are some other challenges associated with implementing the MHSA, one of the challenge is timeliness and working in a county bureaucracy would be very difficult ie: challenges associated with 16 RFP's and hiring people would be very difficult.</i></p> <ul style="list-style-type: none"> ▪ <i>Budget-the BHCS Budget Task Force meeting will be held every Tuesday, beginning on March 7th from 3pm-6pm; MHB members are encouraged to participate.</i> ▪ <i>Network of Care-is a website that the state is rolling out on a statewide basis for each county so that citizens can get info about mental health services, alcohol and drug services, treatment, etc.; this website is not just for services that are funded by the county; people will be able to access and know available resources in different counties; there will be a library where people can have info re: legislation related to behavioral health services; there will be an ability to create personal folders so that individuals can keep info for themselves. Dr. Thomas stated that they wanted to part of the website 3 or 4 years ago but was not able to accomplish it because of budget restraints. The state is paying for this website; the implementation in every county statewide will be out of MHSA money and will pay for the first maintenance. Trilogy is the company that set up the website and they offered a 90 min. walkthrough of the website to make sure that the site is user friendly. Dr. Thomas would like the MHB, the people who participated in the MHSA and other people who never heard of mental health but who are looking for info to be involved in the walk through orientation and give the dept. feedback whether the website works or not.</i> <p><i>Mr. Shimizu expressed that he is not sure if clients can use a computer and access website.</i></p> <p><i>Mr. Spicer stated that he heard from other counties particularly in San Diego that consumers are using computer a lot more than they ever imagine they would.</i></p> <p><i>Ms. Majak related that Vocational Program provides computer class and that the families have difficulty with computers than consumers.</i></p>	
<u>Chair Report</u>	<i>Ms. McInnis stated that she would be part of the BHCS Budget Task Force and she would like to appoint Ms. Bridges as well.</i>	

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<u>Committee Chair Reports</u> <i>Adult Committee Report</i>	<i>No report given.</i>	
<i>Awards Committee Report</i>	<i>Mr. Walker stated that the planning for the May is Mental Health Month will probably start by the end of February; nomination forms for the Annual Community Service Awards will be mailed out to various committees, CBO's, statewide MHB; the MHB needs to decide where to hold the ceremony, last year it was held at the Aquatic Center in Oakland.</i>	
<i>Children's Advisory Committee (CAC) Report</i>	<p><i>Ms. Novosel stated that on the CAC Feb. 1st meeting they've talked about the potential joint powers of authority, related to the merger of ICPC (Intra-Agency Children's Policy Council) and Safe Passages which might take an approximate 10-14 month process of transition; Alex Briscoe (HCSA Children's Coordinator) presented a brief summary of the Juvenile Justice Center and other activities related to the redesign which will result to some culture change.</i></p> <p><i>Sup. Steele suggested inviting Sup. Lai-Bitker to get a report on criminal justice and also be able to share about ICPC.</i></p>	
<i>Housing Committee Report</i>	<i>No report given.</i>	
<i>Public Awareness Committee (PAC) Report</i>	<p><i>Mr. Shimizu introduced Maxine Heiliger-co-chair of PAC; there were only 3 attendees at their January meeting; PAC is working on the Youth Presentation, but they are having difficulty whether the school will be amenable to hold presentation. Mr. Shimizu asked Ms. Heiliger if she has update if school will be amenable.</i></p> <p><i>Ms. Heiliger stated that she reached a contact in the schools that will provide names and addresses of all the teachers from Life Skill Classes who are always looking for guest speakers and presentations.</i></p> <p><i>Mr. Shimizu stated that they also explored the possibility of utilizing funds for Prevention and Early Intervention and added that they are also trying to do presentation to church group but so far they are not successful in finding interested church group.</i></p> <p><i>Dr. Thomas stated that she has a couple of contacts for Mr. Shimizu who will be interested on the presentation.</i></p> <p><i>Ms. McInnis asked Ms. Heiliger to comeback to MHB meeting to be able to provide more info re: PAC issues and concerns.</i></p>	

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<p><u>Liaison Committee Report</u> Criminal Justice Over-site Committee (CJOC) Report</p>	<p><i>Ms. Bridges stated that the last CJOC meeting was kind of introductory meeting because the committee hasn't met for a couple of months; CJOC has a program on self-help for prisoners. Ms. Bridges related that she ran into Ms. Snowden (former MHB member) who's working with the MOMS Group. Ms. Bridges felt that by working for the courts for many years she might contribute something to CJOC.</i></p>	
<p><u>Public Comments</u></p>	<p><i>Mr. Diehl related that he met with a Social Justice Homeless Project and talked about MHSA, clients' concerns and issues i.e. mental health in the jail system. Mr. Diehl stated that he encouraged clients and minorities to be involved and told people that there may be some consumer jobs available down the road. Ms. Majak asked Mr. Diehl if he could be a contact person if the dept. want to get in touch with consumers that might be able to participate in setting up focus groups, etc.</i></p> <p><i>Mr. Diehl responded yes, he is willing to be the contact person and added that they are working on giving computer classes to clients.</i></p> <p><i>Mr. Spicer stated that clients may also want to know about the Network of Care.</i></p> <p><i>Mr. Brewer stated that he would like to have info about the CJOC and also interested about the PAC.</i></p> <p><i>Ms. Heiliger distributed and made an announcement of the 6th Annual Mental Health Symposium on Feb. 25, 2006 at Cal State East Bay, it's sponsored by Institute for Mental Health and Wellness.</i></p>	
<p><u>Board Comments</u></p>	<p><i>Mr. Shimizu addressed the following:</i></p> <ul style="list-style-type: none"> ▪ <i>Need to discuss at the Executive Meeting a suggestion from the CS & S Review Team Meeting re: Integrating MHB and the City of Berkeley Mental Health Commission by having 1-2 combined meeting per year. Mr. Shimizu felt that MHB should seriously consider this.</i> ▪ <i>MHB/Commission Training on 3/31-4/1 at the Double Tree Hotel in Burlingame.</i> ▪ <i>NAMI Walks will be held on 6/3; there's a kick-off luncheon on 3/29 from 11:30am-1:30pm at the San Francisco Conf. Center: PAC team is called "Stigma Stompers"</i> 	

Meeting was adjourned @ 2:10PM
Minutes submitted by Agnes F. Catolos