

Alameda County Mental Health Board Minutes
April 14, 2008 ◊ 12:00pm-2:00pm
First 5 Office Suite 130
1100 San Leandro Boulevard
San Leandro, CA 94578

Meeting called to order @ 12:15 by Chair Rochelle Elias

HOUSEKEEPING

Roll Call / Introduction of Guests

Mental Health Board Members:

Present: Deborah Bremond, Pat Buchanan, Rochelle Elias, Alane Friedrich, Maxine Oliver-Benson, Dr. Stephen Post and Sup. Gail Steele

Excused: Dr. Anthony Hare and Jose Reyes

BHCS Staff: Agnes Catolos, Gigi Crowder, Barbara Majak, Carolyn Novosel, Carl Pascual, Gary Spicer and Marye Thomas, MD

Public: Lorenzo Kearney (HHMSC), Alicia Lindfors (HHMSC), Margot Dashiell (ACFC), Lorraine Heinemann (ACFC), Hilary Dias (ACFC), Barbara Jacobs (ACFC)), Chris Stoner-Mertz (Lincoln/ACCMHA) and Ron Tauber (ACCMHA)

ITEM	DISCUSSION	ACTION
<u>Approval of March 2008 MHB minutes</u>	Ms. Elias made a correction to the March 2008 MHB minutes, on page 4 under Director's Report, she would like to include the recommendation she made " that the BHCS Admin. consider a roundtable discussion re: people with severe mental illness in Alameda County". Ms. Elias made a motion to amend the March 2008 MHB minutes.	M/S/C Ms. Elias/ Ms. Buchanan Motion Passed as Amended
<u>Correspondence</u>	None	
<u>Action Items</u>	None	
<u>Discussion Items</u> A. MHB Membership Recruitment	Ms. Elias asked if there are additional board members who would be interested in joining the Membership Committee on recruitment. Ms. Friedrich related that she asked the Clerk of the Board of Supervisors on how to prevent getting applicants who do not meet the requirements to be on the board i.e. working	

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<i>MHB Membership Recruitment (Cont.)</i>	<p><i>for mental health agency; the clerk suggested adding a line on the form. Ms. Friedrich will bring the form to the Executive Meeting to decide whether the board would like to revise the form or not.</i></p> <p><i>Ms. Elias stated that she and Ms. Friedrich will be meeting with Sup. Haggerty re: the three vacancies in District 1.</i></p>	
<i>B. MHB Community Service Awards</i>	<p><i>Ms. Elias stated that the MHB Community Service Awards planning process is in progress; the Awards Committee will be reviewing the 35 nominations tomorrow and that they are having difficulty finding a speaker. Awards Committee members are: Ms. Buchanan, Ms. Elias and Mr. Reyes, they are working with Mr. Hall</i></p>	
<p><u>Presentation</u> <i>MHB-Prevention Early Intervention Public Hearing Planning</i></p>	<p><i>Carl Pascual (work as a Planner for the MHSA) distributed and provided info re: the PEI component guidelines that were developed and distributed by the CA. Dept. of Mental Health in Sep. which listed everything that each county needs to do in submitting the plan. Mr. Pascual discussed the section that described the public hearing process; when the plan is completed the requirement is to make it available for public comment and review for 30 day period and it will conclude with a public hearing that will be hosted by the Mental Health Board to have the public be able to speak re: what they feel about the plan, if they feel something's missing; if they have different opinion or may be to say what they appreciate about the plan; all of the comments will be recorded in their entirety; any substantive comments requires a directive response from the county and it will be included in the final plan that gets to be submitted to the state. The draft of the plan will be available to all county libraries, BHCS website and there will be an ad in all local papers. PEI public hearing will be the same process that happened with the Community Services and Supports (CSS) plan, there were 4 public hearings held in each supervisorial districts and it finished with a final public hearing at MHB meeting.</i></p> <p><i>Mr. Pascual presented the actual schedule of PEI events that described the entire process from the beginning, there were 4 phases of the process:</i> <i>Phase 1: Community Input-November-December 2007</i> <i>Phase 2: Strategy Development-January-February 2008</i> <i>Phase 3: Strategy Prioritization-April-May 2008... the dept. is now in Phase 3- community meetings were held throughout the county to get input re: the top priorities for the PEI; there were 2 planning panels with diverse group from different stakeholders emphasizing consumers and family members; strategies were presented to the Ongoing Planning Council (OPC); there were 2 MHB members who were part of the OPC (Ms. Bremond and Ms. Friedrich) and the OPC will prioritize which strategy will actually get forwarded and included in the plan.</i></p>	

