

**Alameda County Mental Health Board Minutes**  
**January 9, 2006**  
**12:00pm-2:30pm**  
**Room 255, County Administrator's Office Building**

Meeting called to order @ 12:15pm by Chairperson Marsha McInnis

**HOUSEKEEPING**

Roll Call / Introduction of Guests

**Mental Health Board Members:**

**Present:** Karen Bridges, Anthony Hare, Marsha McInnis, Joe Shimizu, Dr. Ron Tauber and Hal Zawacki

**Excused:** Anthony Forrette and Sup. Gail Steele

**BHCS Staff:** Doug Del Paggio, Barbara Majak, Marye Thomas, MD, Dr. Richard Singer, Gary Spicer, Thomas Walker & Agnes Catolos

**Public:** Lois Thompson (Pathways to Wellness), Howie Harp Representatives- Vickie Blackwell, Eunice Tate, Jerome Attaway, Lugenia Yates, Stanley Williams, LeRoy Hughes, Dade Sneal, Larry Rodgers, Jude English, April Tyson, Frank Jamerson, Melvin Green, Dexter Shabazz, Charles Mecker, Lillian Walker, Alfred Jones and Clarence Brewer

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b><u>Approval of November 2005 MHB minutes</u></b>	No correction was made to the November 2005 MHB Minutes	M/S/C Anthony Hare/ Karen Bridges 5-Favored 1-Abstained
<b><u>Correspondence</u></b>	Mr. Walker stated that he received 2 MHB applications from 2 individuals who were interested in serving on the MHB.	
<b><u>Presentation</u></b> Medicare Part D	Dr. Richard Singer (Medical Director for BHCS) together with Douglas Del Paggio (Director of Pharmacy Services for BHCS) presented updates concerning Medicare Part D. Dr. Singer stated that their biggest effort to alert everybody about Medicare Part D-what's coming, what to do and also to see what they could to do help is by giving a lot of education and activities which cover just about every provider there is in their Level Programs as well as Level 3 Program. The Department's biggest concern are dual eligibles, these are people with both	

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<i>Medicare Part D (Cont.)</i>	<p><i>Medical and Medicare, BHCS is concern that too many of dual eligibles may “fall between the cracks” on Jan. 1<sup>st</sup>. Dr. Singer stated that he received information from Medi-Cal stating that clients could have up to 100 day supply of medication from Medi-Cal if Physician felt that it was appropriate but some people have enough medication for now this will become more of an issue for the next couple of months. As part of the educational process Dr. Del Paggio made an informative presentation to the Board of Supervisors (BOS) Health Committee. Mr. Kears also did a presentation for both mental health and physical health to the BOS asking for additional funds to cover certain specific areas but 2 primary areas that they are anticipating problems are: 1) co-pays-which run from a \$1 to \$5 per and 2) without co-pays or because of other glitches medication won’t be paid for by new plans; the Dept. would like to make sure that there is a way in which as a county would pay for them so no one had to lose medication in transition; in Dec., the BOS approved an initial outlay of \$250,000 for both mental health and physical health; trainings were held at various county sites and private sites as to “how to use the online plan formula” that is called the Prescription Drug Plan (PDP) which define to the correct plan, most of those plans don’t cover a lot of medications that people are on; the dept. were able to determine which are the best 2 or 3 plans and they’re in the process of trying to make sure that people are covered on those plans even people have been site randomly by Medicare to anyone of the number of those plans to try get people and switch over but it will be another process it will take time. Dr. Singer stated that BHCS has a very limited amount of staff available to respond to all calls and questions coming from Pharmacists, clients, Case Managers, families, etc.; they’re trying to establish a help desk to which calls and questions can be send to and hopefully to have the help desk up and running in the next few weeks; most of the questions/problems cannot be addressed at the local level except to try referring people to the right place which is basically the Medicare.</i></p> <p><i>Dr. Del Paggio stated that also part of the problem is that people were not updated with the new system but one of the biggest problem that they were concern about is clients being grandfathered in, which means people who are on psychotropic medication who have been put in 1 of those 10 plans and that plan may not cover their medication, they were also suppose to be grandfathered in at that point but that doesn’t seen to have happened to most of the clients, as a result clients are going to Pharmacies and not able to get medications; another problem dual eligibles are suppose to have co-pays of \$1-\$5 per Rx per month but because</i></p>	

