

**Alameda County Mental Health Board Minutes**  
**October 9, 2006 ◊ 12:00pm-2:00pm**  
**Lakeside Plaza Building, 1401 Lakeside Dr. Room 1107**  
**Oakland, CA 94612**

Meeting called to order @ 12:00pm by Chairperson Marsha McInnis

**HOUSEKEEPING**

Roll Call / Introduction of Guests

**Mental Health Board Members:**

**Present:** Deborrah Bremond, Karen Bridges, Rochelle Elias, Marsha McInnis, Sup. Gail Steele and Dr. Ron Tauber

**Absent:** Anthony Hare and Hal Zawacki

**BHCS Staff:** Julie Fairless, Barbara Majak, Carolyn Novosel and Marye Thomas, M.D.

**Public:** Melissa Murphy (ACCMHA), Lois Thompson (Pathways To Wellness), Linda Smith (BMHC), Michael Diehl (BMHC), Clarence Brewer (Howie Harp) and James Lockett (Academy of Integrated Recovery)

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b><u>Approval of September 2006 MHB minutes</u></b>	No correction was made to the September 2006 MHB minutes.	Approval of Sept. 2006 minutes... M/S/C Ms. Bridges/ Sup. Steele All favor
<b><u>Correspondence</u></b>	None	
<b><u>Chair Report</u></b>	Ms. McInnis presented recommendations for MHB priorities and tasks that were covered at the MHB retreat last Sept. 16 <sup>th</sup> : <ul style="list-style-type: none"> <li>▪ Board Membership: <ul style="list-style-type: none"> <li>▫ Develop a matrix which lists the key characteristics and skills to be considered in recruiting new members</li> <li>▫ Develop a plan for identifying prospective candidates</li> <li>▫ Meet with the BOS to suggest names that might be considered for appointment</li> <li>▫ Develop an orientation plan for new board members</li> <li>▫ Sup. Steele and Dr. Tauber expressed interest in reviewing applications</li> </ul> </li> <li>▪ Board Governance and Committee Structure:</li> </ul>	

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<i>Chair Report (Cont.)</i>	<ul style="list-style-type: none"> <li>▫ <i>Review and agree on “standing committees”</i></li> <li>▫ <i>Create a process for appointing time limited, project oriented adhoc committees i.e. Front Door Project</i></li> <li>▫ <i>Monitor committee performance</i></li> <li>▫ <i>Consider a succession plan to foster development of board leadership</i></li> <li>▫ <i>Review what it means to be a board member</i></li> <li>▪ <i>Voice of the Community:</i> <ul style="list-style-type: none"> <li>▫ <i>Define incidents and complaints appropriate for board considerations</i></li> <li>▫ <i>Develop policies and procedures and following up on incidents brought up to the board or committees.</i></li> </ul> </li> <li>▪ <i>Awards Program:</i> <ul style="list-style-type: none"> <li>▫ <i>Identify key objectives to be achieved in the annual awards</i></li> </ul> </li> <li>▪ <i>Mental Health Services Act:</i> <ul style="list-style-type: none"> <li>▫ <i>Appoint a member to serve as liaison</i></li> <li>▫ <i>Propose a formal board role in MHSA</i></li> </ul> </li> <li>▪ <i>Stigma Education Program:</i> <ul style="list-style-type: none"> <li>▫ <i>Work with the Mental Health Association and others in planning educational programs to reduce stigma.</i></li> </ul> </li> <li>▪ <i>Housing:</i> <ul style="list-style-type: none"> <li>▫ <i>Propose board participation in the countywide multi-plan process</i></li> </ul> </li> <li>▪ <i>Criminal Justice/Mental Health</i> <ul style="list-style-type: none"> <li>▫ <i>Identify MHB goals for working with criminal justice agency. What MHB wants to achieve?</i></li> </ul> </li> <li>▪ <i>Other Issues</i> <ul style="list-style-type: none"> <li>▫ <i>Work with BHCS Admin. in defining staff service needs</i></li> <li>▫ <i>Develop guidelines for clarifying the relationship with BHCS</i></li> <li>▫ <i>Suggest an annual set of priorities for review and consultation on critical issues</i></li> </ul> </li> </ul>	
<b><u>Presentation</u></b> <i>Oversight Accountability Commission</i>	<p><i>Mary Hayashi distributed and presented Mental Health Services Oversight and Accountability Commission (MHSOAC) Proposal. Ms. Hayashi related her background in the mental health field and stated that she was appointed to the MHSOAC in July 2005 and she was also appointed to serve as the chair of the Prevention and Early Intervention (PEI) Committee with members from: stakeholders, family members, consumers, DMH, California Mental Health Directors, service providers etc. The PEI Committee makes recommendation to the full MHSOAC and that the full commission will consider adapting the proposal at the next commission meeting. Ms. Hayashi encouraged everyone to look at the proposal and attend the next commission meeting to give input to the proposal. Ms. Hayashi stated that the MHSA delegates authority to the commission to develop</i></p>	

