

Alameda County Mental Health Board Minutes
August 13, 2007 ♦ 12:00pm-2:00pm
Bay Fair Mall Community Room 2nd Floor
San Leandro, CA 94578

Meeting called to order @ 12:15 by Vice-Chair Deborrah Bremond

HOUSEKEEPING

Roll Call / Introduction of Guests

Mental Health Board Members:

Present: Deborrah Bremond, Karen Bridges, Pat Buchanan, Rochelle Elias, Maxine Oliver-Benson, Dr. Stephen Post and Sup. Gail Steele

Excused: Anthony Hare, Jose Reyes and Dr. Ron Tauber

BHCS Staff: Barry Hall, Barbara Majak, Carolyn Novosel, Gary Spicer, Marye Thomas, MD, Agnes Catolos Paul Takanayagi and Alice Wu-Cardona

Public: Margot Dashiell (AC Family Coalition), Carol Patterson (Berkeley MHC), Howie Harp Representatives- Lorenzo Kearney, Martina L., Joseph Carter and Rick Herrera

<i>ITEM</i>	<i>DISCUSSION</i>	<i>ACTION</i>
<u>Approval of July 2007 MHB minutes</u>	No correction was made to the July 2007 MHB minutes.	Approval of July 2007 minutes... M/S/C Ms. Bridges/ Ms. Oliver-Benson All favor
<u>Correspondence</u>	None	
<u>Presentation</u> MHSA Progress Report	Mr. Spicer presented the progress report for the MHSA Community Supports and Services (CSS) Plan during the period of June 2006 through Dec. 2006 as follows: Page 1: The implementation milestone between June and Dec. 2006-list the activities that were undertaken such as: MHSA Program Design, Development of Contracts through RFP, Sole Source Programs, Contract Language, etc. Page 2: Program/Services Implementation-a report on whether or not the implementation activities were proceeding as prescribed in the county approved plan and in general they were. List of Full Service Partnerships (FSP) Programs:	

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<p>MHSA Progress Report (Cont.)</p>	<ul style="list-style-type: none"> • FSP 1-Homeless Outreach and Stabilization Team • FSP 2- North County Senior Homeless Program • FSP 3- Supporting Housing for Transition Age Youth (TAY) • FSP 4- Greater Hope • FSP 5- Forensic Assertive Community Treatment • FSP 6- Transition to Independence Process <p>By Dec. 2006 most of the FSP were at least in their early start up phase with the exception of FSP 2-North County Senior Homeless Program did not proceed because there is really no infrastructure around older adult system of care.</p> <p>Page 3: Outreach and Engagement/System Development Programs-such as: Wellness & Recovery Resource Hub, Family Education Center, Expanded ACCESS for Asian and Pacific Islander (AIP), etc. Two OE/SD programs that did not start up during this reporting period are: Integrated Mental Health & Primary Care for AIP seniors-depend on the infrastructure around Older Adult System of Care and the Family Education Resource Center-RFP was issued, received one response which was not accepted by BHCS as a result the Dept. launch a broader effort at redesigning and building a Family Education Resource Center and the process is expected to be completed by Oct. or Nov. 2007.</p> <p>Page 4: Infrastructure-was a huge part of the CSS proposal amounted to 15% of all the CSS funding; it allowed the development of TAY System of Care as well as Older Adult System of Care and filled some infrastructure gaps particularly in the areas of planning and quality assurance that have been neglected for years because there was no additional money to build any infrastructure. The Board of Supervisors (BOS) provided support by allowing the BHCS Dept. use some especially designated management consultant positions to help bridge the gap as well as through the process of developing and getting approval for positions to the regular civil service commission process which takes a lot longer and it was an expeditious move by the BOS, the Dept. was able to fill positions for Training Director, Older Adult Director, TAY as well as Adult System of Care position using Management Consultant positions; most of the Infrastructure Programs were still in progress during this reporting period but since then all of the positions were completed.</p> <p>Page 5: Implementation Challenges-such as: building a planning and stakeholders involvement process; many of the proposals that came out of the CSS were excellent ideas but lack of clear formulation in terms of program design for well developed budgets; the contracts with the FSP are now written as performance contract so the development of RFP involve a</p>	