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<i>Medicare Part D (Cont.)</i>	<p><i>of a computer glitch on the federal level, dual eligibles were not identified as duals so when they go to Pharmacy they are being charge with the deductible of \$250 and plus up to \$400-\$500 as a co-pay for many of the Rx. Dr. Del Paggio related that he got a call from a Case Worker working with a client at the pharmacy and the client was in a panic because they can't get their medication no one will cover the co-pay, they switched plan to one of the better plans but because of the info not being disseminated and the federal govt.. was not able to update the system, they don't know what plan the client is on, the client hasn't gotten a new card, the plan doesn't have the client identified in their plan; these are situations where the county has defaulted and has to pay for medications because Medicare Part D can't cover those clients. One of the problems that the Pharmacists are having is that there is no additional help available in terms of answering phone calls, it takes a couple of hours to get through to someone and often when they get through to someone they can't help them, the whole level of support from the federal govt. for the Pharmacist doesn't exist. Dr. Del Paggio related that there was an article from New York Times that 4 States has stepped up to pay for medications, which doesn't happen in CA .The funding of \$250,000 that came from the BOS will only cover some of the clients, its a very little amount for the large population of Alameda County that has Medicare Part D, with mental health its about 3000 clients are dual eligibles and in primary care there's about 10,000.</i></p> <p><i>Mr. Shimizu asked how many of the mental health dual eligibles are registered and what are the 2 or 3 best PDP?</i></p> <p><i>Dr. Del Paggio responded that all of the dual eligibles that were identified on the federal level were auto enrolled into those 10 plans in Dec. and clients could switch plans up to Dec. 31<sup>st</sup>. Not all of the plans are providing psychotropic medications, some plan cover 96%-98% and some plan only cover 26%-30% and now the problem that the clients will have is when their medications are switched i.e. if they go from drug A-drug B but if its not covered by a plan or a plan has certain restrictions on it that client won't get their medication though the federal govt. has assured that everyone will be grandfathered in but it has not happened. Dr. Del Paggio stated that 5 clients he worked on last week has Sierra Rx Plan which is the worst plan there is, it only cover about 25% of the psychotropic medications. The top 3 plans are: 1) United Health Rx 2) AARP Medicare Rx 3) Humana PDP Standard-these plans cover most of the meds with a least number of restrictions; restrictions require a prior authorization which means there's a</i></p>	

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<i>Medicare Part D (Cont.)</i>	<p><i>paperwork that the physician has to filled out before the drug is dispensed or there may be a fail first policy which means that clients have to try certain drugs first i.e. will try drug A, B or C first before getting the drug D or clients may have limited quantity of medication where they can only have certain day supply of medication. Another problem is that these plans can change what medications they cover and its really a concern because clients who are taking psychotropic meds which are very expensive drugs, these plans might realize quickly how expensive these drugs are and they will start to put restrictions on those meds so as of Dec. 1<sup>st</sup> they may not have a prior authorization, they may not have a fail first policy but it may change in the coming months, plans keep on changing and shifting, there's just no guarantee that meds that currently covered will still be covered in a couple of days or a month from now. The Sierra RX Plan, majority of their drugs require fail first but didn't tell which drugs someone needs to fail first. A lot of PDP's are national plan across the country i.e: Health Net, Well Care, Pacificare.</i></p> <p><i>Mr. Zawacki asked if the plans give any advance notices, if plans can be change anytime.</i></p> <p><i>Dr. Del Paggio responded that there's a 60-day notice if they are taking a drug off but they don't give notices if they are going to require a fail first or prior authorization and these are the kinds of details that people are very unclear about up to the last minute.</i></p> <p><i>Mr. Shimizu asked if there's a deadline to change plans.</i></p> <p><i>Dr. Del Paggio responded that the federal govt. stated that clients are will be able to change plan till Dec. 31<sup>st</sup> and will be able to get into a new plan but it has not happened up to this date people who switched plan in Dec. are still not in a new plan. Clients can change plans every month if they want to.</i></p> <p><i>Dr. Tauber asked if there is anything that the MHB can do.</i></p> <p><i>Dr. Singer responded that MHB could certainly discuss additional funds from the BOS.</i></p> <p><i>Mr. Zawacki suggested addressing Medicare Part D concerns to the local area Congress person or their staff who are trained to answer questions re:</i></p>	

