

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

Meeting called to order @ 12:05 by Chair Deborrah Bremond

HOUSEKEEPING

Roll Call / Introduction of Guests

Mental Health Board Members:

Present: Deborrah Bremond, Pat Buchanan, Rochelle Elias, Anthony Hare, Dr. Stephen Post, Jose Reyes, Sup. Gail Steele

Excused: Maxine Oliver-Benson

BHCS Staff: Barry Hall, Barbara Majak, Carolyn Novosel, Gary Spicer, Marye Thomas, MD, Dr. Karl Adler, Dr. Doug DelPaggio and Agnes Catolos

Public: Margot Dashiell (AC Family Coalition)

ITEM	DISCUSSION	ACTION
<u>Approval of August 2007 MHB minutes</u>	No correction was made to the December 2007 MHB minutes.	Approval of December 2007 minutes...M/S/C Ms. Buchanan/Ms. Elias All favored
<u>Director's Report</u>	<p>Dr. Thomas provided report on the following:</p> <ul style="list-style-type: none"> • FY 2008-09 Budget Process begins Tuesday, January 29, 2008 from 3pm to 6pm. Meetings will be held each week except there will not be a meeting on February 5th. There are five slots reserved for MHB Members. The first part of the process is to acquaint people with the department, the budget, the mandated items, items that are discretionary etc. That is followed with some data sessions where we look at individual provides and data about the cost, units of service, etc. After that we usually will have a number that we will budgeting towards. This year things are not goo. It is project that the County will have about a\$60 million budget deficit of that it is likely that Health Care will have about a \$15 million dollar share of that assigned. Depending on the amount of savings from FY 	

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	<p>05-06 we may have \$10 million dollars to offset the assigned. If this is the case then BHCS is looking at about \$2.5 million dollar deficit.</p> <ul style="list-style-type: none"> • The other piece that we need to be aware of is the State Budget. There is 10% across the board cut in all State programs, so that is likely to impact especially our providers. That is a 10% cut in rates. Realignment was not cut, but any of the Sate programs represent a 10% cut. • Until the early 90's Mental Health and Alcohol and Drug were part of the discretionary part of the State General Budget. The dollars we received from the State were part of the State General Fund. As more and more of that budget became mandated, such as Prop. 98, a certain percentage of the budget goes to school. As the mandated spending increased the amount of money in the discretionary budget decreased, so every single year for about a decade Alcohol and Drug and Mental Health were being cut. We couldn't sustain that kind of reduction, so the legislature and the Mental Health Directors looked for ways to put Mental Health on a more stable footing.. What realignment did was tie us to a revenue source outside out side of the State budget. And that revenue source is the sales tax and the vehicle license fee. So we get a certain percentage of that total. • MHSA dollars are protected from the budget process. People are eyeing the MHSA dollars. The Governor already has used some of that money to back fill a deficit. The 2034 programs, that were the model for the full service partnerships, were cut. 2034 was the basis was the basis that the MHSA was really sold. So these programs were basically cut by \$60 million dollars, then said to counties there is some one-time-only money at the Sate level that we are going to put in your budgets, it is up to the counties if they want to spend it on the2034 programs. A lawsuit has been filed because the MHSA language was very explicit that these were dollars to go on top of existing funding and not to be used to supplant, as the whole point of MHSA was to expand services. • The Grand Opening of the new Detox and Sobering Center was held on Wednesday, January 9th. We expect services to begin on January 18th. These programs were funded with Measure "A" dollars. 	
<p><u>Presentation</u> CalMEND Project</p>	<p>Dr. Doug DelPaggio, , FERC Project Lead presented the following info:</p> <ul style="list-style-type: none"> • California Mental Health Care Management Program (CalMEND) was established in 2005. • <i>Mission Statement:</i> CalMEND's mission is to develop and support publicly-funded mental health services and supports in California that are person-centered, safe, effective, efficient, timely and equitable, that are supported by friends and community, that promote wellness/recovery, and that 	

