

**Alameda County Mental Health Board Minutes**  
**April 10, 2006 ♦ 12:00pm-2:00pm**  
**Lakeside Plaza Building, 1401 Lakeside Dr. Room 1107**  
**Oakland, CA 94612**

Meeting called to order @ 12:00pm by Vice-Chairperson Joe Shimizu

**HOUSEKEEPING**

Roll Call / Introduction of Guests

**Mental Health Board Members:**

**Present:** Karen Bridges, Rochelle Elias, Joe Shimizu, Sup. Gail Steele and Dr. Ron Tauber

**Excused:** Anthony Forrette, Anthony Hare Marsha McInnis, and Hal Zawacki

**BHCS Staff:** Michael Lisman, Barbara Majak, Carolyn Novosel, Marye Thomas, MD, Gary Spicer, Thomas Walker & Agnes Catolos

**Public:** Michael Diehl (Berkeley Mental Health Commission), Clarence Brewer (Howie Harp) and Ace Brown (Howie Harp)

<b><i>ITEM</i></b>	<b><i>DISCUSSION</i></b>	<b><i>ACTION</i></b>
<b><u>Approval of March 2006 MHB minutes</u></b>	<i>Ms. Bridges made a correction on page 4, misspelled name, it should read Bill Lockyear.  Mr. Shimizu made a correction on the top section of page 5, it should read “to have consumer and family members’ involvement in the implementation”.</i>	<i>M/S/C Karen Bridges/ Ron Tauber All Favored As amended</i>
<b><u>Correspondence</u></b>	<i>None</i>	
<b><u>Presentation</u></b>	<i>None</i>	
<b><u>Action Items</u></b> <i>MHB Retreat: Location and Time (Saturday, 9am-3pm)</i>	<i>Mr. Shimizu stated that the discussion re: MHB Retreat took place at the Executive Committee meeting, it was suggested to hold the retreat on a Saturday, 9am-3pm sometime in May. Mr. Shimizu related that Sup. Steele will not be available until June 6<sup>th</sup>.  Dr. Thomas added that the facilitator (Martin Paley) will not be available until sometime in June.  Mr. Shimizu stated that the issue concerning the MHB retreat is to discuss what the MHB should do in conjunction with the MHSA, therefore the retreat should happen as soon as</i>	

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<i>MHB Retreat (Cont.)</i>	<p><i>possible.</i></p> <p><i>Mr. Walker suggested to set-up a separate meeting to discuss MHB role in MHSA; by having an expanded Executive Meeting time on Thursday, April 27<sup>th</sup> and hold the retreat at a later date.</i></p> <p><i>Ms. Bridges made a motion to schedule MHB Retreat in August or Sept. pending availability of the facilitator, BHCS Admin Staff and MHB members.</i></p>	<p><i>M/S/C Ms. Bridges/ Ms. Elias All favor</i></p>
<p><b><u>Discussion Item</u></b> A. BHCS-MHSA State Review</p>	<p><i>Mr. Spicer stated that the BHCS-MHSA State Review occurred on March 15<sup>th</sup>; the State Review panel was consisted of 10 State DMH Staff; they had an informal conversations about particular issues that need some clarifications i.e.:</i></p> <ol style="list-style-type: none"> <li><i>1. How the creating homes proposal meets the State DMH guideline around MHSA</i></li> <li><i>2. How is the expansion of services to Latinos and Asians become transformative as oppose to simply increasing the services that were traditionally provided.</i></li> <li><i>3. Why Children’s Wrap Around Services are not included in the plan.</i></li> </ol> <p><i>Ms. Bridges asked if the Dept. is comfortable with the way the meeting went.</i></p> <p><i>Dr. Thomas responded that the meeting went well, the state commended the dept. in a number of areas i.e. paying attention to geographic disparities; by ensuring that services in far south and east counties were included in the plan; by involving consumers and family in the planning process.</i></p> <p><i>Mr. Spicer stated that the state really liked their proposals on the following: Older Adult, Integration of Mental Health and Primary Care, Wellness Recovery Resource Hub and the Family Resource Center.</i></p> <p><i>Ms. Majak stated that some of those proposals were chosen to be a state model.</i></p> <p><i>Mr. Spicer stated that they had a really nice delegation of people in Sacramento, they were very accommodating.</i></p> <p><i>Mr. Diehl expressed that the meeting went well, it went very smoothly and that he felt really glad that the state liked the Wellness and Recovery proposal because it’s an important piece to him.</i></p>	