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<p><i>MHB-Prevention Early Intervention Public Hearing Planning (Cont.)</i></p>	<p><i>Phase 4: Plan Submission and Approval-June-July 2008... Phase 4 is the actual release of the plan for the 30 day review period which is scheduled on June 13-July 11; towards the end of the 30 day review period, there will be at least one public hearing in each supervisorial districts to be hosted by the MHB; the dept. would like to have a final public hearing at MHB July 14th meeting; the target date to submit the plan to the state is July 25th. The state has its own process of reviewing and approving the plan.</i></p> <p><i>Mr. Spicer stated that it is important to remember that the role of the MHB is to host the public hearing, it does not require a quorum of the board in each of the hearing and there is no vote to be taken.</i></p> <p><i>Dr. Post felt that having the final hearing on July 14th MHB meeting is not a good timing because July is month that a lot of people will be taking vacations and suggested rescheduling it to get more advance notice, he felt that it is not enough notice to get everybody involve.</i></p> <p><i>Ms. Elias asked what Dr. Post suggestion is.</i></p> <p><i>Dr. Post suggested to push back the public hearings towards August or Sept. to have enough time and more opportunity for planning input.</i></p> <p><i>Ms. Friedrich asked if there is a deadline.</i></p> <p><i>Dr. Thomas responded that there is no fix deadline but the longer to delay the process the longer the community goes without services, in the CSS plan there was about 30-45 day time window, from the time was submitted through the approval process.</i></p> <p><i>Mr. Spicer stated that the targeted timeline is 60 days turn around time and mentioned that the PEI allocation to counties is actually available to be spend now and to add another month to the process is another month that services cannot be delivered; the urgency that the dept. feel about pushing a timeline is really about the sooner to get approval is the sooner the programs can be implemented.</i></p> <p><i>Dr. Thomas reiterated that the only responsibility of the MHB in the process is to host the public hearing they don't really have to do anything in terms of preparation other than set the dates, staff will find the location; will produce materials, will post the plans and in terms of synthesizing the input it is also staff responsibility, they will look at the inputs, compare them from various community meetings throughout the county that were attended</i></p>	

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<p><i>MHB-Prevention Early Intervention Public Hearing Planning (Cont.)</i></p>	<p><i>by about 50 or 60 people and the planning panels met several times.</i></p> <p><i>Sup. Steele noticed that the PEI planning process does not go to the Board of Supervisors (BOS).</i></p> <p><i>Dr. Thomas stated that it only goes to the BOS with an acknowledgment from the board that the BHCS Dept. is submitting the plan to the state but there is really no approval by the BOS.</i></p> <p><i>Ms. Majak stated that the actual contracts from the RFP process for the programs will come to the BOS.</i></p> <p><i>Sup. Steele felt that the PEI planning is an unusual process, she didn't realized that the BOS has nothing do with the process, she felt that the BOS needs to know what the priorities were.</i></p> <p><i>Ms. Elias felt that it is difficult to convene the public hearings without the understanding of the process that is taking place.</i></p> <p><i>Ms. Bremond stated that the board needs to have some guidance from the dept. to have an understanding of what the plan is like; she related that she is part of the OPC and she can provide reports from the OPC meetings but she felt that the board should be getting some kind of synopsis that will help the board track the process so that by the time the hearing comes they are aware of what has happened.</i></p> <p><i>Dr. Thomas felt that the dept. can certainly provide the MHB a better info.; need to find time outside the board meeting because it will require several hours to have a thorough understanding of what the process had been like; what strategies are being described and what occurred in the community input process re: developing those strategies.</i></p> <p><i>Ms. Friedrich stated that she and Ms. Bremond are part of the OPC, where strategies will be prioritized; they have ranked the submitted proposals some of the OPC members did not particularly agree with the ranking but the it was consensus. OPC is a group of community members, providers, consumers, family members and that everyone is represented to this group. The community planning process represented even more people in all areas of the community, it has been an inclusive planning process and its been done according to the requirements of the Prop 63.</i></p>	

