

**Alameda County Mental Health Board Minutes**  
**February 5 2007 ◊ 12:00pm-2:00pm**  
**2000 Embarcadero Cove – Suite 400 – Alameda Room**  
**Oakland, CA 94606**

Meeting called to order @ 12:11 pm by Chairperson Marsha McInnis.

**HOUSEKEEPING**

Roll Call / Introduction of Guests.

**Mental Health Board Members:**

**Present:** Teresa Besa, Deborrah Bremond, Anthony Hare, Marsha McInnis, Dr. Ron Tauber  
 Dr. Marye Thomas (Director),

**Absent:** Karen Bridges, Jose Reyes, Sup. Gail Steele

**BHCS Staff:** Barry Hall, Sam Jones, Barbara Majak, Carolyn Novosel

**Public:** Jerome Attaway (Howie Harp Multi-Service Center), Margo Dashiell (AFC), Jay Mahler (BHCS CRM), Liz Rebensdorf (AFC)

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b><u>Approval of January 2007 MHB minutes</u></b>	Motion to approve the January 2007 MHB minutes.	Approval of January, 2007 Minutes 5- favor 0-Abstained
<b><u>Correspondence</u></b>	None	
<b><u>Presentation by Alameda Family Coalition Speakers, Margot Dashiell and Liz Rebensdorf</u></b>	<p>Margot Dashiell and Liz Rebensdorf are introduced;</p> <p>Ms. Dashiell said she wants people to know what's going with families in recovery She said the family needs have to be amplified. The needs that they see are so profound Ms. Dashiell said they have to get consensus about what issues that affect them</p> <p>Ms. Dashiell recognized the African-American Family Support Group, National Alliance on Mental Illness-East Bay and NAMI-Alameda County as groups she were representing today. They have a family support group for Healthy Minds, Tri-Valley Care Giver Support – Berkeley Family – said they represented people across the county.</p>	Information only

<i>ITEM</i>	<i>DISCUSSION</i>	<i>ACTION</i>
	<p><i>Ms. Dashiell wanted to bring the stories they've heard about mental health directly into the process in order to bring the best possible outcome for the consumer.</i></p> <p><i>Ms. Rebensdorf said they represent the consumers the Board doesn't hear about. She talked about raising awareness about primary care givers and wanted to highlight those whom are impacted by stigma, as well as recognizing a wonderful, vibrant, dynamic group of consumers in the County who were good at getting needs known. The people with wants and desires that are being maintained by families under great stress.</i></p> <p><i>Ms. Rebensdorf said the families are very conscious about what happens when they're not around – they're worried about the passing aspect – She said “We are speaking for the ones who can't speak for themselves.”</i></p> <p><i>(Ms. Dashiell has a prepared statement for those in attendance) it is passed among the board members – Ms. Dashiell said she surveyed members to find out what's most important.</i></p> <p><i>She concluded that the most important issue was the inability or difficulty in getting acute care and post-crisis facilities for relatives.</i></p> <p><i>Ms. Dashiell stated that they're aren't enough beds. She added that there wasn't enough opportunity to advocate, or utilize personnel to move relatives who don't want treatment into treatment. And she emphasized the need for acute care.</i></p> <p><i>Ms. Dashiell talked about needs being taken off the table in the MHSA planning process because consumers objected to any funds being used around hospitalization.</i></p> <p><i>Ms. Dashiell said another one of our major issues is affordable housing.</i></p> <p><i>Ms. Dashiell said it's very important that we have this issue – otherwise we couldn't advocate effectively. Said it was important to have this experience.</i></p> <p><i>Ms. Bremond asked if the consumers BCHS represents have had problems with issues such as showers, staying on medication, healthcare...</i></p> <p><i>Ms. Dashiell responded by saying that must do something to protect and improve upon care giving...Ms. Dashiell also added that another major issue was training for families and providers. Ms. Dashiell said there wasn't enough training for the demand for a large County like Alameda. Said they've begun training in Albany and that they have people who spend an hour on the road</i></p>	<p><i>Information only</i></p>