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<p><i>BHCS-MHSA State Review (Cont.)</i></p>	<p><i>Mr. Spicer stated that the state was very delighted with the way the BHCS-MHSA plan was written because it address all the guidelines requirement in more than once in the course of the review and they highlighted the fact that the BHCS plan was very well organized and very on point with all the planning requirements; they could find things and understand what was being said. Mr. Spicer commended Carl Pascual and Margaret Walkover for their outstanding job on the MHSA plan.</i></p>	
<p><i>B. Joint Coordination between Berkeley Mental Health Commission (BMHC) and MHB</i></p>	<p><i>Mr. Shimizu asked Mr. Diehl if the BMHC discussed this topic.</i></p> <p><i>Mr. Diehl responded that it was discussed at their last meeting and that people were interested in having a joint meeting but they would like to focus on a particular issue i.e. Consumer Involvement, Housing or Wellness and Recovery; most people felt that the current MHB meeting location is easier to get to and an afternoon meeting would work.</i></p> <p><i>Mr. Shimizu suggested that may be they should wait and see what is going to happen after the MHSA programs are implemented and by that time more issues between Berkeley and Alameda County may arise.</i></p> <p><i>Mr. Diehl stated that AB2034 is one area that there could be some crossover between Berkley and Alameda County; they want to do something in the near future.</i></p> <p><i>Ms. Bridges felt that they should consider meeting in June since they anticipate that the MHSA plan might be approve or they can have more info in May and may be able to schedule a meeting.</i></p> <p><i>Mr. Spicer stated that the sooner the better than later because there might be an ongoing collaborative and closer relationship between the county and BMHC; the earlier the better from the standpoint of design and concepts of how services get delivered and the collaboration would be an advantage rather than waiting until reaching the real implementation stage.</i></p> <p><i>Ms. Majak stated that having read both the county and the Berkeley Housing plan which are very similar; both agencies are involve in the Homeless Multi-Plan so another possible area of focus is the “employment” which was raised in the Berkeley plan as an area of concern.</i></p> <p><i>Ms. Bridges stated that housing seem to be a much deeper topic, too complex and felt that may be employment is an area that they should cover.</i></p>	

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<i>Joint Coordination between BMHC and MHB (Cont.)</i>	<p><i>Ms. Majak stated that there should be a common topic or focus that the BMHC and the MHB could work together on.</i></p> <p><i>Mr. Spicer stated that he likes the idea of consumer involvement because everybody has something to bring to the table and it's not as technical as housing or employment and that the MHB could learn from it too.</i></p> <p><i>Mr. Shimizu asked Mr. Diehl to suggest to BMHC to come to June 12<sup>th</sup> MHB meeting to discuss consumer issues that will include employment, wellness and recovery, etc.</i>  <i>Mr. Shimizu stated that the joint meeting in June will be an action item in May meeting.</i></p> <p><i>Ms. Bridges suggested that may be BMHC could come up with a topic or a presentation for the joint meeting.</i></p> <p><i>Mr. Diehl stated that may be BMHC could address consumer issues and the county address family issues.</i></p>	
<i>C. MHB Role in MHSA Planning and Implementation</i>	<p><i>Mr. Shimizu stated that this item will be discussed at the Executive Meeting on April 27<sup>th</sup>.</i></p> <p><i>Mr. Spicer stated that in order to facilitate this process and development of a structure for on-going planning in terms of annual updates and in terms of other MHSA funding stream i.e. Workforce Development, Prevention and Early Intervention; the Dept. is attempting to schedule a work session that would include Administrative staff, representation from the MHB and other stakeholders i.e. Project Management Team from last year to work through and walk through some of the major issues around on going planning, it's tentatively scheduled on May 15<sup>th</sup>.</i></p>	
<i>D. MHB Membership</i>	<p><i>Mr. Walker stated that several months ago the department started a strong recruitment/soliciting effort to help the BOS recruit new board members; there were 7 individuals who submitted applications which were forwarded to various BOS: 3-Sup. Carson; 3-Sup. Miley; 1-Sup. Lai-Bitker; still waiting to hear back from those BOS about status of those applications; there was only 1 application from a consumer. Mr. Walker stated that there are 6 unfilled seats that they can focus on recruiting consumers; the BOS are aware of the need to bring consumers on board.</i></p> <p><i>Ms. Majak felt that they need to do the recruitment of consumers who would like to serve on the board.</i></p> <p><i>Mr. Spicer asked how it is going with the trades.</i></p>	

