

**Alameda County Mental Health Board Minutes**  
**March 13, 2006 ◊ 12:00pm-2:00pm**  
**Lakeside Plaza Building, 1401 Lakeside Dr. Room 1107**  
**Oakland, CA 94612**

Meeting called to order @ 12:15pm 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:** Michael Lisman, Barbara Majak, Carolyn Novosel, Marye Thomas, MD, Gary Spicer, Margaret Walkover & Agnes Catolos

**Public:** Michael Diehl (Berkeley Mental Health Commission), Jennifer Garrison (NAMI Tri-Valley) Melissa Murphy (ACCMHA)

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b><u>Approval of February 2006 MHB minutes</u></b>	Mr. Shimizu made a correction to the February 2006 minutes on page 4, there was a misspelled word “couth” it should read Mental Health “Court” Specialist.	M/S/C Karen Bridges/ Joe Shimizu All Favored As corrected
<b><u>Correspondence</u></b>	None	
<b><u>Presentation/ Discussion</u></b> BHCS Director’s Presentation: Focus Points for MHB Role in MHSA Planning and Implementation	Dr. Thomas presented a <b>draft</b> document of focus points for the “Role of MHB within MHSA Planning” which was consisted of the following: Mental Health Board: <ul style="list-style-type: none"> <li>• Membership- appointed by Supervisors, members not allowed to receive funds (via contracts) from BHCS <ul style="list-style-type: none"> <li>◦ Clients; family members; BHCS providers; interested community members i.e.: business community, other human services providers etc.</li> </ul> </li> <li>• MHSA Role Staffed by MHSA Program Staff in collaboration with Thomas Walker</li> <li>• Oversight Role <ul style="list-style-type: none"> <li>◦ Reviews, comments and advises LMHD and BOS on progress of MHSA projects</li> </ul> </li> </ul>	

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<p><i>BHCS Director's Presentation (Cont.)</i></p>	<p><i>and their impact on the system of care,</i></p> <ul style="list-style-type: none"> <li>○ <i>Review and comment on MHSA Annual Update</i></li> <li>○ <i>These 2 roles are supported by information received through</i> <ul style="list-style-type: none"> <li>▫ <i>Department Reports</i></li> <li>▫ <i>Analysis of written reports from the "MHSA Ongoing Planning Body"</i></li> <li>▫ <i>Feedback from briefings held at MHB meetings (this might include briefings from Family Education Center and Wellness Recovery Resource Hub Project Managers; briefing on progress related to "reducing ethnic disparities" and other main MHSA issues/concepts)</i></li> <li>▫ <i>Feedback from public hearings sponsored by the MHB</i></li> </ul> </li> <li>○ <i>With BHCS Administration drafts the "MHSA Ongoing Planning Body" Charter</i></li> </ul> <p><i>MHSA Ongoing Planning Body-necessitated because of DMH/MHSA requirement for annual updates to County Plan.</i></p> <ul style="list-style-type: none"> <li>• <i>Membership-not yet determined but could include: Clients (including those who work in MHSA programs); Family members (including those who work in MHSA programs); Providers who deliver MHSA services and MHSA Affiliated organizations</i></li> <li>• <i>Staffed by MHSA Project Staff (program, data, outreach)</i></li> <li>• <i>Planning and Implementation Role</i> <ul style="list-style-type: none"> <li>○ <i>Produces MHSA Required Reports and BHCS Quality Improvement Reports and accompanying analysis</i></li> <li>○ <i>Produces MHSA Annual Update and accompanying analysis</i> <ul style="list-style-type: none"> <li>▫ <i>Uses these reports to support decision making that leads to improvements in MHSA program management and contract management</i></li> <li>▫ <i>Presents these reports to the MHB</i></li> </ul> </li> </ul> </li> </ul> <p><i>Dr. Thomas stated that one of the things that the MHB should pay particular attention to is the whole issue of reducing ethnic disparities and other major MHSA concepts and strategies; she didn't think that there would have to be public hearings for the annual update, its not required by law.</i></p> <p><i>Dr. Thomas felt that there should be a longer conversation with the board i.e.: what would be the MHB role in the "ongoing planning body"; what would be the role of the members of the ongoing body; how would it be conducted; how would the input be used for the planning. Dr. Thomas would like the MHB to work with the dept. in drafting what the ongoing planning body would be because the dept. hasn't really talk about</i></p>	

