

**Alameda County Mental Health Board Minutes**  
**May 14, 2007 ♦ 12:00pm-2:00pm**  
**Bay Fair Mall Community Room 2<sup>nd</sup> Floor**  
**San Leandro, CA 94578**

Meeting called to order @ 12:20PM by Chairperson Marsha McInnis

**HOUSEKEEPING**

Roll Call / Introduction of Guests

**Mental Health Board Members:**

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

**Excused:** Jose Reyes

**Absent:** Teresa Basa

**BHCS Staff:** Barry Hall, Barbara Majak, Gary Spicer, Margaret Walkover and Agnes Catolos

**Public:** Linda Smith (BMHC), Howie Harp-Jerome Attaway, Lorenzo Kearney, George Wilson, Joseph Carter, Traveler's Aide-Gregory Ash, David Bedwel

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b><u>Approval of April 2007 MHB minutes</u></b>	No correction was made to the April 2007 MHB minutes.	Approval of April 2007 minutes... All favored
<b><u>Correspondence</u></b>	None	
<b><u>Presentation</u></b> A. Wellness and Recovery Principles	Ms. Walkover distributed handouts for the Recovery Principles.  Ms. Smith stated that she was part of the planning for wellness and recovery, she was with City of Berkeley for 2 years; she felt that the MHSA gives rights to clients because it makes the mental health system more client family driven if implemented. MHSA has 6 components which includes the following: <ul style="list-style-type: none"> <li>▪ Community support which is 50% of the funding</li> <li>▪ Administration-5%</li> <li>▪ Training and Education-10%</li> <li>▪ prevention and early intervention-20%</li> <li>▪ innovative services-10% and it is broken into 5 concepts: 1) community involvement 2)</li> </ul>	

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<p><i>Wellness and Recovery Principles (Cont.)</i></p>	<p><i>wellness and recovery 3) cultural competence 4) consumer and family plan 5) integrated services.</i></p> <p><i>Ms. Walkover stated that MHSA is a very intense process, there is a lot of roles, there is a lot of things need to follow and one reason to do this is to promote individuals recovery. What is recovery? Recovery is a process, it can begin with awareness i.e. a person may have some symptoms that can be interfering to what he/she wants to do; a person may be ready to ask for it or seek help or have the hope that can manage some of their symptoms that really push them away to what they want to do with their life.</i></p> <p><i>Ms. Walkover presented an overview re: wellness and recovery principles as follows:</i></p> <p><i>Page 1) Some statements about the recovery process - the 1<sup>st</sup> three are the statement re: the process itself which involve spiritual element it involves hope, it involves knowing that relapse is a part of a path or part of a healing; 4<sup>th</sup> involves cultural values 5<sup>th</sup> &amp; 6<sup>th</sup>-has to do with the role of providers in the process and 7<sup>th</sup> is the system of care which involves recovery values, consumers have access to a range of services i.e. housing, education, employment etc.</i></p> <p><i>Page 2) Five MHSA Concepts-1) community collaboration 2) cultural competence 3) client family driven 4) wellness recovery resilience focus 5) integrated service experience</i></p> <p><i>Page 3) Client and Family Experience i.e. “My hope is encouraged, enhanced and maintained; that I feel welcomed; that my understanding of symptoms and their management is clear, etc...”</i></p> <p><i>Page 4) Provider Experience i.e. lower case loads; empowering, supportive, collaborative work environment; broad range of services and supports to offer clients, etc...</i></p> <p><i>Page 5) DMH description of system transformation: “Transform the mental health system from its primary focus on clinical services to one where...”</i></p> <p><i>Page 6) DMH Description: “Acts....”-programs enter into partnerships with clients, their families and their communities; to provide whatever it takes to enable people to attain their goals; clients and their families choose and direct the kinds and intensity of services that will assist them in attaining their goals.</i></p> <p><i>Page 7) DMH Description: “Looks...”Significant changes in the mental health system to include: participation of clients and families at all levels of the mental health system; clients</i></p>	