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<i>MHB Membership (Cont.)</i>	<p><i>Mr. Walker responded that it is one of the biggest issue because Sup. Miley hasn't made a decision whether or not he wants to do an out of district appointment to allow other BOS members to utilize his vacant seats.</i></p> <p><i>Ms. Majak stated that consumers are really needed; the audits that the dept. had were out of compliance for several years now and the consumer voice is absolutely needed in the MHSA.</i></p> <p><i>Mr. Tauber asked if the dept. sent out letters to consumers who are in board and care facilities.</i></p> <p><i>Ms. Majak responded no, the letters were sent to consumers within the system and had talked to BEST NOW which is a consumer training program.</i></p> <p><i>Dr. Thomas stated that there were a lot of consumers who participated in the MHSA planning and it is a possibility to recruit consumers from that mailing list; she also felt that the dept. and as well as the board need to develop ways to bring consumers up to speed so that they can participate on the board effectively because to serve on the board and to understand what is going on at the board meeting is a daunting process even for the people in the field who know what the issues are and to know how to really focus on various issues. Dr. Thomas related that what worked well in the past during a different BOS regime was that this board had a personnel committee that would recruit for the vacant seats and would submit several names to the BOS for each of the categories so that the board had a choice; the board should talk to the potential representatives to be able to: know what they are getting into when they serve on the board; know what their issues and concerns are and assess their interest. Dr. Thomas suggested discussing developing a MHB Personnel Committee at the next Executive Meeting.</i></p> <p><i>Ms. Elias felt that probably one of the challenges is explaining all the opportunities to the potential board members to help recruit board member and it would probably make a big difference for consumers to work on very specific kinds of projects that they can relate to in a more in depth fashion in order to help ensure retention. Ms. Elias stated that looking at board and care facilities, they will have to deal with certain types of individuals, they have more profound disability and that there are other sources of recruitment of higher functioning disabled consumers that can contribute to the board, whether its through clinics or networks that are already in existence.</i></p>	

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<i>MHB Membership (Cont.)</i>	<p><i>Mr. Lisman asked if consumers or family members can be reimbursed for participation.</i></p> <p><i>Mr. Walker responded not for participation but for expenses i.e. travel.</i></p> <p><i>Dr. Thomas stated that they could give stipend to families and consumers to participate to board meetings and may be have a discussion about this concern at the Executive Meeting.</i></p> <p><i>Mr. Lisman suggested reaching out to faith based communities because there is a lot of a church that do a lot of social services on their own in the community and felt that having their involvement would make a significant difference.</i></p> <p><i>Mr. Walker stated that there is another issue that need to be looked at, the board discussed membership, recruitment and filling those vacancies but everything that was discussed only stops at board meetings there is no carrying through simply because there is no board members to do it but if the MHB would rather have the dept. or Mr. Walker to do it, he's more than willing to do it.</i></p> <p><i>Mr. Tauber agreed that it is a very important issue, nothing get signed; need to know what staff functions are and what board functions are. Mr. Tauber asked whether it should be a staff or a board function.</i></p> <p><i>Mr. Walker responded that he felt it works well as a staff assignment because he has more time to really focus on it as a staff person.</i></p> <p><i>Ms. Elias stated that she liked the idea of establishing a committee because there is really a need to take some actions done at some point.</i></p> <p><i>Mr. Spicer related his planning perspective as Mr. Walker said it comes out frequently at board meeting and there is a lot of good discussions but very little follow through; one of the ways staff can support the board without intruding on their responsibilities and decision making is to help develop work plans and may be that is a good role for staff to incorporate discussions that are going on for several meetings; this board could delegate task appropriately whether its to staff or board members itself or have partnership in developing work plans.</i></p> <p><i>Mr. Shimizu stated to have further discussion at the Executive Meeting.</i></p>	