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<p><i>MHB-Prevention Early Intervention Public Hearing Planning (Cont.)</i></p>	<p><i>Ms. Elias felt that the board needs to have some training on the PEI process to look at an overview of the whole process because the board has not been involve to the extent that they would have liked and be able to make some recommendations or do some planning i.e. how many board members will participate; whether or not the entire board will be involve in all public hearings. She would like to encourage the Admin. staff to plan the training as soon as possible because the public hearings are coming up.</i></p> <p><i>Mr. Spicer asked what is it that the board need from staff? Is it the specific location; what time of day?</i></p> <p><i>Ms. Elias responded yes, all of the logistics to have an overall understanding i.e. where the public hearing takes place; how to give responses if needed and to know what amount of staff will be available, etc.</i></p> <p><i>Sup. Steele would like to see the list of the prioritized strategies.</i></p> <p><i>Dr. Thomas stated it can be shared at the training.</i></p> <p><i>Sup. Steele expressed that she does not want a training, what she is concern about is what the decision is being made i.e. concerning Afghan vs South Asian Pacific. Sup. Steele doesn't want to wait another month, if somebody could email her the info as soon as possible because she felt that the board should be able to identify the process not question it.</i></p> <p><i>Ms. Friedrich would ask Carl to email the March 19th minutes to the board where they looked at the proposals and ranked them by strategies and it would be good to have the complete list of what the OPC started out and what they decided with as well.</i></p> <p><i>Dr. Post felt that in order for the board to be a good host, they need to have a plan to be prepared i.e. need to know where the questions pertain to, are they going to be addressed to the board chair or to Dr. Thomas; need to make sure that board members are present; there should be public notice; need to discuss the appropriate time to get more people.</i></p> <p><i>Ms. Elias felt that the board needs to work with someone in planning the meeting.</i></p> <p><i>Ms. Majak felt that what the board needs to hear is how CSS plan was done, they did 4 public hearings, there were at least 2 MHB-the chair and the person who was appointed at that district; they were late afternoon early evening, venues were large enough to hold</i></p>	

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<p><i>MHB-Prevention Early Intervention Public Hearing Planning (Cont.)</i></p>	<p><i>about 50 people, they had refreshments and they did public announcements well in advance.</i></p> <p><i>Dr. Post asked if it is the board or chair's role to facilitate the discussion of the hearing.</i></p> <p><i>Ms. Majak responded that the agenda with CSS started with the chair talked about the MHB encouraged people to apply to be MHB member and described that the MHB is hosting the public hearing.</i></p> <p><i>Mr. Spicer stated that they do want to listen to comments, the MHSA was written and passed by the voters, they just need some local responsibilities and the designated role for every MHB in the state specifically is to convene a public hearing following a 30 day period public comment and at the end of the 30 day period the board's purpose is to simply provide a forum, a venue for which public offer comments, it is the dept's. responsibility to capture those comments and evaluate them as to whether or not to make a change to the draft plan and incorporate comments to the plan; whether or not comments are substantive or non substantive. An addendum will be added to the plan that will show info about the public hearings i.e. locations and for each substantive comments the dept. is require to document whether they made changes or if not, they will do an analysis. Mr. Spicer related that with the CSS plan there was an appendix that showed all of the comments made at the hearings and what actions were taken relative to those comments.</i></p> <p><i>Ms. Majak stated that the MHB's role really is on behalf of the dept. to host the community, it is an opportunity for some people who don't want to call or write to the dept. but they want a controlled meeting to be able to speak; it is another opportunity to have public comment documented and addressed; it is not to take vote, not to have a respond; when a question is raised, "we can say we'll get back to you or see us after the meeting".</i></p> <p><i>Ms. Majak stated that there were strong feelings about the CSS i.e. what did not get funded and what got funded and felt that there will be strong feelings at PEI as well.</i></p> <p><i>Mr. Spicer felt that they can do a better job of communicating and informing the board but would like to address the fact that the dept. report regularly to the board about the planning process; the dept. is looking at the MHB in helping the dept. fresh out the process and support a broad base of planning. Mr. Spicer stated that yes, the dept. can do better communicating and will email the minutes from Mar. 19th to board members; the dept. is happy to have MHB representation at the OPC and in the planning panels and that they are not trying to create a wall re: the process.</i></p> <p><i>Ms. Friedrich asked Ms. Elias if she would chair each hearings.</i></p>	