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<p><i>BHCS Director's Presentation (Cont.)</i></p>	<p><i>what would the ongoing planning will be; in the planning process they had the overall Stakeholders Group, Age Specific Workgroups, there was also Project Management Team that was responsible for the logistics of the planning process and there were about 900 people who participated. Dr. Thomas stated that it'll be really critical to continue the process involving the community especially clients and families and what they are going to struggle with is a balance between the amount of time devoted for those annual plans, balance against the amount of time that will be required for those new efforts that will be coming from DMH i.e. prevention and early intervention, innovation, workforce development and training; how to efficiently gather the community input to inform all those processes. Dr. Thomas stated that the draft of focus points for MHB Role in MHSA planning she presented is just to get some ideas out on the table for discussions; there could be additional roles and also need to talk about the current MHB committee structure as well as look at other MHB responsibilities in mental health other than MHSA just like the BHCS Dept. has other \$240 mil system to pay attention to.</i></p> <p><i>Sup. Steele suggested having a "roadmap" to be able to know what is going on with the process i.e. meeting info. because Sup. Steele expressed that she had difficulty following what was happening with the MHSA planning process especially re: children services and since that its now an ongoing process, it's really important for her to know where the county is going and to hear what is happening.</i></p> <p><i>Dr. Thomas stated that its a real challenge because she can't expect the board to participate in various meetings and to communicate info to MHB is through committee process; the dept. will be coming up with a Project Management kind of a tool that does some timelines relative to all projects.</i></p> <p><i>Sup. Steele stated that it's what she's asking for some written info somehow in a simpler form; she had a hard time reading MHSA plans.</i></p> <p><i>Dr. Thomas affirmed that the MHSA plan was complicated, the State's instructions were complicated and the planning process was complex, there were a lot of meetings.</i></p> <p><i>Ms. Majak stated that part of the MHB role in oversight review is ensuring that there is community involvement which is really important as the dept. move toward implementing once the plan is approved; also ensuring that the dept. set up a structure and talking with the dept. on how to have a structure; there was a lot of feedback when</i></p>	

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<p><i>BHCS Director's Presentation (Cont.)</i></p>	<p><i>the planning was reviewed, there was not a whole lot of comments on what was being recommended for funding; there wasn't disagreement that FSP was needed; as well as needed to address cultural disparity and geographic disparity but it was more how the dept. is going to implement those particular programs so its another layer that the MHB need to review the framework structure that's been developed and ensure that community is involve in it. Ms. Majak stated that it's going to get very confusing as they roll out the Community Services and Support (CS&amp;S), Prevention and Early Intervention and Capital and technology.</i></p> <p><i>Dr. Thomas stated that it is going to be very complicated; there will be an annual update for the CS&amp;S and in addition at the same time there will be planning for prevention and probably there is also planning for Workforce Development; and one of the challenge is how to keep MHB informed, how to involved the board as much as they like to be involved as a MHB and also as an individuals i.e. Joe and Marsha participated in the planning process.</i></p> <p><i>Dr. Tauber stated that he liked the way the oversight role was written, that it made a lot of sense and that he agreed that its complex and that complexity will be going to increase and felt that the MHB will also going to be expanded to a larger board more representative is needed. Dr. Tauber believed that a way to position themselves for more active role is through staffing, he's not certain how it would look like with what's being proposed, if each committee will have a staff person and Mr. Walker will oversee the staff working at various committees; Dr. Tauber wonder if this is the model that should be done or whether to consider a more consolidated staff model more like an Executive Director position, a more central position for the board that will take on responsibilities to keep the info flowing.</i></p> <p><i>Ms. Majak stated that the dept. hasn't thought of it.</i></p> <p><i>Dr. Thomas stated that she's certainly open to suggestions about the best way to do it and also need to look at what would be required in order to support whatever plans or whatever roles are determined and need to think a way to staff those roles.</i></p> <p><i>Dr. Tauber felt that it needs a more centralization focus.</i></p> <p><i>Ms. Majak believed that there will be committees that aren't necessarily MHB committees because the board is not large enough at the moment and never will be even</i></p>	