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<u><b>Director's Report</b></u>	<p><i>Dr. Thomas reported on the following topics:</i></p> <ul style="list-style-type: none"> <li>• <i>MHSA Update-Dr. Thomas stated that a big challenge for them is implementing phase I of the MHSA; 16 different programs will be implemented and will require RFP's; need to hire about 63 county positions as well as from CBOs; need office space. Dr. Thomas stated that they are meeting with the GSA and HR and they will also meet with CAO's office to say that all those programs need to be up and running in the next year and to do it will be a risk of losing MHSA money; BHCS has to work with various depts. in the county system to have a consistent timeframe that the DMH expect to happen. Dr. Thomas stated that another major issue was that some of the positions have to be created because there is not a lot of hiring consumers or family members in the county system, HR will help define positions for consumers and family members.</i></li> <li>• <i>Budget Update-Dr. Thomas distributed a handout that was presented by Mr. Kears Director of Health Care Services Agency (HCSA) at the preliminary budget workshop with the BOS last week; HCSA will probably have an assigned deficit of about \$15 mil, Mr. Kears believed that the budget gap can be closed if he's allowed to use the excess from Measure A revenue and the Financial Management Reward which was a savings from last year's budget. Dr. Thomas presented some of the important sections of the handout i.e. on page 3: HCSA has \$488 mil overall budget; BHCS has about \$260 (53%) plus \$11 mil from MHSA BHCS Will have about \$271 mil; HCSA brought to the county a revenue of about \$400 mil (82% of budget); BHCS brought about \$225 mil (56%) revenue; on page 4: the County General Fund (CGF) is only about \$ 87mil off the \$488 mil BHCS Budget; about \$35 mil comes to BHCS; HCSA budget about 60% is contracted out; BHCS budget about 85% is contracted out; on page 5: 69% CGF that goes to HCSA are mandated services which those \$s are use to match and bring in other funding i.e. Medi-Cal, Realignment, EPSDT etc.</i></li> </ul> <p><i>HCSA major initiatives i.e.: 1) MHSA 2) Measure A-completion of CBO capital RFP and development of contracts 3) Children/Youth Services-renovation of STARS facilities which is now called Adolescent Crisis and Recovery Center and securing new provider via RFI.</i></p> <p><i>HCSA Revenue Enhancement Strategies:</i></p> <ol style="list-style-type: none"> <li><i>1) Maximization of outside revenue through continued leveraging of State/Federal funds i.e. Mental Health EPSDT; Medi-Cal Admin. Activities etc.</i></li> <li><i>2) Full implementation of One-e-App throughout the CMSP provider network</i></li> <li><i>3) Exploration of billing opportunities at Juvenile Hall-Dr. Thomas suggested to have a presentation about the redesign of the new Juvenile Hall-the idea is to redesign the way</i></li> </ol>	