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<i>Wellness and Recovery Principles (Cont.)</i>	<i>and family operated services; outreach and expansion of services to eliminate ethnic disparities; increase array of services i.e. housing, employment, education, peer support, links to community resources)</i>	
<i>B. New BHCS Vision Statement</i>	<p><i>Ms. Walkover presented the new BHCS Vision Statement as follows:</i></p> <ul style="list-style-type: none"> <li><i>• Imagine a community where stigma and discrimination towards those with mental health issues no longer exist</i></li> <li><i>• A community which mental health is viewed as part of a broader hear continuum</i></li> <li><i>• Where voluntary none institutional services were provided as a matter of course</i></li> <li><i>• Where preventive early intervention is the rule</i></li> <li><i>• Where consumers, family members, professionals and informal helpers work in partnership to assure that everyone who has mental health and substance abuse challenges has the choices and supports they need to achieve their highest potential for recovery, independence and integration in the community</i></li> <li><i>• Imagine a community where mental health services and supports are sought without fear, without loss of freedom, loss of choice, loss of dignity</i></li> <li><i>• Where help is provided with respect, compassion and caring</i></li> <li><i>• Where mental health consumers expect nothing less than exceptional customer service</i></li> <li><i>• Where clients and families play an integral role in the planning and evaluation of services</i></li> <li><i>• Where community collaboration inspires proactive and effective integration of partnership</i></li> <li><i>• Imagine a community where on one need to be homeless or incarcerated in the mental health or substance abuse challenges and where those who are already on the streets or incarcerated have easily access necessary treatments and supports</i></li> <li><i>• Imagine a community where people diagnosed with mental illnesses and addictive disorders have ready access to a broad and a vast array of culturally sensitive, culturally competent and age specific service option such as: housing, employment, on-site mobile crisis services, etc.</i></li> <li><i>• Imagine a system that seamlessly integrates physical health care and behavioral health care services effectively reaches and addresses the service need of underserved population i.e. ethnic groups, the developmentally, mentally, physically disabled and gay, lesbian, transgender community;</i></li> <li><i>• Stresses prevention and early intervention ensuring that everyone receives the right care at the right time at the right place</i></li> <li><i>• States the art of raising an effective use of the newest technology</i></li> <li><i>• Supports client to live in their home and communities</i></li> <li><i>• Promotes self-determination called age groups; honors and supports family care givers and helping their loved one to achieve a recovery</i></li> <li><i>• Closely integrates mental health and substance abuse treatment services</i></li> </ul>	

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<p><i>New BHCS Vision Statement (Cont.)</i></p>	<ul style="list-style-type: none"> <li>• <i>Raises the philosophy and values of recovery</i></li> </ul> <p><i>Ms. Smith expressed her personal opinion concerning the vision statement.</i></p> <p><i>Ms. Elias stated that it is a good vision statement, it is something that the Public Awareness Committee (PAC) should strive for when they are developing or looking at projects.</i></p> <p><i>Ms. Walkover stated that PAC has a critical role.</i></p> <p><i>Ms. Bremond would like to hear about wellness.</i></p> <p><i>Ms. Walkover responded that wellness and recovery composes a range of approaches in terms of one person's path to wellness and recovery; it has to do with the beginning where a prevention program might help and understand an earlier process and become aware that they may need help or rather than having to wait for a long time. At the systems level prevention is a really important part in making sure that the wellness and recovery happens and the idea of how to define wellness and recovery is a whole conversation there is no right or wrong, it is really important that people understand the rap of what is needed and come up with a set of adjectives, committee by committee and priorities and try to coordinate them to get something than as a system and hoped that the MHS is clear about what their priorities going to be for the wellness and recovery.</i></p> <p><i>Dr. Tauber stated that he is interested in what is going on at the clinic level, what their staff is doing, how they organize the actual running of services.</i></p> <p><i>Ms. Walkover stated that leadership already exist and that once the MHSA is up and running they will encourage those leadership to talk to each other and develop an alignment. Providers i.e. BACS, BOSS, Bonita House already have ideas in the adult community support centers.</i></p> <p><i>Ms. Majak stated that they will soon start a wellness and recovery task force which will be a dialogue among consumers, family members, providers re: what would a transform system will look like, there are some concepts, some ideas, some legislations and regulations that will provide guidelines. Ms. Majak related that they are hoping to fill some leadership positions i.e. wellness and recovery leadership, family leader; they filled positions for consumer leader (Jay Mahler) and training director.</i></p>	