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<i>Medicare Part D (Cont.)</i>	<p><i>Medicare/Medicaid and Social Security and that a federal agency moves faster to meet the needs of the Congress person. Mr. Zawacki added that CMS is actually training Congressional staff in the area on how to answer questions; talking to Congressional staffer is probably more appropriate to start rather than contacting Washington, DC.</i></p> <p><i>Dr. Del Paggio stated that there is a local CMS office in San Francisco. Dr. Del Paggio stated that the Pharmacy Association nationwide met with CMS and push them to open more help lines with the PDP's, additional staff were scheduled to be hired this week.</i></p> <p><i>Mr. Hare expressed his concerns re: interruptions and changes with clients psychotropic medications and concern about the helpline he rather have real people (face to face) answering questions as oppose to help line.</i></p> <p><i>Ms. Bridges suggested that may be it would be a good start for the MHB to email their Congress person and address the grandfathered policy in reference and some of the issues that are going on.</i></p> <p><i>Ms. McInnis asked if BHCS Dept. could give MHB some talking points.</i></p> <p><i>Dr. Thomas responded that they can certainly give MHB 3 or 4 talking points to consider to be addressed to their Congress person.</i></p> <p><i>Dr. Del Paggio distributed handouts for the following:</i></p> <ul style="list-style-type: none"> <li><i>• Alameda County BHCS Estimated Medicare Part D Associated Costs</i></li> <li><i>• An article from New York Times: States Intervene After Drug Plan Hits Snags</i></li> <li><i>• Medicare Part D CA Benchmark Plans: Coverage of Alameda County BHCS Top Prescribed Medications</i></li> </ul>	
<b><u>Action Items</u></b>	<i>None</i>	
<b><u>Discussion Item</u></b> <i>A. MHSa Public Hearings</i>	<i>Mr. Spicer stated that the MHB conducted MHSa Public Hearings in 4 sites across Alameda County; the public hearings attendance-Oakland had the most attendees; Livermore about 20 people; Fremont about 25 people and San Leandro-fairly well attended. Mr. Spicer stated that they've summarized the public comments for a presentation for the Board of Supervisors (BOS) to request BOS approval of submission to CADMH. Public Comments bound to 3 broad categories: 1) Participation into planning process itself-the purpose of the public</i>	

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<p>MHSA Public Hearings (Cont.)</p>	<p>hearing was to solicit public comment on the plan to be submitted to CADMH; CADMH requires to summarize any recommendations for revision and to analyze recommendation for revision to the plan though it was useful to hear people's comment about the process, the dept. was able to take the comments down and track it but its not part of the submission to DMH, the process is completed its not a matter of recommendation for revision to the process 2) Focus on issues of how to implement proposal down the road-suggestions, ideas, comments people had for implementing programs as they are approved by DMH, the approval process by DMH is expected to take from 90-120 days 3) There were many good suggestions offered to the proposal; some of the suggestions were collected outside of the public hearings ie: Cultural Competence Committee reviewed the plans and made comments and suggestions re: language inclusions and ways that the proposal could be made stronger from a Cultural Competence stand point. Another suggestion from the public hearing was re: ideas around language changes which were put in a category of not necessarily recommendations for revision but recommendation and suggestion that could make the language and proposals stronger. There were areas that clearly were recommendations for revision ie: Suggestion from the Culture to Culture Foundation-to specifically locate integrated Mental Health and Primary Care Services Community Centers where older adult Asian already congregate; it certainly consistent with the intent of what's considered a substantive recommendation for revision was something either change the resources to be allocated or change the target population to be served.</p> <p>Dr. Tauber stated that he has a plan document dated 11/11/05 and asked where to locate the revised plan.</p> <p>Mr. Spicer responded that right now it's on his desk because he's working on the revision/editing to accommodate suggestions/comments from the public hearings and expecting to have the completed revised plan by Wed. Gary stated that the plan is now 420 pages.</p> <p>Mr. Zawacki stated that he thought the public hearings generated ideas and that it will be appended to the plan and asked for clarification of what Mr. Spicer just stated re: revising the whole context of the plan along the way.</p> <p>Mr. Spicer responded no because revisions that are a little more than editing it doesn't change the proposal, it still going to provided services of these target</p>	