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<p><b><u>Presentation Q &amp; A</u></b></p>	<p><i>trying to get there from Castro Valley others coming from Union City, and the need for local facilities was important.</i></p> <p><i>Ms. Dashiell stated they don't have enough resources, but are counting on families committed to funding a family education center. She also said she needed training for providers. Ms. Dashiell said that providers don't understand the important resource that families are.</i></p> <p><i>Ms. Dashiell included the fact that providers often talk down to families or dismiss them altogether</i></p> <p><i>Ms. Dashiell said another issue was the criminalization of the mentally ill – she emphasized that she wanted more to be done with diverting people who were mentally ill.</i></p> <p><i>Ms. Dashiell wanted a much more effective judiciary process with the mentally ill and assured the Board that the MHSA has accomplished things. She noted those accomplishments with a county funding commitment to a family education and advocacy center (est. \$600,000). She indicated that she didn't know who would run it or how it would be implemented</i></p> <p><i>Ms. Dashiell indicated she had been working with Dr. Marye Thomas on a month-to-month basis, and the implementation of a bill that says family information must be obtained at the point of a 5150 diagnosis.</i></p> <p><i>Ms. Dashiell had been told by Dr. Thomas that a family manager would be accounted for by Jay and would function as an ombudsman for family issues and help the system adjust to family needs.</i></p> <p><i>She responded that she thought that's important and concluded that she hoped MHB will continue to advocate for family need – and put their voice forward.</i></p> <p><i>(Ms. McInnis asked if there are any questions) asked if the family coalition had a vision of what the family resource center/advocacy is.</i></p> <p><i>Ms. Dashiell – responded by saying they'd like a place where families can get consistent information via phone and via office where people could get support for the situation they're in.</i></p> <p><i>Ms. Dashiell added that there is the need for having family/provider classes scheduled. She also indicated the need for a centralized location. Noted the need for a place where a training coordinator could provide training for case managers or social workers. She believed that the staff should employ someone who understood the value of the family member.</i></p> <p><i>*(We were going to update 2 sided copies of the handouts – copies brought up had skipped sequence of pages)</i></p> <p><i>Ms. Dashiell said she saw a channel for feedback so that institutional barriers are resolved.</i></p>	<p><b>Information and Q&amp;A</b></p>

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<p><b><u>Presentation Q &amp; A</u></b></p>	<p><i>Ms. Dashiell envisions a place where families can give information, and we could also see it – most of those families don’t have case managers who can help them with some of those problems.</i></p> <p><i>Ms. McInnis said:” Say I’m in Livermore and let’s say I need help – where’s this going to be located?”</i></p> <p><i>Ms. Dashiell responded that she didn’t know.</i></p> <p><i>Ms. Dashiell assured the board they envisioned having decentralized units; including meeting places in Fremont, Livermore, Castro Valley, Oakland and San Leandro. Ms. Dashiell said she would expect an office in San Leandro that also has coordinators available for each station.</i></p> <p><i>Ms. McInnis asked if there would be a hotline. Ms. Dashiell responded that there would be a psychiatric service line. This line could be referred to from crisis services to clients.</i></p> <p><i>Ms. Rochelle Elias asked what the mechanism for bringing in members was.</i></p> <p><i>Ms. Dashiell answered that they envisioned information at all the County clinics so that family members are apprised of referrals to support groups.</i></p> <p><i>Ms. McInnis said it sounds wonderful.</i></p> <p><i>Ms. Bremond said that this is a family education center...would there be an idea to incorporate building relationships between maternal families and adult mental health outcomes for young kids – asked how she would reach adult and child – wanted to know what the focus is regarding consumer and family member.</i></p> <p><i>Ms. Rebensdorf thought one thing that was missing was the adult mental advocacy during those situations that were untenable</i></p> <p><i>Ms. Teresa Basa asked how issues are going to be dealt with such as maintaining confidentiality of consumer vies-a-vie family member.</i></p> <p><i>Ms. Rebensdorfer responded that they couldn’t really get involved, and that they would tell the family member that they must respect the confidentiality of the consumer; what we can do is provide information for providers.</i></p> <p><i>Dr. Tauber thanked the presenters and asked (inaudible)</i></p> <p><i>Mr. Anthony Hare said he was working on a revision on how to detail guidelines on detecting</i></p>	<p><i>Information and Q&amp;A</i></p>