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<p><i>BHCS Director's Presentation (Cont.)</i></p>	<p><i>all the vacancies are filled to have somebody on every single proposals, there are 16 proposals; not all of those proposals necessarily need the same level of participation but the dept. want to ensure that there is oversight and to have consumer involvement in the implementation.</i></p> <p><i>Dr. Thomas stated that what the dept. and the board really need to focus on how to have the implementation plan move forward as an integrated process with the rest of the system.</i></p> <p><i>Mr. Shimizu asked if the MHB establish oversight function according to system of care, is the dept. willing to provide some assistance i.e. staff support for some of the committees?</i></p> <p><i>Dr. Thomas replied that they have to figure out how to provide support and that its going to be a challenge at what level of support, etc.</i></p> <p><i>Ms. Majak added that its an infrastructure kind of question; they want to say they'll be able to provide staff person to each of the initiatives but what they need to address when they lay the plan out are: what is it they need to take on; what \$s available to be able to do it; need to have some key infrastructure positions i.e. Director of Older Adult Services; and still need to ensure that there's community involvement and MHB oversight.</i></p> <p><i>Mr. Spicer stated that what he would like to raise a cautionary flag on the idea to have staff that might take the form of another support staff for the MHB and operates independently from the current infrastructure that support the MHB; Mr. Spicer believed that to do something parallel will create complications, it has to be integrated because it needs to be one comprehensive system for which MHSA is only a part.</i></p> <p><i>Ms. Majak agreed with Mr. Spicer that if they are doing a major initiative around program development i.e. Older Adult, the Older Adult Director would really be the lead on it and they would support the work of their committee that included consumers, family members etc. and as guiding the implementation of what the dept. is doing not only with the MHSA \$s, the Director of Older Adult is not just for MHSA but it for the whole system. Ms. Majak felt that its really important for people to be aware that MHSA is not the only thing that they are doing, it's only a part of the system.</i></p>	

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<p><i>BHCS Director's Presentation (Cont.)</i></p>	<p><i>Ms. Majak stated that they still don't know what the DMH Annual Review Requirements will be, at a State meeting last Thursday, the DMH began draft the requirements; there were only 3 counties approved for MHSA funding and only 1 county got their money.</i></p> <p><i>Dr. Thomas also discussed the following:</i></p> <ul style="list-style-type: none"> <li><i>• Network of Care-will be rolling out on March 31st; its a web based info system that will allow everybody in the community free access to info on every single mental health system in the state; there will be an orientation in the county, it will list all services available i.e. general info about mental illness, treatment, medication, there's legislation info, there's also a place to do individual folder etc. Dr. Thomas would like the MHB to come to the Network of Care orientation.</i></li> <li><i>• Budget update-BHCS Budget Task Force process started; the county will probably going to have between \$70-\$90 mil deficit this year; still not known what would be Health Care's assigned deficit is going to be.</i></li> <li><i>• John George update-Dr. Thomas stated that Bruce Waldo resigned as the CEO at John George and that it's a major concern because it was really difficult without any leadership at John George and that Mr. Waldo was very responsive.</i></li> </ul> <p><i>Ms. Majak stated that they didn't have any idea on what happened at John George; what would be their transition plan; don't know who's in-charge and that the dept. continues to pay \$24 mil. Ms. Majak felt that the Medical Center should have some accountability to do something more than a phone message from the person who is leaving.</i></p> <p><i>Ms. McInnis stated that she was also impressed with Mr. Waldo because they met and worked an agreement where he sent Dr. Biehl to attend Adult Committee meetings.</i></p> <p><i>Dr. Thomas added that inmates from Santa Rita will be admitted to John George starting April 1<sup>st</sup>.</i></p>	
<p><b><u>Action Items</u></b></p>	<p><i>None</i></p>	
<p><b><u>Discussion Item</u></b>  A. <i>Joint meeting between MHB &amp; Berkeley Mental Health Commission</i></p>	<p><i>Ms. McInnis stated that she felt that there's no reason why a Berkeley Mental Health Commission (BMHC) member could not join the Alameda County MHB; they should be able to have a seat on the county board and that she supports it.</i></p> <p><i>Sup. Steele stated that she supports it too.</i></p> <p><i>Mr. Shimizu asked Mr. Diehl what's the background of the joint meeting proposal which came from the BMHC, proposed by Sandy Harrington.</i></p>	

