

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

Meeting called to order @ 12:10 by Chair Rochelle Elias

**HOUSEKEEPING**

Roll Call / Introduction of Guests

**Mental Health Board Members:**

**Present:** Deborrah Bremond, Rochelle Elias, Alane Friedrich, Dorothy King, Maxine Oliver-Benson and Sup. Gail Steele

**Excused:** Pat Buchanan, Dr. Anthony Hare, Dr. Stephen Post and Dr. Laura Mason

**BHCS Staff:** Agnes Catolos, Linda Leung Flores, Barry Hall, Gilda Mansour, Carolyn Novosel, Carl Pascual, Gary Spicer, Marye Thomas, MD and Wendi Wright

**Public:** John Woodruff, Rev. Barbara Meyers, Khatera Aslami (PEERS), David Chiang, Crystal Johnson, Hong Tran, Cuong Luu, Janet Escudero (Tri-city), John Young, Leslie Preston (La Clinica Dela Raza), Beatrice Lee (APPS), Brian Garcia (PEERS), Jen Lee (AHS), Lorenzo Kearney, David Ranson, Varsha Chauhan (Tri-city), Maria Lourdes Torres (POCC), Barbara Jacobs and John Fong (ACMHS), Margot Dashiell (ACFC), Loretta Bautista (Tiburcio Health Center)

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b><u>Approval of June 2008 MHB Minutes</u></b>	Not approved...no quorum	
<b><u>Prevention Early Intervention (PEI) Final Public Hearing</u></b>	Ms. Elias stated that the MHB conducted the Public Hearing to comply with the CA. Dept. of Mental Health (DMH) requirement for a community planning process for PEI component of MHSA which was circulated for review and comment for 30 days and here at the MHB meeting is the final public hearing which will be incorporated in the final plan as part of the county's mental health program response. Ms. Elias introduced Carl Pascual, MHSA planner who provided more info on PEI plan.  Mr. Pascual thanked the MHB for conducting the PEI final public hearing and the final	

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<p><i>PEI Final Public Hearing (Cont.)</i></p>	<p><i>day for public to make comments which will be done at the end of the presentations. MHSA planning staff were introduced: Linda Flores, Gilda Mansour and Wendi Wright. Mr. Pascual distributed PEI executive summary and full draft plan and provided info on the following:</i></p> <ul style="list-style-type: none"> <li><i>o Summary of the MHSA: Prop. 63 was approved by voters in 2004, it's a 1% tax on incomes over a million dollars for CA residents to transform the public mental health system. MHSA was implemented in the following components: 1) Community Supports and Services Plan-which is the 50% of the total allocation, currently Alameda County has over 14 CSS programs. 2) PEI-which is \$7.2 mil. 3) Workforce Education and Training</i></li> <li><i>o The purpose of PEI is to reduce the negative outcome associated with untreated mental illness, the state has defined 5 specific community mental health needs that PEI must address: 1) disparities in access to mental health services 2) psycho social impact trauma 3) programs for at risk children, youth and young adult population 4) stigma and discrimination 5) suicide risk. Other parameters for the county to address are: ▪ to make sure that all ages are served ▪ to ensure that 51% of the funds serve individuals ages 0-25 ▪ to ensure to address disparities in access to services for underserved ethnic community ▪ to ensure that all regions of the county must have access to services. Alameda County's PEI allocation will be approx. \$7.2 mil per year; BHCS will retain 15% for infrastructure and 85% will go towards programs.</i></li> </ul> <p><i>4 Phases in the PEI Planning Process:</i></p> <p><i>Phase I: Nov. to Dec. 2007-Community Input Process</i></p> <p><i>Phase II: Jan. to Mar. 2008-Strategy Development- there were 2 planning panels 1) General planning panel focused on the needs of a specific population 2) Underserved Ethnic and Language planning panel looked at particular needs of ethnic communities who don't have access to the mental health system.</i></p> <p><i>Phase III: April-May 2008-Strategy Prioritization-there were 17 strategies presented to the Ongoing Planning Council (OPC), strategies were prioritized to 8 programs.</i></p> <p><i>Phase IV: June-July 2008-Plan, Submission an Approval-it's now the end of Phase IV and it's the final day of 30 day review period.</i></p> <p><i>8 proposed programs are:</i></p> <ol style="list-style-type: none"> <li><i>1.A. School-Based Consultation in Preschools</i></li> <li><i>1.B School-Based Consultation in Elementary and Middle Schools</i></li> <li><i>1.C School-Based Consultation in High Schools</i></li> <li><i>2. Early Intervention for the Onset of First Psychosis &amp; SMI among TAY</i></li> <li><i>3. Mental Health-Primary Care Integration for Older Adults</i></li> </ol>	