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<p>Oversight Accountability Commission (Cont.)</p>	<p><i>principles and program guidelines. DMH will review the proposal with the commission and the commission will make the final decision of who gets to be funded, it will be on a competitive basis it's not like the CSS where there was a formula. DMH and the commission are working very closely together to develop the guidelines for the RFA; the PEI Program Requirements which shall emphasize strategies to reduce the negative outcomes in 7 specific areas that may result from untreated mental illness:</i></p> <p><i>1) Suicide 2) Incarceration 3) School failure or dropout 4) Unemployment 5) Prolonged suffering 6) Homelessness 7) Removal of children from their homes</i></p> <p><i>Definition of Prevention taken from Institute of Medicine: Prevention occurs across the entire mental health intervention spectrum and includes:</i></p> <p><i>1) Prevention-interventions to prevent the initial onset of a mental disorder; with 3 levels:</i></p> <ul style="list-style-type: none"> <li><i>▪ Universal    ▪ Selective    ▪ Indicated</i></li> </ul> <p><i>2) Treatment-interventions to reduce the length of time the disorder continues</i></p> <p><i>3) Maintenance-interventions to reduce relapse and recurrence and provide rehabilitation</i></p> <p><i>Majority members of PEI Committee felt that the 20% of PEI funds should go to the #1 definition of prevention as oppose to treatment and maintenance because 80% of Prop 63 money is for treatment and maintenance.</i></p> <p><i>Vision Statement of PEI Committee: All Californians share responsibility for promoting strong mental health and resiliency among individuals in their may diverse communities and for supporting individuals in accessing mental health services without fear of disapproval or discrimination. PEI approaches are tools for empowerment and social justice that emphasize holistic and integrated approaches to mental health.</i></p> <p><i>PEI Committee Principles:</i></p> <table border="0"> <tr> <td><i>1. Transformational strategies and actions</i></td> <td><i>7. Integrated and coordinated systems</i></td> </tr> <tr> <td><i>2. Leveraging resources</i></td> <td><i>8. Outcomes and effectiveness</i></td> </tr> <tr> <td><i>3. Reduction of disparities</i></td> <td><i>9. Optimal points of investment</i></td> </tr> <tr> <td><i>4. Stigma Reduction</i></td> <td><i>10. User-friendly plans</i></td> </tr> <tr> <td><i>5. Reduction in Discrimination</i></td> <td><i>11. Non-traditional mental health settings</i></td> </tr> <tr> <td><i>6. Recognition of early signs</i></td> <td><i>12. Non-supplantation</i></td> </tr> </table> <p><i>Ms. Hayashi stated that PEI Committee members could not agree on the issue of PEI funding priorities with regard to age; the committee will provide the commission the following options:</i></p>	<i>1. Transformational strategies and actions</i>	<i>7. Integrated and coordinated systems</i>	<i>2. Leveraging resources</i>	<i>8. Outcomes and effectiveness</i>	<i>3. Reduction of disparities</i>	<i>9. Optimal points of investment</i>	<i>4. Stigma Reduction</i>	<i>10. User-friendly plans</i>	<i>5. Reduction in Discrimination</i>	<i>11. Non-traditional mental health settings</i>	<i>6. Recognition of early signs</i>	<i>12. Non-supplantation</i>	
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<p>Oversight Accountability Commission (Cont.)</p>	<p>Option A-Counties decide which age emphasis (only 1 commissioner voted) Option B-Counties focus PEI strategies across all ages (not supported by commissioners) Option C-Counties focus PEI strategies across all ages with an emphasis on individuals ages 0-25 and their families with X% of funding dedicated to children, youth, adolescents and transition age youth and their families (majority of commissioners support Option C with slight modification) Option D-MHSOAC takes no action of prioritizing by age; not enough info. available at this time (not really an option )</p>	
<p><b><u>Discussion Items</u></b> A. MHB Role in Anti-Stigma Conference</p>	<p>Ms. Elias stated that she had a meeting with the Director of the Mental Health Association of Alameda County re: developing a small workshop involving anti-stigma. She felt that its a good idea for the MHB to have some involvement in something positive that can go on to the community maybe bring in various mental health clinics throughout the county and solicit participation because stigma is something that clients have to fight all the time whether its housing or employment discrimination.</p> <p>Ms. McInnis asked what kind of MHB involvement Ms. Elias wants to accomplish.</p> <p>Ms. Elias responded that with the board's involvement she believed that there's a wide variety of resources that can be used whether its the utilization of professional resource or establish a direct involvement with the community in trying to work on how this conference can come about maybe establishing a working group with various community clinics such as: Asian Mental Health, West Oakland Mental Health, La Clinica Dela Raza, etc.</p> <p>Dr. Tauber asked what Ms. Elias would like to see.</p> <p>Ms. Elias responded that she would like to have direction or advisement from the board as far as financing the conference and helping in the planning process of developing the program.</p> <p>Ms. Bridges related that in the past the MHB sponsored some programs that were initiated by BHCS staff and suggested that what Ms. Elias should do is meet with somebody on BHCS staff. Ms. Bridges added that the Anti-stigma Conference could be something that the MHB could sponsor for the May is Mental Health Month.</p> <p>Dr. Thomas stated that the MHB usually co-sponsor the Mental Health Forum every 2 years and suggested that maybe this could be a focus of the forum for May is Mental Health Month and mentioned that Maxine Heiliger is the staff person for PAC.</p>	