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<p><b><u>Presentation and Introduction of Jay Mahler</u></b></p>	<p><i>mental illness and soliciting input from the Family Coalition. Mr. Hare said they gave him three pages of notes including direct advice based on pragmatic experiences with patients. Mr. Hare was told about 5150's that went well and badly and scenarios to contact police on how to deal with their family members. Mr. Hare concluded his point and commented that the cases helped develop the new guideline on how family members and afflicted people deal with the police.</i></p> <p><i>Mr. Hare said he couldn't have done it better – and thanked the family coalition members for their input.</i></p> <p><i>Ms. Dashiell responded that Mr. Hare's comments are the kind of elaboration that should be across the board.</i></p> <p><i>McInnis thanked them and moved to the second portion of introductions.</i></p> <p><i>Jay Mahler introduces himself and highlights his background; This included;</i></p> <ul style="list-style-type: none"> <li>• <i>Working in Contra Costa County for 26 years – working for the mental health Director as coordinating officer/relations manager.</i></li> <li>• <i>He also worked for a self help organization.</i></li> <li>• <i>Personal background – grew up in Hayward, was involved in free speech movement (No on Proposition 14).</i></li> <li>• <i>Had major breakdown – spent 10 years in mental health treatment (relates personal info and experiences).</i></li> <li>• <i>In 1972, met Gail Steele, who worked with the board of supervisors – Noted that Gail was his mentor and close friend for 8 years. Was encouraged to go on Citizen Board. In 1972, he and Gail Steele were able to develop mental health committees</i></li> </ul> <p><i>(Tape ends)</i></p> <p><i>Mr. Mahler related experiences with mentor Gail Steele</i>  <i>Included in his presentation highlights were</i></p> <ul style="list-style-type: none"> <li>• <i>Working on combating stigma discrimination</i></li> <li>• <i>Sending consumers to conferences</i></li> <li>• <i>Training and education</i></li> <li>• <i>Participating in training</i></li> </ul> <p><i>Each year he developed a plan based on those areas – worked on four areas nationally</i></p> <ol style="list-style-type: none"> <li>1. <i>Developing an infra structure, included a 3 step process. 1 Sending consumers to</i></li> </ol>	<p><i>Information Only</i></p>











<i>ITEM</i>	<i>DISCUSSION</i>	<i>ACTION</i>
<p><b><u>Introduction of new board Member, Teresa Basa</u></b></p>	<p><i>The more complicated piece is working with all the partners involved. The idea is turning people over to the sobering station with the certainty that the individuals won't create any liability to themselves. Said there were many meetings with the Sherriff's Department. Got the answers about the majority of people who were arrested – its not really treatment</i></p> <p><i>People would ordinarily going to sobering station won't create issues. It's not really considered treatment. And Dr. Thomas mentioned that the challenge with housing during interment in a program. The housing runs the gamut from permanent, supportive housing in very nice places, downtown to less</i></p> <p><i>Most of the housing has an air associated with primary care – Detox is a longer term program with 32 beds, and probably around ten days to two weeks of treatment.</i></p> <p><i>People will collaborate with emergency medical services that'll be using a couple of vans and a number of staff. Said they anticipate that these two programs are going to take some of the pressure off medical emergency rooms, offsite commercial rooms and downtown emergency centers.</i></p> <p><i>Dr. Thomas said were excited about that. And added that the Sobering station will not likely open until January – we've already gotten responses regarding the Sobering station as an attractive place on campus...</i>  <i>(inaudible question)</i>  <i>(Ms McInnis reminds of time constraints)</i></p> <p><i>Dr. Thomas wraps up report – Some offenders won't be criminally charged, and there's been a debate in terms of whether or not who should be involved. There is a statute on the books that's very like the 5150 for psychiatric situation – I'm sure our choice is more favorable then going to jail – and there's the hope that people would get involved in treatment</i></p> <p><i>(Last item)</i>  <i>This is the update for the Tobacco settlement fund – Jay hands out statistical breakdown brochure There's actually been 31 million allocated and you can see where the services have gone.</i></p> <p><i>Alameda County leads the state in rate for youngsters in the Medi-Cal system. Under Carolyn's leadership and Michelle Burns we've led in targeting hierarchies (inaudible)</i></p> <p><i>Next topic</i>  <i>Newest Board Member Teresa Basa; highlighted her background:</i>  <i>*currently the executive director for a non-profit in Danville called Down Syndrome Connection of the Bay Area (which services Alameda County, Contra Costa and Greater Bay Area)</i>  <i>*founded an organization in Hayward called Open Door – which helps women who were exposed.</i>  <i>*She's a domestic violence counselor</i></p>	