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<i>Director's Report (Cont.)</i>	<p><i>services are delivered to have less unevaluated youngsters, the mental health focus is to have less unevaluated youngsters for the benefit of the court; provide more behavioral services; connecting youngsters in transition and back into the community.</i></p> <p><i>4) Aggressive pursuit of foundation funding i.e. Atlantic and Cowell Foundation, etc.</i></p>	
<b><u>Chair Report</u></b>	<p><i>Mr. Shimizu stated that he and Mr. Tauber attended the MHB training held in Burlingame; the training was lead by Ed Walker from Marin County and Ann Robbin from Stanislaus County; the presentations were divided into 2 groups:</i></p> <ul style="list-style-type: none"> <li><i>• 1<sup>st</sup> group was the MHSA portion which Mr. Shimizu attended-Mr. Shimizu stated that they went through the Older Adult and Children programs but not Adult program. Mr. Shimizu stated that he asked how the other counties do oversight of the MHSA programs but he couldn't get so much info; Ann Robbin stated that in Stanislaus County the county will lead various committees that will do oversight of the MHSA not the MHB.</i></li> <li><i>• 2<sup>nd</sup> group is the Leadership Training which Mr. Tauber attended and that the training gave him opportunity to talk to other MHB members and learned how other boards function and what do they really do. Mr. Tauber stated that Ed Walker lead the Leadership Training and Ed Walker is very well experienced and smooth with the training, his style was to involve people so there was a lot of response to what he was saying which is really interesting and that he felt that the ACMHB has a pretty good and strong relationship with the BHCS Dept. and the kind of openness that they experience is probably rare as oppose to other counties that have some issues with their Dept.</i></li> </ul>	
<b><u>Committee Chair Reports</u></b> <i>Adult Committee Report</i>	<i>No report given.</i>	
<i>Awards Committee Report</i>	<p><i>Mr. Walker stated that the Proclamation of May is Mental Health Month is tentatively scheduled on May 3<sup>rd</sup> BOS Meeting and that Sup. Keith Carson's office made a request to have involvement in any kind of ceremony or function that the MHB decided to put forth. The Annual MHB Community Service Awards is scheduled for May 25<sup>th</sup>, 5pm-8pm at the Aquatic Center; there are 12 individuals who got nominated for various awards. Mr. Walker stated that the MHB members could decide on the nominations on May 8<sup>th</sup> MHB Meeting.</i></p>	
<i>Children's Advisory Committee (CAC) Report</i>	<p><i>Ms. Novosel stated that at their last CAC meeting they discussed the various primary gates to children services; they articulated the Child Welfare, Probation Education, Mental Health, Hospital, Crisis Stabilization gates; on April 5<sup>th</sup>, they began talking about what is working really well for each of the provider's agencies; they also had discussion re: the joint powers of authority or intra-agency child policy council and discussed how its going to look like.</i></p>	

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<b><i>CAC Report (Cont.)</i></b>	<p><i>Ms. Bridges asked why Newark doesn't have any school based mental health services.</i></p> <p><i>Ms. Novosel responded that they do have a program in Newark which is hosted by EBAC, it's called the Green School which is a non-public school but in terms of actual school programs in Newark Unified School District, there isn't any probably because Newark is not interested in having contracted workers, they want county staff to work with school district but there's not enough county staff.</i></p> <p><i>Ms. Bridges stated that she will address her concern with the Newark Unified School District because she felt that Newark has 2 schools that really in need of certain kinds of additional programs to help people.</i></p>	
<b><i>Housing Committee Report</i></b>	<i>No report given.</i>	
<b><i>Public Awareness Committee (PAC) Report</i></b>	<i>No report given.</i>	
<b><u><i>Liaison Committee Report</i></u></b>	<i>No report given.</i>	
<b><u><i>Public Comments</i></u></b>	<p><i>Mr. Diehl stated that he is collaborating with Mr. Brewer (Howie Harp Multi Service Representative) discussing MHSA-Wellness and Recovery how it ties to Oakland Homeless Project which is now the Howie Harp Multi Service Center; other things that they are talking about is how can they get consumers involve in the Criminal Justice Oversight Committee and he is also having conversation with Margaret Walkover re: Wellness Recovery and also looking at housing issues.</i></p> <p><i>Mr. Diehl added that he's concern about what's happening with the Berkeley Housing Authority, Section 8 and the federal level shelter plus care are in real danger.</i></p>	
<b><u><i>Board Comments</i></u></b>	<i>Mr. Shimizu invited everyone to the NAMI Walks on June 3<sup>rd</sup> and related that they had a kick-off luncheon on March 29<sup>th</sup>. Mr. Shimizu stated that he will probably work with Doug Del Paggio and Maxine Heiliger to ask providers to participate in the NAMI Walks.</i>	

*Meeting was adjourned @ 1:55PM  
Minutes submitted by Agnes F. Catolos*