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<p><i>Joint meeting between...(Cont.)</i></p>	<p><i>Mr. Diehl stated that their main concern is the MHSA process, there has not been any discussions nor good communication between the 2 commissions and that he's been coming to MHB meeting as a liaison and he reports to BMHC what's happening at MHB meeting. Mr. Diehl felt that the BMHC members felt disappointed on how mental health services is going, BMHB is receiving \$250,000 from MHSA; he felt that the reason for a joint meeting proposal is to have a better communication and there's a need to be working together if Berkeley will have a joint plan with the county. Mr. Diehl stated that his concern is to make sure that Berkeley clients are served under the county plan.</i></p> <p><i>Mr. Shimizu stated that to have a joint meeting, there is some logistic issues i.e. need to have 15 members, need a larger meeting room, how often to have the meeting, what's going to be the agenda etc. and that the MHB would like to hear what BMHC thinks to have a more concrete ideas since BMHC made the proposal.</i></p> <p><i>Mr. Diehl stated that as a commission they haven't had a formal discussion about a joint meeting and he's not certain where the formal proposal came from because it's never been on their agenda; he is aware that Ms. Harrington-Vice-Chair of BMHC is interested in becoming a member of the MHB.</i></p>	
<p><i>B. MHB Retreat</i></p>	<p><i>Ms. McInnis stated that Dr. Thomas suggested having MHB Retreat at the Executive meeting. Ms. McInnis stated that the MHB hasn't had a retreat since she joined the board almost 3 years ago.</i></p> <p><i>Dr. Thomas stated that what was done in the MHB retreat in the past was usually develop an annual work plan to have some clear ideas of what issues the board will take on as well as the committee structure will come out of the work plan; a facilitator was hired for the retreat so that the retreat keep moving and organize; BHCS Dept. was part of the retreat to give overviews of what the dept. is facing for the coming year; the board tried various times in conducting the retreat i.e. all day on a Sat.-8 hour or 2 sessions during weeknights.</i></p> <p><i>Ms. McInnis stated that the MHB really need to do the retreat and asked how complex it is to set-up the retreat.</i></p> <p><i>Dr. Thomas responded that it's not really difficult and suggested to have additional discussion at the next Executive meeting. Dr. Thomas mentioned that the MHB used a number of facilitators but the last few years MHB hired Martin Paley, the feedback</i></p>	