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<i>MHB-Prevention Early Intervention Public Hearing Planning (Cont.)</i>	<p><i>Ms. Elias felt that it should be divided into supervisorial district appointees so that everyone gets a chance to be involved in the process and asked members who will be interested...5 people expressed interest.</i></p> <p><i>Dr. Thomas stated that the Oversight Accountability Commission (OAC) has the approval rights to the PEI, the DMH approved the CSS plan.</i></p> <p><i>Sup. Steele would like to know the OAC membership.</i></p> <p><i>Dr. Thomas responded that sure, they can send the OAC info, which is consisted of 16 members i.e. consumers, family, law enforcement, medical community, school etc.</i></p> <p><i>Ms. Majak made a comment not to forget about CSS programs that are doing amazing work i.e. HOST-FSP for older adults which really reaching what the voters wanted like providing services to people living under bridges and living on streets, people are getting housing; the dept. is working with Probation and Juvenile Hall. Ms. Majak hoped that the board would like to hear some of accomplishment</i></p> <p><i>Ms. Friedrich made a motion to stick with the plan of the BHCS Admin.</i></p>	<p><i>M/S/C Ms. Friedrich/ Dr. Post Motion Passed</i></p>
<u>Director's Report</u>	<p><i>Dr. Thomas provided report on the following:</i></p> <ul style="list-style-type: none"> <i>• Budget Update-Dr. Thomas stated that they still don't know what the county budget gap is and what would be assigned to BHCS.</i> <i>• MHSA Update-Dr. Thomas stated that they started rolling out various MHSA programs i.e. Wellness, Recovery and Resiliency; peer and family employment; consumer involvement etc.</i> <i>• Co-occurring Disorders-at the end of this week the dept. is rolling out initiative on co-occurring disorders to be able to address the needs of people with both mental health and substance abuse and it will involve a change on how to provide services to clients. Dr. Thomas encouraged board members to come.</i> <i>• Children Services-also rolling out an initiative to look at contracts processes so that it streamline and be more efficient. Children services is making sure that services are deliver in a most efficient and rational way and that diversity and geographic access is addressed.</i> <i>• Health Disparity issue-people with serious mental illness die 25 years sooner than the general population, they have a much higher rate of cardiovascular disease and diabetes and the newer psychotropic medication which are certainly effective but</i> 	