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<p><b><u>Adult Board committee report</u></b></p> <p><b><u>Children’s Advisory Report</u></b></p> <p><b><u>Public Awareness Report</u></b></p> <p><b><u>Housing</u></b></p> <p><b><u>MHB Recruiting</u></b></p> <p><b><u>Liaison Committee</u></b></p> <p><b><u>Criminal Justice Oversight</u></b></p> <p><b>HHSA</b></p> <p><b><u>Berkeley Mental Health</u></b></p>	<p><i>Educated at Cal Masters in Public Administration (Cal-State Eastbay) ESL Teacher in Hayward where she learned about the needs of the public in Hayward. Originally from Chile</i></p> <p><i>Ms. McInnis thanks her and welcomes her to the board</i></p> <p><b><i>Discussion Item</i></b> <i>Having Elaine Friedrich help with updating the training manual, then doing a training session with the Board members. I heard back from her and she agreed to meet with a small group to help her identify the areas she can help us with in order to write up a proposal.</i></p> <p><i>Ms. McInnis said hoped Alaine Friedrich could meet with a BHCS, Mental Health Board member, a consumer representative and a family representative to come meet with her – and Thursday afternoons are best. Said it would be interesting for new board members</i></p> <p><i>Anthony Hare shared his experiences with agencies and the idea of establishing a committee to deal with mental health issues and a continuing dialogue between law enforcement and consumers.</i></p> <p><i>Identify topics of interest – such as evaluating the services we have been providing and setting up grant units. Scheduled this Wednesday as the day of the next meeting</i></p> <p><i>None</i></p> <p><i>None</i></p> <p><i>None</i></p> <p><i>None</i></p> <p><i>None</i></p> <p><i>None (Karen Bridges absent)</i></p>	

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<p><u><i>Public comments</i></u></p>	<p><i>None, but a small conversation.</i></p> <p><i>None</i></p> <p><i>From Jerome Attaway; Howie Harp Multi-Service Center</i></p> <p><i>He said the Elevator man did come, discovered we needed a part – but they had to order and it still isn't fixed. But at least somebody came out. He wanted to thank the MHB for that. We also discovered an incident of piled up garbage in the basement – and it's bringing out rodents. Wanted to have someone talk to someone to get the garbage out of the basement.</i></p> <p><i>Lorenzo Kearney discussed the elevator problem and the need to get it working again for their wheel chair bound participants and people needing to use the bathroom.</i></p> <p><i>They added a literacy program and welcomed the Board members to visit at some point.</i></p> <p><i>Board comments; Dr. Tauber summarized the meeting by saying he was impressed with the well thought out comments of Jay. The presentation was good and stated that Marye said it best when she said "They're so busy!"</i></p> <p><i>He concluded that part of the reason the MHB works so well is that they bring family involvement.</i></p> <p><i>Dr. Thomas added that the budget of our neighboring counties have deficits and are firing people and we are operating well – that wasn't by accident – its our ability from learning from budget committees.</i></p> <p><i>Ms. McInnis stated that she thought every Board Member should have at least one budget board experience. Concluded that this is where you learn the nuts and bolts.</i></p> <p><i>Meeting concludes at 2:08 pm</i></p> <p><i>Minutes submitted by</i> <i>Sam Jones (temp)</i></p>	

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