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<p>MHSA Public Hearings (Cont.)</p>	<p>population, those kinds of proposals were not really amending at all as they came out of the Stakeholder's Group. Mr. Spicer stated that the revisions he's talking about are areas ie: suggestion from Native American community that the dept. should state very clearly in the plan that it intend to consult with Native Americans for ideas and suggestions to make service very culturally specific for people to enroll in a full service partnership; Mr. Spicer stated that this was an easy thing to incorporate because it makes a little more culturally sensitive and acknowledges something that would go on in a practice anyway and it makes a plan read a little stronger from this standpoint of acknowledging the resources in the community to address cultural competency issues but it didn't really see it as a major recommendation for revision, it's a very positive suggestion and, it came out of the public comments.</p> <p>Ms. Majak stated that they need to make sure that they are writing for audience that may or may not know anything about Alameda County.</p> <p>Ms. Majak added that she felt that the public hearings went very well, the chair at each hearing did an amazing job, it was a good turnout, the prep was good, the people felt they had an opportunity to be heard and what they said was going to be taken down because the hearings were taped, staff were taking notes and people brought their comments in writing which was really helpful.</p> <p>Mr. Spicer stated that he would like to go back to Mr. Zawacki's inquiry re: appending, it's important to realize that the plan requirements from DMH said each county would be responsible for holding public hearings and soliciting public input and taking substantive recommendations for revisions offering an analysis of those recommendations for revision and appending that to the plan to be submitted to DMH whether it's revised or not was a decision from the local planning process to make but still obligated to append to the plan submission any substantive recommendations for revision with an analysis of why the plan is revised or not.</p> <p>Ms. McInnis asked when will the proposal be formally sent to DMH and when will they know if it's approve or not.</p> <p>Mr. Spicer responded that they will submit the plan on Wednesday and will take about 90-120 days for the approval.</p>	

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<p>MHSA Public Hearings (Cont.)</p>	<p><i>Ms. Bridges stated that some of the things that were addressed at the public hearings were kind of vague, some were just kind of views, which didn't actually address the plan itself i.e. in Livermore, people had the chance to address their concern to have Tri-City Services in Livermore. Ms. Bridges stated that at the public hearings people had the chance to address their concerns to BHCS staff and MHB members.</i></p> <p><i>Mr. Hare asked about the substantive recommendations, aside from Native American and the victims of torture; were there any other group that identified themselves that have to appended and analyze to the plan.</i></p> <p><i>Mr. Spicer responded that Older Asian Adults population felt that the proposals don't effectively reach their concern but Mr. Spicer believe that to some extent it's going to be an implementation issue in terms of soliciting proposals to locate services and that proposals have to include how the department's going to reach the target population and that it's important to understand that proposals will be going to serve 2 purposes: 1) survey particular population and 2) integrated mental health and primary care.</i></p> <p><i>Ms. Bridges related that there was a concern re: people with trauma/brain injury.</i></p> <p><i>Mr. Spicer stated that people with trauma/brain injury is not a target population; target population is define as people with serious mental illness and children with severe emotional disturbance; they could not produce a proposal to provide services to people outside of those population.</i></p> <p><i>Mr. Shimizu addressed his concern re: consumers who felt that their voices were not heard very well in the process.</i></p> <p><i>Mr. Spicer responded that consumers were not active enough in the planning process; consumers participation really required a very slow, steady build-up of a group of consumers who have had training, experience and the exposure to effectively participate; there's a lot of consumers who participated and sometimes got lost in the process itself being fairly complex and being fairly rush. Mr. Spicer felt that now they have any opportunity to slow down and understand how to build effective consumer support, some of the ideas i.e. to build a more effective voice at the MHB level for the consumer and another one is partner with mental health</i></p>	

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<p>MHSA Public Hearings (Cont.)</p>	<p><i>clients organizations i.e. PEERS and Mental Health Clients Association who can bring their expertise and perspective over the years for consumer participation; think about effectively building or expanding the range of consumer organization that are actively involve; how to build support? MHSA Planning Unit can help; there's a proposal before DMH for Wellness and Recovery Center and Family Resource Center that can help support consumer training in activities like planning and participation; a lot of proposal envision consumers and peer employment.</i></p> <p><i>Ms. Majak stated that Work Force Development is another piece where there is a strong consumer training program and in partnering with other counties there is a whole bunch of strategies.</i></p> <p><i>Mr. Shimizu suggested that it would be a good idea to have a briefing for consumers and family members prior to participating in a meeting so that they won't get lost and be able to easily understand the meeting. The State held a MHSA orientation meeting for consumers and family members only before they attended the actual meeting they already had knowledge and enough understanding of what's going to happen.</i></p> <p><i>Mr. Shimizu expressed that Cultural Competency was not very well highlighted in the process, it was not stressed enough and there was no presentation at the Stakeholder's Group Meeting.</i></p> <p><i>Mr. Walker responded that its not true, as the Chair of the Cultural Competency, he attended the MHSA Admin. Meeting monthly, they stressed the issue of the Cultural Competency embedment and policy in every part of the development of the plan. The Cultural Competency Committee together with a Consultant from DMH did a thorough review of the Cultural Competency issues in the MHSA Plan; comments from the committee will be part of the plan when its submitted to the State DMH; the whole issue around the Cultural Competency will be part of other services that BHCS provides not only MHSA.</i></p> <p><i>Mr. Zawacki stated that there's a need to develop new methods in informing people about MHB and BHCS activities because a lot of people from the public hearings were not informed early enough to be involved in the process.</i></p>	