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<p><i>PEI Final Public Hearing (Cont.)</i></p>	<p>4. <i>Stigma &amp; Discrimination Reduction Campaign</i>  5. <i>Outreach, Education and Consultation for the Latino Community</i>  6. <i>Outreach, Education and Consultation for the Asian Pacific Islander Community</i>  7. <i>Outreach, Education and Consultation for the South Asian and Afghan Community</i>  8. <i>Outreach, Education and Consultation for the Native American Community</i></p> <p><i>The Public Comments are as follows:</i></p> <p>1) <i>Darnell Levingston-stated that he’s been part of the process from the beginning and he addressed that the African-American population was not part of the strategy, he would like the OPC to go back to the table and look at the strategies again.</i></p> <p>2) <i>Steve Eckert (Exec. Dir. of East Bay Agency for Children and President of AC Council of MH Agencies)-On behalf of the ACCMHA Children Committee he addressed to make sure that children and youth of the community are served and asked that the BHCS to be very careful in the process of developing RFP’s and monitoring of accepted projects to ensure that the service delivery is targeted toward children and youth and consistent with PEI guidelines around 51%.</i></p> <p>3) <i>John Fong (Exec Dir of Asian Community MH Services)-addressed that the Asian/Pacific Islanders(API) and Latinos strategies are under funded relative to all strategies in the entire plan and asked that when additional funding becomes available to ensure that API and Latinos strategies will be fully funded before considering to fund new strategies.</i></p> <p>4) <i>Beatrice Lee (Exec. Dir. for Asian Pacific Psychological Services/member of OPC/member of the planning panel of Ethnic Language Disparity Committee/Chair of Disparities Committee in ACCMHA)-On behalf of the ACCMHA she addressed to raise awareness that it will cost a lot more to serve the underserved ethnic communities and asked that when the additional funding becomes available to ensure that all strategies are fully funded to be more effective and also addressed to consider putting additional funds in Primary Care.</i></p> <p>5) <i>Loretta Bautista (Tiburcio Health Center)-addressed support for Primary Care Integration strategy that the OPC has recommended and prioritized for PEI funding.</i></p> <p>6) <i>Lorenzo Kearney (Howie Harp)-addressed concern re: African-American community not being part of the strategy.</i></p> <p>7) <i>Jen Lee (Asian Health Services)-She served as a member of the Underserved Ethnic Language Panel, helped in developing primary care integration strategy and advocating for API community. She asked that the original proposal and strategy be revisited and addressed that if additional funds will become available to really consider a portion to the needs of API and Latino Community towards services proportion to the population being served.</i></p>	