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<i>MHB Role in Anti-Stigma Conference (Cont.)</i>	<p><i>Ms. Bridges asked if Ms. Heiliger could meet with Ms. Elias to try to come up with some ideas.</i></p> <p><i>Mr. Spicer will convey the message to Ms. Heiliger.</i></p>	
<i>B. MHB Role in MHSA</i>	<p><i>Mr. Spicer stated that the on-going planning has 2 parts: 1) need to develop plans for additional sections of the MHSA i.e. PEI 2) need to do annual update to the Community Services and Supports Plan. When the Dept. held a meeting in May key stakeholders were identified to be part of the On-going Planning Group and it was also discussed that there should be MHB representation</i></p> <p><i>Ms. Bremond was appointed as the MHB representative to the MHSA On-going Planning Group.</i></p>	
<i>C. Measure A Report</i>	<p><i>Dr. Tauber distributed Measure A Expenditures Report for FY 04-05 &amp; FY 05-06 and stated that there were 2 negative comments about BHCS:</i></p> <p><i>1) Question re: allocated money for Detox Program but has not been utilized.</i></p> <p><i>Dr. Thomas stated that the Sobering Station has to be built and the ACCESS building has to be renovated in order to place the Detox program there.</i></p> <p><i>2) BHCS should reconsider Measure A funds since mental health has MHSA funding.</i></p> <p><i>Dr. Tauber stated that he did clarify that MHSA funding cannot be used for existing programs it has to be used for new programs.</i></p> <p><i>Mr. Spicer added that MHSA funding can't be use for substance abuse program and detox.</i></p>	
<p><b><u>Action Items</u></b></p> <p><i>A. Establishment of MHB Criminal Justice Committee</i></p>	<p><i>This item was tabled until next meeting.</i></p>	
<p><i>B. Election of Vice-Chair</i></p>	<p><i>Ms. Bridges stated that the Nomination Committee met and discussed nominating Dr. Tauber as the new MHB Vice-Chair.</i></p> <p><i>Ms. McInnis asked if there are other nominations on the floor.</i></p> <p><i>Ms. Bridges made a motion to elect Dr. Tauber as the new MHB Vice-Chair.</i></p>	<p><i>M/S/C Ms. Bridges/ Ms. Elias All favor</i></p>
<p><b><u>Director's Report</u></b></p>	<p><i>Dr. Thomas stated that the Dept. is moving along with the implementation of MHSA: 1<sup>st</sup> RFP-HOST Program will be recommended to the Board of Supervisors on Oct. 31<sup>st</sup>; 2<sup>nd</sup> RFP-STAY has gone out and will close on Oct. 27<sup>th</sup>; the next RFP is the Forensic Assertive Community Treatment (FACT) Team. MHSA updates are available on the web.</i></p>	

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<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>	<i>CAC did not have a meeting in October.</i>	
<i>Housing Committee Report</i>	<i>No report given.</i>	
<i>Public Awareness Committee (PAC) Report</i>	<i>Ms. Elias stated that they had a planning meeting with the PEERS group concerning the Anti-Stigma Conference.</i>	
<b><u>Liaison Committee Report</u></b> <i>Criminal Justice Oversight Committee</i>	<i>No report given.</i>	
<b><u>Public Comments</u></b>	<p><i>James Lockett addressed his concerns re: Detox Program and Substance Abuse.</i></p> <p><i>Sup. Steele stated that the substance abuse issues are not addressed properly in Alameda County and felt that the MHB should look at establishing a sub-committee for substance abuse concerns.</i></p> <p><i>Clarence Brewer expressed the importance of the Every1Home Plan to improve the quality of life in Alameda County; he thanked MHB for endorsing the plan and also thanked Dr. Thomas and Ms. Majak for presenting the Every1Home Plan to the Howie Harp Multi Service Center.</i></p>	
<b><u>Board Comments</u></b>	<p><i>Dr. Tauber stated that it was discussed in a previous meeting that the Secretary of the Board will do the review process of the minutes. Dr. Tauber requested that the Secretary send him the minutes prior to distribution.</i></p> <p><i>Ms. Elias responded that she has been reviewing the minutes for the past couple of months, Agnes sent her the minutes.</i></p>	

*Meeting was adjourned @ 2:30PM  
Minutes submitted by Agnes F. Catolos*