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<p><i>Presentation: FERC (Cont.)</i></p>	<p><i>fully incorporate shared decision making between consumers, family members and providers.</i></p> <ul style="list-style-type: none"> • <i>CalMEND is support by funds from the Mental Health Services Act (MHSA) and, CalMEND operates under the sponsorship of the California Department of Health Care Services (DHCS) in collaboration with the Department of Mental Health (DMH). Professional expertise in areas of psychiatry, health informatics, recovery and support systems, finance and project management are provided by the California Institute for Mental Health (CIMH).</i> <p><i>CalMEND will serve to:</i></p> <ul style="list-style-type: none"> • <i>Develop a care management program that is applicable in all settings of care for individuals with mental illness;</i> • <i>Create a blueprint for redesign of clinical care provisions of the mental health care system;</i> • <i>Design tools and techniques to promote recovery-driven practices and programs; and</i> • <i>Address ethnic, cultural and linguistic disparities through the promotion of culturally competent, relevant and informed services throughout care systems.</i> <p><i>CalMEND wants to transform the manor of which care is delivered to individuals with mental illness and change from being provider driven to more person centered with a focus on wellness and recovery. Dr. Marye Thomas explained that an example of provider driven delivery of service is where a physician decides what medication a consumer should be prescribed, as where a person centered program tends to involve joint decision making where you sit with the client and find out from the client what did and didn't work for them to achieve the goals including medication. We are moving from a patriarchal kind of system where there is somebody to decide what is best for the client to a more equitable system where the client sits and is totally involved taking responsibility for their recovery.</i></p> <ul style="list-style-type: none"> • <i>During fiscal year 2006/2007, CalMEND initiated the following pilots: Reduction in inappropriate Polypharmacy: a Collaborative Performance Improvement Project (PIP) Six county mental health programs have joined efforts to evaluate the causes and design interventions to reduce the inappropriate use of antipsychotic medications in the treatment of individuals with serious mental illness. Outcomes Assessment This pilot will test and evaluate the use of an outcomes assessment instrument with Los Angeles County Mental</i> <p><i>Validate the Problem</i></p> <ul style="list-style-type: none"> ○ <i>Problem definition – The monitoring and management of metabolic adverse effects of antipsychotic medications are not done as would be desired. These effects can cause increased morbidity and mortality and reduce client function and satisfaction</i> ○ <i>Why a priority – People with SMI served by public health systems live, on average, at least 25 years less than the general population.</i> ○ <i>Explanation of county's scope of influence – The population includes those prescribed 2 or more AP's receiving services thru BHCS Service Teams and Physicians.</i> ○ <i>Measurements –Initial adherence – 50%, currently approaching 70%.</i> ○ <i>Baseline – Completed via chart reviews. Is there justification for use of polypharmacy? Adherence to obtaining metabolic labs. Were labs reviewed? Follow up for labs outside normal limits.</i> 	

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	<ul style="list-style-type: none"> ▪ <i>Change of medication and or dose</i> ▪ <i>Discussion of physical health lifestyle improvements</i> ▪ <i>Referral to primary care MD, and last date of conversation</i> ▪ <i>None of the above</i> ○ <i>Neuro-endocrine in-service (Jan-Mar 2008)</i> <ul style="list-style-type: none"> ▪ <i>Collaboration with Alameda Alliance for Health</i> ▪ <i>Psychiatrists & primary care physicians</i> ○ <i>Archived Webcast</i> ○ <i>BHCS Program Staff Meetings (Dec-Mar 2008)</i> <ul style="list-style-type: none"> ▪ <i>CalMEND overview</i> ▪ <i>Alameda PIP overview</i> ▪ <i>Educational handouts</i> ▪ <i>Client/family handouts</i> ○ <i>Consumer Rollout (TBD)</i> 	
<u>Action Items</u>	<p>A. <i>Appoint a Liaison t BHCS Budget Task Force – Pat Buchanan shared that she was interested in being appointed.</i></p> <p>B. <i>Appoint a Liaison to Housing Committee – Maxine Oliver-Benson has applied to be on the BHCS Housing Committee.</i></p> <p>C. <i>Appoint a Liaison t Criminal Justice Oversight Committee – Current Board Members are not showing an interest in this committee. It was proposed to table this item.</i></p>	<p><i>Pat Buchanan’s appointment to the BHCS Budget Task Force was approved.</i></p> <p><i>Maxine Oliver-Benson’s appointment to the BHCS Housing Committee was an approved.</i></p> <p><i>The appointment of a liaison to the Criminal Justice has been tabled to a future meeting.</i></p>
<u>Discussion Items</u>	<p>A. <i>Mental Health Community Service Awards & Dinner – Pat Buchanan and Jose Reyes are going to meet with Barry Hall to plan the 2008 Awards and Dinner in May. The first meeting will be help immediately following the February 11th MHB Meeting.</i></p>	
<u>Chair Report</u>	<p><i>Deborrah Bremond - None</i></p>	
<u>Liaison Report</u>	<p><i>Alameda County Family Coalition (ACFC) – Margot Dashiell</i></p> <p><i>ACFC is still concerned about the Family Education Resource Center and the consultant report. ACFC feels that it was not as compressive as they would want and did not include any interviews with NAMI people. ACFC would like to sit down as a group and look at the report of the recommendations to supplement. ACFC expressed their concerns to BHCS staff but felt</i></p>	

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	<p><i>they didn't get a response, so they said they go where they can get attention. ACFC's concern is that the Family Education Resource Center is so badly needed and knows about the tragedy to children that is happening in Alameda County. ACFC knows that there are family members inside the NAMI that would get help here and are affective because there isn't assistance for kind of things. So ACFC is looking forward to the development of the Family Resource Center. ACFC was given to believe that what the county adopts would be determined, that it would be a complete model and given to whatever agency wins the proposal to run as developed in the proposal. ACFC wants to make sure that the proposal is as complete as promised.</i></p>	
<u>Correspondence</u>	<ul style="list-style-type: none"> • <i>Santa Clara County Meeting Agenda and Minutes</i> • <i>City of Berkeley Meeting Agenda and Minutes</i> 	
<u>Public Comments</u>	<i>None</i>	
<u>Board Comments</u>	<p><i>Supervisor Gail Steele requested a report of the history of MHB Members of recent years that details the dates of appointment and reason for leaving the Board. She will also requested that the recruitment letter sent to the BOS in December from the MHB be on the BOS retreat agenda.</i></p>	

*Meeting was adjourned @ 2:14PM
Minutes submitted by Agnes F. Catolos*