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<p><i>B. MHB Membership Recruitment</i></p>	<p><i>Mr. Walker described the current vacancies of MHB for each BOS District:  District 1-Sup. Haggerty-1 vacant seat  District 2-Sup. Steele-3 vacant seats  District 3-Sup. Lai-Bitker-no vacant seat, but Anthony Forrette who was officially appointed 2 months ago, has not yet attended meeting.  District 4-Sup. Miley-3 vacant seats (Ms. McInnis stated that she forwarded one application to Sup. Miley)  District 5-Keith Carson-1 vacant seat</i></p> <p><i>Ms. McInnis stated that MHB February meeting has to be moved because 2<sup>nd</sup> Monday in February is a County Holiday and also she would like to have discussion on changing the time of the Executive Committee meeting.</i></p> <p><i>Mr. Walker responded that these items have to go to the Executive Committee Meeting.</i></p>	
<p><b><u>Director's Report</u></b></p>	<p><i>Dr. Thomas reported on the following:</i></p> <ul style="list-style-type: none"> <li><i>• Budget-Dr. Thomas stated that going into the budget this year there is about \$68 mil carry over needed to be addressed; deficit for this year will probably around \$68-\$80mil; still don't know how much will be pass out to Health Care Agency and BHCS, nor what the Financial Management Reward is. The budget for the beginning of this year is not great but it's not bad than it has been in the last several years. Dr. Thomas stated that they are anticipating for this year probably some growth in the realignment, some growth in Measure A, programs in Measure A will be able to get COLA and will probably able to pass COLA to CBO's. BHCS Budget Meeting will start in February, every Tuesday, 5 MHB members are invited to participate to the Budget meeting.</i></li> </ul> <p><i>Ms. Majak stated that the Department is now beginning the process for the RFP of Adolescent Crisis and Recovery Center used to be STARS in Fairmont Campus to be able to have acute capability, crisis capability, outpatient, medication support. The Dept. is working with the GSA Dept. to do RDP and hoping to have vendor selected by middle of May; STARS was closed 2 years ago.</i></p> <ul style="list-style-type: none"> <li><i>• Detox Update-Dr. Thomas stated that they are still having problems finding a location for Detox &amp; Sobering Station. Dr. Thomas met with GSA to look at the possibility of 5<sup>th</sup> Street Building, it's a great location but because the way it's constructed it won't work as a sobering station. The dept. is now looking at the</i></li> </ul>	

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<i>Director's Report (Cont.)</i>	<i>Fairmont Campus, its advantage and disadvantage. 2 advantages of locating to Fairmont 1) its more centrally located 2) No community issues and the disadvantage of locating both sobering station and the detox to the campus it will impose a real hardship on the Oakland Police District because the vast majority of people who will use the detox will come from Oakland so there will be a need to discuss transporting issues as oppose to having the police transport people ie: having a transportation van will release some pressure on the police.</i>	
<b><u>Chair Report</u></b>	<i>Ms. McInnis stated that she's absolutely thrilled to see all the guests, it's the first time she'd seen this many guest since she become MHB member 3 years ago and encouraged guests to comeback to learn more about mental health, public policy etc. Ms. McInnis added that she would like to bring back 10 Key Questions and mentioned that the CIMH will have board training in March.</i>	
<b><u>Committee Chair Reports</u></b> <i>Adult Committee Report</i>	<i>Mr. Hare stated that there was no quorum at the Adult Committee December meeting, a number of staff members were on vacations. Mr. Hare suggested what he would like to happen with the ten key questions is that the MHB go back and take a look at the ten key questions, re-phrase it the way the MHB wish, will give it to staff and will incorporate their own.</i>	
<i>Awards Committee Report</i>	<i>Mr. Walker stated that it's better to have early start with the preparations for the May Mental Health Month by deciding how and where to hold the Awards Ceremony.</i>	
<i>Children's Advisory Committee (CAC) Report</i>	<i>No report given.</i>	
<i>Housing Committee Report</i>	<p><i>Mr. Zawacki stated that he has been trying to talk to a lot of different people to discuss what current housing resources are out there in the community and identified that there are about 4 countywide Housing Task Forces that are already meeting. Mr. Zawacki expressed that it might be appropriate for the MHB to discuss whether or not to start up another Housing Task Force or to just have a MHB representation to some of the current task forces that are already meeting.</i></p> <p><i>Dr. Tauber asked what is Mr. Zawacki's suggestion based on his talking to people.</i></p> <p><i>Mr. Zawacki responded that some of those task forces are pretty board based and with a lot of different of people, it might be good for the MHB to start attending some of those meetings. Mr. Zawacki will try to find out more info (date, time and location) for each meeting and maybe MHB could decide which of the most important task force meeting to attend.</i></p>	