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<i>New BHCS Vision Statement (Cont.)</i>	<p><i>Sup. Steele asked for some examples re: Wellness and Recovery</i></p> <p><i>Mr. Spicer provided some examples such as:</i></p> <ul style="list-style-type: none"> <li>• <i>Develop wellness and recovery task force to include, consumers, staff members, providers, community members</i></li> <li>• <i>Engage in a recovery oriented leadership</i></li> </ul> <p><i>Ms. Majak gave another example, the BHCS vocational program</i></p> <p><i>Mr. Spicer added an example around the client/family driven system is the group that Jay Mahler organized called “Pool of Champions” which is consist of 114 consumers.</i></p>	
<p><b><u>Discussion Items</u></b></p> <p><i>A. What does the MHB want to be included in the Committee Reports?</i></p>	<p><i>Dr. Tauber stated that it will be helpful for board to know what is going on with the committees, inform the board of committee activities and what issues are being discussed. Dr. Tauber noted that the Adult Committee minutes is very clear with the issues that the board is involved with but the Children’s Committee minutes was not.</i></p> <p><i>Ms. Elias felt that it is really important that the board is aware of what is happening on committees i.e. there is a lot going on with the consumer community in the PAC that the board needs to hear.</i></p> <p><i>Ms. McInnis asked how it could be done.</i></p> <p><i>Sup. Steele suggested that the committee reporting should be rotated so that various committees will be able to report more time to the board.</i></p> <p><i>Ms. Elias felt that it was an excellent idea, to do rotating to be able to invite speakers to come.</i></p> <p><i>Dr. Tauber also agreed that it was a great idea and that it will put the responsibility to a particular board member who happen to chair or member of the committee.</i></p>	
<p><b><u>Action Items</u></b></p> <p><i>A. Orientation Training</i></p>	<p><i>Ms. McInnis would like an open discussion concerning this item and also bring up to the board especially members who do not really want to do orientation training...Ms. McInnis felt that it is really important that the board reconsider and support Alane Friedrich to do training and that the board has nothing to lose and will learn more about the history of the MHB; the training will benefit the board overall and money is not an issue.</i></p> <p><i>Ms. Bridges would like to have a 1 day training divided to 2 parts, some board members may just be interested to attend 1<sup>st</sup> part and not the 2<sup>nd</sup> part... Ms. Bridges stated that the board really need to have a training because it is not done for quite a while and the training will add</i></p>	

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<p>Orientation Training (Cont.)</p>	<p>more knowledge to board members.</p> <p><i>Ms. Buchanan expressed that she doesn't understand how the training will help the board by learning about what was done before because now is a new day.</i></p> <p><i>Mr. Hare stated that from his own experience the training also talked about how the MHB gone about accomplishing things in the past, it covered things such as Robert's Rule of Order and the Brown Act, and covers what controls some of board duties and policy procedures; what had to be accomplish by going to the Board of Supervisors and ask them for changes so that the board can act in a particular way. Mr. Hare stated that he would welcome a refresher and that it is tough to turn down something that has not been seen.</i></p> <p><i>Dr. Tauber stated that it seems that what is more important is what is in front of the board and he felt that the most important is to focus on goals and certainly the rules and regulations that the board has been working on. Dr. Tauber do hope the focus will be the members coming together as a board, deciding what the goals are, board relationship with the BHCS and start specify some issues that the board wants to address.</i></p> <p><i>Ms. Bridges related that when she was the chairperson of the board she hosted a training session at her home, Alane Friedrich volunteered to do the training. Ms. Bridges felt that the camaraderie, given the chance to get to know the board members outside a meeting situation and learned what members want to accomplish were just invaluable.</i></p> <p><i>Ms. Elias felt that having a training is a good idea but she would like to have some materials that can be a reference that will be useful to the board and would like to see something that is interactive and felt that the training should happen for 1 day.</i></p> <p><i>Ms. Bremond asked if the training could be a half day.</i></p> <p><i>Mr. Hare proposed that the board approve the training and felt that there is a value to the training...1<sup>st</sup> part-everyone should be exposed to and 2<sup>nd</sup> part will be based on individual decision whether to attend as oppose to simply editing something that the board has not been through.</i></p> <p><i>Ms. Bridges made a motion that the board approves a 1 day workshop, 9am-3pm, divided into 2 parts, 1<sup>st</sup> part being the most important then 2<sup>nd</sup> part will be based on individual decision whether to attend or not; the training may be on a Saturday.</i></p>	<p>KB/AH 6-favored 1-opposed Motion passed</p>