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<i>Director's Report (Cont.)</i>	<i>produce weight gain and higher incidents of risk associated with those other conditions as a result there will be a pilot project with the Alameda Health Alliance at how to get an access and provide better primary care services for people with mental illness.</i>	
<u>Chair Report</u>	<i>Ms. Elias stated that she attended the Cultural Competence Summit on March 24th and 25th in San Diego, CA. and what she learned from the summit was that the board should start looking at what the actual penetration rate is for different ethnic groups and hoped to have a board meeting focusing on this issue, to know the needs of the underserved population, why are they underserved and what can be done to address their needs.</i>	
<u>Committee Chair Report</u> <i>Adult Committee</i>	<i>Ms. Friedrich served as the acting chair for the Adult Committee, one the things she'd like to settle for the board is the relationship between the board and some of the new positions i.e. Housing, Older Adult and the Training Committee; she'd like to know how the board is suppose to keep informed about those committees which were normally set up to be a board committee rather than a Housing Director having a committee. The Adult Committee had a general discussion on what procedures to rate the county. Ms. Friedrich stated that she asked Mr. Spicer copies of reports that are already in existence and added that she attends Quality Improvement Committee (QIC), before as a family member now as a board member... QIC just had a training on how to put quality and improvement into all of the BHCS programs, this committee meets quarterly.</i>	
<i>Children's Advisory Committee (CAC)</i>	<i>Ms. Novosel stated that Ellen Muir provided a brief presentation re: EPSDT's efforts to date, they had a panel discussions, utilizing their partners, providers who are actually rendering services to children and youth; the presentation was very well appreciated and mentioned that Sup. Steele complimented Ellen.</i> <i>Sup. Steele stated for the 1st time in 30 years it was what she wanted to happen, Ellen did have some challenges in EPSDT contracts; when EPSDT was implemented for the first time every single person was against it but they provided services honestly and they showed that they really care about what they are doing.</i> <i>Sup. Steele added that it was the first time that there were 4 school districts (Oakland, Hayward, San Leandro and Berkeley) at Our Kids meeting.</i>	
<u>Liaison Report</u> <i>Alameda County Family Coalition (ACFC)</i>	<i>Ms. Dashiell stated that there were 3 family supporters of the coalition in the meeting. She addressed that family members have lots to contribute to the system, they have so much knowledge but felt that they struggle to be part of the system; related that there was a training seeking to train family members and consumers, but she felt that it is not working for family members; they felt that they are not at the table as family members to set up trainings; they want more inclusion in the system. Ms. Dashiell stated that BHCS is about to hire a Family Relations Manager, she believed that no AC families will be part of the hiring screening, and that BHCS will go outside of county to find family members. ACFC is hoping</i>	

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<i>ACFC (Cont.)</i>	<p><i>to be engaged with the process and work on some changes i.e. policy issues. She addressed that consumers have a staff person, they have projects, they are on the table but family members are not. Ms. Dashiell hoped to make a broad family members presentation in June MHB meeting.</i></p> <p><i>Ms. Heinemann addressed concern re: her son.</i></p>	
<i>Budget Task Force</i>	<p><i>Ms. Buchanan stated that what she learned from the BTF meeting was that the AC looks good.</i></p> <p><i>Ms. Friedrich added that the dept. is anticipating about \$6 mil deficit awaiting info from CAO re: county budget.</i></p>	
<u>Public Comments</u>	<p><i>Mr. Tauber is representing the ACCMHA which is a group of 24 mental health agencies in AC that have contracts with the county. He addressed the issue re: maintenance of effort, that the contracts have been locked with 3%; he felt that there should be equity in the system. The agencies are facing a terrible loss in clinical staff because they cannot compete with the county and that some cost are reaching out of control i.e. health insurance. Mr. Tauber related that he had the opportunity to attend the OPC and he stated that the integrity of the OPC process is really remarkable and that he never been to a meeting with such diversity of people, opinion of the program and strategies, it was quite an effort.</i></p> <p><i>Mr. Kearney stated that he is advocating for HHMSC facility and related that the winter shelter is closing tomorrow.</i></p> <p><i>Ms. Crowder stated that the individual from Howie Harp got a housing in FSP 2-the Older Adult Program.</i></p>	
<u>Board Comments</u>	<p><i>Ms. Friedrich related that the Co-occurring Disorder Initiative Kick-off meeting is on April 17th & 18th at 1st Unitarian Church in Oakland. Ms. Friedrich stated that the family members have a voice on the board, she has been representing families since 1987, taking care a long term mentally ill senior woman, she felt that her obligation is not only to represent families but the whole community as well.</i></p>	

*Meeting was adjourned @ 2:20PM
Minutes submitted by Agnes F. Catolos*