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<i>MHB Retreat (Cont.)</i>	<p><i>having Mr. Paley has been very positive.</i></p> <p><i>Ms. Murphy made a suggestion for the MHB retreat agenda item may be looking at how the board could work to set-up ongoing oversight body as part of the MHB role in the MHSA planning.</i></p> <p><i>Ms. McInnis agreed to Ms. Murphy's suggestion and that it would be natural for the board to integrate the roles in the MHSA and that it will be a really good start.</i></p>	
<b><u>Director's Report</u></b>	<i>Covered under Presentation</i>	
<b><u>Chair Report</u></b>	<i>No report given.</i>	
<b><u>Committee Chair Reports</u></b> <i>Adult Committee Report</i>	<i>No report given.</i>	
<i>Awards Committee Report</i>	<i>No report given.</i>	
<i>Children's Advisory Committee (CAC) Report</i>	<p><i>Sup. Steele stated that CAC talked about different gates that children come in to mental health i.e. Child Welfare, Probation, Education, the hospital, intra-agency placement and alcohol and drug placement and identifying current planning efforts that will pertain to those gates.</i></p> <p><i>Sup. Steele would like to have children's presentation on the agenda not just at the committee report. Sup. Steele felt that the board should be having a report from some of the children issues on a regular basis i.e. high end kids.</i></p>	
<i>Housing Committee Report</i>	<i>No report given.</i>	
<i>Public Awareness Committee (PAC) Report</i>	<i>Ms. McInnis stated that she had a little trouble finding the PAC meeting location; PAC members attendance is becoming sparse; they've discussed update on Youth Presentation and Speakers Bureau; they've talked about marketing and trying to find out good venues to do presentation. Ms. McInnis stated that she promised Ms. Heiliger that would try to help about hopping the PAC attendance and engaging the public in PAC and that she doesn't want to see anything happen to PAC.</i>	
<b><u>Liaison Committee Report</u></b> <i>Criminal Justice Oversight Committee (CJOC) Report</i>	<p><i>Ms. Bridges reported on the following:</i></p> <ul style="list-style-type: none"> <li>▫ <i>Related an opinion from Bill Locklear that Prop 63 money cannot be used for mental health court and that there was a question if the MHSA authorize the funding of the cost of customary court staff i.e. Judges, Commissioners, Court Clerks, Deputies, Public Defenders....</i></li> </ul> <p><i>Dr. Thomas answered no and there is some thought that the Dept. might be able to use some of the Education/Training to educate Police Officers on some issues related to</i></p>	

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<i>CJOC Report (Cont.)</i>	<p><i>mental illness but it's different from paying the customary services of court staff.</i></p> <ul style="list-style-type: none"> <li>▫ <i>MOMS (Maximum Opportunity for Moms to Succeed) gave a presentation; there were only 90 female inmates from Alameda County out of the 5000 female inmates in the state prison; MOMS trying to work on some kind of programs because good portion of women inmates had no history of violence its mainly drugs and alcohol; they've also discussed John George, there was a suggestion to have ankle bracelet for the 4 inmates from Santa Rita who would be going to John George instead of having Sheriff Deputies at John George.</i></li> <li>▫ <i>Inmates who took GED-67% of inmates passed the GED which was a pretty high rate for Alameda County.</i></li> </ul>	
<b><u>Public Comments</u></b>	<p><i>Mr. Diehl stated that as the consumer representative, he has been talking to consumer groups and they had discussion re: wellness and recovery; detox; some people are talking about migrating into the Village. Mr. Diehl stated that they are also talking to people on the streets about various issues i.e. John George and Criminal Justice System, etc; and that he's getting feedback from people re: how would they see the system; they are encourage to hear that discussions are happening but expectations are there's going to be some changes. Mr. Diehl added that they are talking about creating homes, housing is one of the consumers' primary concern.</i></p> <p><i>Ms. Walkover addressed that the MHB should be more thoughtful about the language by referring people with mental illness rather than mentally ill people.</i></p> <p><i>Ms. Garrison stated that it is great that the MHB is allowing the public to attend the meeting. Ms. Garrison stated that she is waiting for the approval of her MHB application; she expressed that she heard a lot about Berkeley and Oakland and that it would be great to have a voice especially consumer voice from District 1 so that people remember that they are out there too.</i></p>	
<b><u>Board Comments</u></b>	<p><i>Mr. Shimizu asked how many people are attending the CIMH-MHB Training on March 31<sup>st</sup>.</i></p> <p><i>Dr. Tauber invited everyone to the Mental Health Association Annual Auction on Friday, March 24<sup>th</sup>.</i></p>	

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