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<u>Action Items</u> A. MHB Meeting Location	<p><i>Ms. Bremond stated that the concern with the current MHB meeting location is that it is too small. Ms. Bremond asked for suggestions of a possible MHB meeting location where consumers will have easy access to transportation.</i></p> <p><i>Ms. Elias suggested the Eden Multi-Service Center at Amador St. in Hayward for having bigger conference rooms and Hayward City Hall.</i></p> <p><i>Ms. Bridges stated that the MHB had difficulty at the Eden Multi-Service Center before i.e. keep changing assigned meeting room, security and difficulty in getting in and out of the building.</i></p> <p><i>Dr. Post suggested meeting at various sites and be able to look at different programs.</i></p> <p><i>Ms. Majak stated that the challenge in going to various sites was that the public had trouble finding out where the meeting location was.</i></p> <p><i>Mr. Takanayagi suggested La Clinica Dela Raza which is close to BART station.</i></p>	<i>Further discussion will take place at the Executive Meeting.</i>
<u>Discussion Items</u> A. MHB Retreat	<p><i>Ms. Bremond reminded and encouraged everyone to attend the MHB training/orientation on Sept. 15th.</i></p>	
B. Ongoing Orientation for New MHB members	<p><i>Ms. Bremond stated that currently Barry Hall does the initial orientation process for new MHB members and asked newest members on what their experiences been like and what they feel they are lacking and that may be the training on Sept. 15th will provide additional support in understanding the mandates of the board.</i></p> <p><i>Ms. Oliver-Benson stated that Mr. Hall provided her with a wonderful orientation i.e. how to get info, what the board does, info on how mental health services being provided and added that it was quite an in depth and quite helpful orientation.</i></p>	
<u>Director's Report</u>	<p><i>Dr. Thomas reported on the following:</i></p> <ul style="list-style-type: none"> <i>State Budget-due to the statewide reimbursement for EPSDT Medi-cal services for children in the amount of \$260 mil; the state had anticipated getting deficiency allocation but it kept getting put off and now it really caught up in the budget process; BHCS Dept. thought they will be able to pay what they owed to Alameda County with the deficiency allocation but</i> 	

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	<p><i>believed that the State don't really have the funding and they tried connecting with other counties to get the State address this issue. BHCS' Dept. portion of the reimbursement is \$17 mil; BHCS Dept. got a permission from the county auditor to accrue for 18 months but the State is saying that they are going to pay only a third within the next 3 fiscal years so it will be a problem because the auditor cannot allow the Dept. to accrue beyond the \$5.9 mil that they owed; what the Dept. will try to do is with the permission of the auditor and approval of the BOS is to look at borrowing from reserve funding either Tobacco Master Settlement Account or Measure A Account to not have to cut about \$6mil programs in subsequent years.</i></p> <p><i>Sup. Steele asked what happen to AB3632 funding.</i></p> <p><i>Dr. Thomas responded that the State still owe about \$12mil...AB3632 is a State mandate program to pay for mental health services for children in school districts, the allocation of AB3632 that the BHCS had gotten was only a third of what the program cost but because it is mandated they were obligated to deliver the service utilizing county funds; BHCS filed a mandates claim to the state to pay the county. Dr. Thomas expressed that she's extremely pleased to be part of Alameda County because the BOS and the auditor had work with them and help them get through with the AB3632 process without having to cut services.</i></p>	
<u>Chair Report</u>	<i>Ms. Elias thanked Ms. Bremond for chairing the MHB meeting until Oct. while she is working on the Stigma Conference.</i>	
<u>Committee Chair Report:</u> Adult Committee Report	<i>No report given.</i>	
<i>Children's Advisory Committee (CAC) Report</i>	<p><i>Ms. Novosel reported the following Children's Services updates:</i></p> <ul style="list-style-type: none"> <i>• EPSDT Expansion- expanded services for children and families in ACBHCS started in 2003 and again in 2004 which prompted about 120 new programs with approximately \$38-40mil worth of mental health services for children and families. Children Services Dept. is still working on the development of additional EPSDT services; one criterion is that children must be full scope Medi-cal which means there is no restrictions on their Medi-cal e.g. foster care children, they were being served in the county's dependency Child Welfare Agency and they meet Medi-cal necessity. The EPSDT expansion allowed the Children Services Dept. to create more services for 0-5, foster care children and a lot of services in schools.</i> <i>• Willow Rock Center (WRC) -opened on July 2nd but started seeing children on July 4th and since then WRC saw around 60 children. WRC consist of 2 programs 1) Telecare-for inpatient psychiatric health facility 2) Seneca-for crisis response service. Both programs</i> 	