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<i>B. Authorizing Payment of the CA. Assoc. of Local Mental Health Boards &amp; Commission (CALMHB) Annual Dues</i>	<i>Ms. Bridges made a motion that the board approves payment of the CALMHB annual dues.</i>	<i>KB/AH All favored</i>
<b><u>Director's Report</u></b>	<p><i>Ms. Majak reported on the following:</i></p> <ul style="list-style-type: none"> <li><i>• Budget-the BHCS Budget Committee will meet tomorrow; the Board of Supervisors will soon be receiving the budget packages from each of the departments. May revised has more surprises in it. The BHCS will not be required to make any program reduction this year by looking at the agency savings and revenue projections. The Governor is looking at realignment and wanting to reduce it. Realignment is a significant part of BHCS' base funding other than medical. The realignment revenue came from the vehicle license tax and sales tax it is not in the Governor's budget, this revenue is dedicated to mental health services.</i></li> <li><i>• MHSA-Ms. Majak stated that MHSA funding is basically a fairly small amount of revenue relative to the rest of the system and that they really are looking to transform the system but not to have an MHSA system and another system.</i></li> </ul> <p><i>Mr. Spicer discussed the following concerning MHSA:</i></p> <p><i>1) Workforce Development which is also referred as education and training planning guidelines are out and the amount of money each county has to spend is also out. Alameda County has at least \$3.5 mil for the next 2+ years; 15% which is about \$540,000 are available on an up front basis to assist the county in developing its work development plan. Alameda County got \$4.2 mil from the augmentation for community services and support, the Stakeholders group ongoing planning council set some priorities for the BHCS Dept.</i></p> <p><i>1) to make sure all the already approved proposals and plans are adequately funded 2) look at proposals that came through the planning process and the proposals that did not get process because the \$11 mil ran out; the recommendations for the use of funds is going back to the ongoing planning council on Thursday for approval.</i></p> <p><i>2) Prevention/Early Intervention guidelines, the BHCS Dept. is expecting to have it on the first week of June, it is currently at State Dept. of Mental Health and will be out for public comment for about 2 months; it is expected to be finalized by August, counties will get planning estimates. The statewide number being used is \$600mil which will be reflective of 3 year planning period; Alameda County may receive about \$4-5 mil for the Prevention/Early Intervention.</i></p>	