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<i>Public Awareness Committee (PAC) Report</i>	<i>Mr. Shimizu stated that the last PAC Speakers Bureau Presentation was last Nov. 2005 since then they haven't had any presentations, they are planning to start presentations in January but they are still looking for more organizations who may want presentations. Mr. Shimizu asked everyone for ideas where should they go.</i>	
<b><u>Public Comments</u></b>	<p><i>Concerns re: Howie Harp Multi-Service Center (HHMSC) were addressed ie:</i></p> <ul style="list-style-type: none"> <li><i>• A gentleman addressed his concern about what is happening at HHMSC, addressed that people are committed to serve the community; concern about people not getting proper medication; concern about mental health issues; willing to learn more info (ie: Medicare Part D) to be able to be an effective communicator in the system for people who cannot communicate.</i></li> </ul> <p><i>Mr. Walker stated that the department is very committed to have consumers involve in building policy and expecting mental health services be provided to individuals.</i></p> <p><i>Ms. Majak stated that she will share the gentleman's interest with Dr. Singer and Dr. Del Paggio to learn more info about Medicare Part D and help people at HHMSC.</i></p> <ul style="list-style-type: none"> <li><i>• Mr. Brewer asked who will be responsible for HHMSC Program and addressed some issues at the center ie: Sharing a small office space with the Oakland shelter...not enough office space because HHMSC have more people and case managers have to do a lot of new intakes.</i></li> </ul> <p><i>Mr. Walker responded that there are some suggestions re: the use of the space but no hard decision has been made yet and that the department will take a look at the concerns re: the space at HHMSC and the shelter. Mr. Walker stated that he has suggested that representatives from HHMSC, shelter and BHCS come together and discuss the situation and do a walk through to see what impact these changes will have on the program.</i></p> <ul style="list-style-type: none"> <li><i>• Mr. Attaway shared his experiences at OISC which is now called HHMSC; he is depended on the center when it was shutdown he had to live on the streets for a while and then Traveller's Aid took over and the center was reopened. Mr. Attaway is now working with the staff, doing so much work for the community ie:</i></li> </ul>	

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<i>Public Comments (Cont.)</i>	<p><i>helping out homeless with their basic needs and also distributing clothes to homeless. Mr. Attaway felt that HHMSC has a big impact to the community and people are happy, they receive love and respect from the center.</i></p> <ul style="list-style-type: none"> <li>• <i>Mr. Jamison asked to keep HHMSC open longer not just 1-5pm.</i></li> </ul> <p><i>Mr. Walker stated that eventually HHMSC will be open longer and that hopefully by the end of June RFP process will start to make HHMSC a full time program.</i></p>	
<b><u>Board Comments</u></b>	<p><i>Mr. Shimizu related some info re: NAMI Walks...Jan. 12<sup>th</sup>-Alameda County Info. Meeting at Eden Hospital; March 29<sup>th</sup>-Kick off Luncheon at South San Francisco Conference Center; NAMI Walks-June 3<sup>rd</sup> at the Golden Gate Park. Mr. Shimizu stated that in addition to the five Bay Area counties, Santa Clara and Tri-Valley are now joining NAMI Walks.</i></p>	

*Meeting was adjourned @ 2:00PM  
Minutes submitted by Agnes F. Catolos*