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<p><i>PEI Final Public Hearing (Cont.)</i></p>	<p>8) <i>Maria Lourdes Torres (She is a Filipina, a member of the Pool of Consumer Champions and a consumer at Asian Community MH Services, AC Voc. Prog. and Dept. of Rehab)- she felt that the PEI strategies its an opportunity to engage more consumers; she hoped that PEI strategies will make sense.</i></p> <p>9) <i>Abdul Olorode (Howie Harp/Traveler’s Aid)-addressed the need to have integration program among all agencies in Alameda County to be able to call each other and interact about clients, he felt that its not all about money and that it should depend on how agencies are taking care of clients; addressed that the crimes against homeless are increasing not just in Alameda County but nationwide as well.</i></p> <p>10) <i>Varsha Chauhan (Tri-City Health Center) expressed support to Primary Care Integration, urged to consider the primary care integration seriously to make it more cost effective and efficient.</i></p> <p>11) <i>John Woodruff ((member of OPC)-stated that he is supporting the entire plan, he is excited to see that all of the strategies are implemented and he’s happy to be part of the PEI planning process.</i></p> <p>12) <i>Sally Zinman (member of Pool of Consumer Champions/Consumer Relations Team of BHCS)-she addressed 2 concerns 1) stigma and discrimination affecting all ages and all ethnicities 2) addressed the absence of African-American strategy; she felt that the county should find a way of interpreting the state guidelines to serve African-American.</i></p> <p>13) <i>David Ranson (Howie Harp)-addressed that mental health should not be separated, its an issue for all races, all communities, he felt that everybody should be working together and no group should be left out.</i></p> <p>14) <i>Margie Padilla (ACBHCS)-she is the representative of the AC Early Childhood Policy Committee and she runs a program for children 0-6; she would like to emphasized that the PEI strategy for 0-6 is the foundation for all of the other subsequent strategies, addressed that the 0-6 mental health consultation got the lowest fund and she requested that any additional PEI funding or any 1-time allocation be consider for strategy 1 A.</i></p> <p><i>MHB members comments:</i></p> <ul style="list-style-type: none"> <li>◦ <i>Maxine Oliver-Benson-addressed concern about the disparity of the African-American population not represented and would like to know where would African-American fit in the strategies, how will they be included in the process.</i></li> <li>◦ <i>Rochelle Elias-asked if there’s some other ways to project how African-American are going to be served and asked if there’s any plan to look at issues i.e. recidivism of African-American in Santa Rita Jail and violence prevention.</i></li> </ul>	

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<i>PEI Final Public Hearing (Cont.)</i>	<ul style="list-style-type: none"> <li>◦ <i>Alane Friedrich-stated that because the MHB is not part of the approval process, the only thing that is possible for them to do is to send a letter stating that the MHB agree or disagree with the strategies; the job of the board is to review and evaluate the mental health system; as member of the OPC, Ms. Friedrich would like to see the Primary Care Reintegrated from being voted out from the approved strategies when additional funding comes in.</i></li> <li>◦ <i>Deborrah Bremond-felt that the most important thing at this point is that the county is looking at the unserved, underserved and inappropriately served population and also looking at children and youth. She addressed that providers should have training in serving 0-5 population and asked the BHCS to be very cognizant with the RFP process i.e. ensuring that providers have training and experience.</i></li> <li>◦ <i>Dorothy King-addressed her concern re: African-American population being underserved.</i></li> </ul>	
<b><u>Emergency Action Item</u></b>	<p><i>Ms. Elias made a motion to have an Emergency Action Item to be added on the July Agenda.</i></p> <p><i>Ms. Elias made a motion to draft a letter about making a recommendation re: public comments from the PEI public hearing and preceding PEI meetings that took place.</i></p>	<p><i>M/S/C Ms. Elias/ Ms. Oliver-Benson All favor Motion Passed</i></p> <p><i>M/S/C Ms. Elias/ Ms. Friedrich All Favor Motion Passed</i></p>
<b><u>Presentation</u></b> <i>BHCS Adult System of Care</i>	<i>Due to time constraint, the presentation was tabled.</i>	
<b><u>Director's Report</u></b>	<p><i>Dr. Thomas stated that she has 2 comments: 1) Commended and thanked the MHB for conducting the public hearings, MHB is mandated and required to host only 1 public hearing but the MHB did 5 additional hearings, one per supervisorial districts.</i></p> <p><i>2) Dr. Thomas felt that they need to correct a misperception concerning African-Americans being underserved in the system, it is not the case 34% of the resources in the system go to serve African-Americans and their population is only 15%. The vast majority of services that go to African-Americans are in very restrictive settings i.e. in hospitals and criminal justice system. Dr. Thomas stated that with the instructions they got from the state to address issues of underserved populations in the PEI plan she felt that it is also important to pay attention to the issue of culturally incompetence and inappropriate services to African-American.</i></p> <ul style="list-style-type: none"> <li>◦ <i>Budget update-the county was able to close the budget gap to \$74 mil; Health Care</i></li> </ul>	