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<i>Director's Report (Cont.)</i>	<i>Mr. Spicer added that there was a conversation re: the use of acute care by inmates at last month's board meeting. Janet Biblin was able to look back from Jan. 2006-April 200, there were 9 admissions of inmates to John George.</i>	
<b><u>Chair Report</u></b>	<p><i>Ms. McInnis asked if there are board members interested to join CALMHB...</i></p> <p><i>Mr. Hare expressed his interest but would like to wait until the CALMHB sent a second notification of its meeting and see if other board member would like to attend.</i></p> <p><i>Ms. McInnis asked who will be interested to be on the nominating committee for the election of the MHB officers in June; Ms. Bridges and Ms. Elias volunteered to be on the nominating committee.</i></p>	
<b><u>Committee Chair Reports</u></b> <i>Adult Committee Report</i>	<i>Mr. Hare stated that the Adult Committee addressed the same issues that were reported to the board at last month's meeting. Mr. Hare mentioned that Barbara Becker will give an update on detox and sobering station at the next Adult Committee meeting.</i>	
<i>Awards Committee Report</i>	<p><i>Mr. Hall stated that the MHB Annual Community Service Awards will be held on Tuesday, May 22<sup>nd</sup> at the Aquatic Center in Oakland; there will be 7 recipients in 5 categories and that everything is moving along quite well.</i></p> <p><i>Ms. McInnis encouraged board members to attend the Service Awards.</i></p> <p><i>Mr. Hall added that the nominators will introduce the award recipients.</i></p>	
<i>Children's Advisory Committee (CAC) Report</i>	<p><i>Sup. Steele gave an update on children issues: :</i></p> <ul style="list-style-type: none"> <li><i>• The new psychiatric facility for adolescents which is now called Willow Rock will be opening soon.</i></li> <li><i>• There is a great deal of interviews being put in to all school based programs because there is available funding from EPSDT to provide therapist in Oakland and Hayward and beginning to expand in San Lorenzo.</i></li> <li><i>• Since the county does not really run children mental health, there is a lot of interest with the new juvenile hall and there is a lot of conversation trying to have a treatment model when kids come in; Children's Hospital was contacted to provide health care. Sup. Steele related that children under 12 go to Children's Hospital they used to be dropped off at John George; it took 8 years to move them to Children's Hospital and that it is working very well for the children.</i></li> <li><i>• Sup. Steele felt that unanswered questions re: children issues are:</i> <ol style="list-style-type: none"> <li><i>1) How well mental health interfaces for social services, foster care and probation?</i></li> <li><i>2) What is happening with the high end kids?</i></li> </ol> </li> </ul>	

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<i>Housing Committee Report</i>	<i>No report given.</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 continues with the planning on challenging stigma conference and would like to welcome board members who may be interested to help in the conference. Ms. Elias will email the schedule of the cable TV program which PAC put together; showings are on Friday &amp; Saturday in May.</i>	
<b><u>Liaison Committee Report</u></b> <i>Criminal Justice Oversight Committee (CJOC)</i>	<i>No report given. Ms. Bridges encouraged other MHB member to attend the CJOC meeting.</i>	
<i>MHSA</i>	<i>No report given.</i>	
<i>Berkeley Mental Health</i>	<i>No report given.</i>	
<b><u>Public Comments</u></b>	<p><i>Jerome Attaway thanked the board for the support to the Howie Harp Center and stated that they are still having problem with the elevator.</i></p> <p><i>George Wilson, Kyle Jackson and Joseph Carter related how Howie Harp Center support them.</i></p> <p><i>Lorenzo Kearney mentioned that the winter shelter is now open and that there are 6-7 out of 30 people came up with jobs and permanent housing.</i></p> <p><i>Gregory Ash addressed the following:</i></p> <ul style="list-style-type: none"> <li><i>• It is amazing to see progress at Howie Harp, it is an eye opener.</i></li> <li><i>• There is a lot of opportunities for clients at winter shelter.</i></li> <li><i>• Traveller's Aid and Howie Harp are lacking Case Managers.</i></li> <li><i>• Asked board members to come to the center.</i></li> </ul> <p><i>Linda Smith stated that she's grateful to everyone to be able to come to MHB meeting and sit and listen to what is going on with board.</i></p>	
<b><u>Board Comments</u></b>	<i>Ms. Bridges welcomed Agnes back and shared an ad stating that Dr. Thomas is nominated for the Hall of Fame. Ms. Bridges stated that she really enjoy hearing stories from Howie Harp Center and that she's really pleased with what is going on to the center.</i>	

*Meeting was adjourned @ 2:25PM  
Minutes submitted by Agnes F. Catolos*