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	<p>are really working hard and very committed in providing services to children.</p> <ul style="list-style-type: none"> • <i>Juvenile Justice Center-opened on March 2007, it is where children who come to the attention of juvenile justice and were detained as well as served in the community through community probation. In FY 06-07, the Guidance Clinic served about 834 youngsters and the census at the new Juvenile Justice Center is approximately 200 so the dept. will make more efforts to do less detainment and provide more services in the community. Due to the newness of the Juvenile Justice Center and the integration of Probation Dept., BHCS and Superior Courts, the Guidance Clinic has 26-28 mental health staff which is one of the largest county clinic sites.</i> 	
<i>MHB Recruiting Committee</i>	<i>No report given.</i>	
<i>Public Awareness Committee (PAC) Report</i>	<i>Ms. Elias stated that the PAC is making good progress with the planning of the Challenging the Stigma Conference on Oct. 19th at the Unitarian Church in Downtown Oakland; there will be a different types of advocacy workshops involving what people go through i.e. employment, with their employers and in various family members; they will also probably be doing other workshops that will help support people who faced stigma in the past.</i>	
<u>Liaison Committee Report</u> <i>Criminal Justice Oversight Committee (CJOC)</i>	<i>No report given.</i>	
<i>Berkeley Mental Health Commission (BMHC)</i>	<i>No report given.</i>	
<u>Public Comments</u>	<p><i>Mr. Kearney would like to know if they could attend a conference and would like to have 4-5 consumers from Howie Harp to go...distributed brochures of the conference.</i></p> <p><i>Dr. Thomas stated that they've discussed the following concerns at the Admin. Staff level re: consumers attending conference 1) permission for out of state travel 2) funding for the trip. Dr. Thomas mentioned that Mr. Mahler (Consumer Relations Manager) will be coordinating the process in terms of identifying number of consumers and the mechanism of payment and that the Dept. will support a consumer delegation to conference.</i></p> <p><i>Mr. Mahler stated that there were 3 conferences within the state that the BHCS supported last year; they provided money to the MH Clients Network and Peers to arrange scholarship for consumers who were interested to attend conferences. Mr. Mahler added that the difficulty with the conference out of state it cost a lot of money that is why they encouraged people to go</i></p>	

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	<p><i>to the CA Network of MH clients or other statewide group.</i></p> <p><i>Mr. Carter addressed some Howie Harp's concerns.</i></p> <p><i>Ms. Majak suggested talking to Gigi Crowder, she is the Admin. Liaison to Howie Harp.</i></p> <p><i>Mr. Herrera mentioned the following:</i></p> <ul style="list-style-type: none"> <i>• Offered the Howie Harp facility to be a MHB meeting location.</i> <i>• Due to difficulty in county funding, Howie Harp raised their own fund to be able to stay longer until 4pm once a week.</i> <i>• Started a housing meeting which they called a housing club and also a job club.</i> <i>• By the end of the month they will have 12 shelter plus care certificated and they will start doing shelter plus care at Howie Harp</i> <p><i>Mr. Herrera invited everyone to come and see new things happening at Howie Harp and addressed that they are in need of a clinician to come one or twice a week.</i></p> <p><i>Ms. Dashiell (Chair of AC Family Coalition and Vice-Chair of NAMI East Bay) asked if they could have a 10 min. section on the MHB agenda on a monthly basis to give report on critical incidents in the lives of family members.</i></p>	
<u>Board Comments</u>	None	

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