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<i>Director's Report (Cont.)</i>	<p><i>has assigned deficit of \$14 mil; BHCS \$2 mil; the Dept. anticipated to close this gap with additional revenue, there is no deduction in service at this point because the state budget has not yet pass, the budget may pass in mid Aug or if not up to Oct. The County Admin. Office anticipated that there could be another \$45 mil impact to the county budget, BHCS Dept. is cautious in terms of filling positions and spending money because they don't know what the impact of the state budget would be.</i></p> <ul style="list-style-type: none"> <li><i>o Family Education Resource Center (FERC) update-RFP has been completed, BHCS' recommendation to the BOS is to offer the contract to Mental Health Association.</i></li> <li><i>o Family Relations Manager update-the dept. will be interviewing for the Family Relations Manager, once this position is filled the dept. felt that they will be able to move forward with family issues in the same way consumer issues have moved by having a Consumer Relations Manager (Jay Mahler)</i></li> <li><i>o Mental Health Court-there will be a meeting on July 23<sup>rd</sup> at the AC Conference Room from 3:30-6pm; many people are strong supporter of the mental health courts but there are some people who are opposed to it and some people are a little frightened and concerned re: force treatment, coercion etc. Dr. Thomas related that they've worked very hard in AC to have a coalition between providers, family members, consumers etc. and that it's really important to have a dialogue on how the mental health court will look like if Alameda County will have one and there's need to be very decisive as far as the coalition is concern; there will be representatives from other counties that have mental health courts and there will be a panel that will involve the providers, family members, consumers etc. Everyone was invited to come.</i></li> </ul>	
<b><u>Chair Report</u></b>	<p><i>Ms. Elias stated that she together with Ms. McInnis (former board member) and Ms. Friedrich met with Sup. Haggerty, they addressed the issue of lack of services in District 1 which is going on for a long time now, they tried looking at different ways to expand services in Pleasanton Livermore area and they also discussed board recruitment.</i></p>	
<b><u>Committee Chair Report</u></b> <i>Adult Committee</i>	<p><i>Ms. Friedrich stated that the Adult Committee had an excellent presentation from Native American Health Center at their last month's meeting and what she would like to try to do at their next meeting is to have a discussion to start doing some site tours and the feasibility of moving the committee meeting around those different agencies.</i></p>	
<i>Children's Advisory Committee (CAC)</i>	<p><i>Ms. Novosel stated that in CAC July meeting they were engaged in a presentation with a consultant re: the strategic plans that they are working on since last year and that they are anticipating to be able to distribute a written report in the fall. Ms. Novosel related that in regards to expanding services to Pleasanton/Livermore area, there is some attention made to develop a school based clinic and they are hoping that Dublin, Pleasanton and Livermore will create a school based program.</i></p>	

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<i>Public Awareness Committee (PAC)</i>	<i>Ms. Elias stated that the PAC is currently on hold pattern, they are trying to figure out how the Speaker's Bureau will take part in PEI.</i>	
<b><u>Liaison Report</u></b> <i>Alameda County Family Coalition (ACFC)</i>	<i>No report given.</i>	
<i>Housing Committee</i>	<i>Distributed handout from Housing Committee Meeting.</i>	
<i>MHSA Report</i>	<i>No report given.</i>	
<i>Budget Task Force</i>	<i>No report given.</i>	
<b><u>Public Comments</u></b>	<i>Mr. Levingston addressed the need to have a consumer run agency/board.</i>	
<b><u>Board Comments</u></b>	<p><i>Sup. Steele stated that when looking at where services are needed it is important to look at the population and expressed that there is really lot of needs in south and east county.</i></p> <p><i>Ms. Elias felt that the issue on lack of services in south and east county is going on for decades and it really needs to be addressed i.e. transportation issue, no access to mental health care needs etc. She suggested looking at the current demographic info to see how to have a fair distribution of resources in the future.</i></p> <p><i>Dr. Thomas stated that she can provide the demographic info; she felt that there are 2 ways to address disparities: 1) with new money and to pay attention to geographic access 2) reallocate resources. Dr. Thomas felt that she and Sup. Steele should talk re: lack of services in east and south county.</i></p> <p><i>Ms. Elias stated that Ms. Bremond is leaving the board.</i></p> <p><i>Ms. Bremond stated that she has been on the board for 2 years and that it has been an interesting learning process; she is an advocate for children 0-5 and as a member of the board it's been confusing for her in terms of how to address her claims; its been an enlightening experience for her to really understand the transition that are occurring in the county i.e. PEI. She is leaving the board to focus on her work at First 5; she will continue to make changes that she needs to make from the advocacy perspective because she felt that being on the board there is no relationship with the BHCS, she would like to change the relationship.</i></p>	

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