

Alameda County Mental Health Board Minutes
November 17, 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: Rochelle Elias, Alane Friedrich, Lisa Gifford, Luvenia Jones, Dorothy King, Sheldon Koiles, Dr. Laura Mason, Maxine Oliver-Benson, Dr. Stephen Post, Ravi Sodhi and Sup. Gail Steele

Excused: Pat Buchanan and Dr. Anthony Hare

BHCS Staff: Agnes Catolos, Barry Hall, Barbara Majak, Gary Spicer, Lillian Schaechner and Julie DaCosta

Public: Victoria Lerner, Lorenzo Kearney (HHMSC), Jerome Attaway (HHMSC), Joseph Carter (HHMSC), Marv Salazar, John Hazen and Barbara Jacobs

ITEM	DISCUSSION	ACTION
<u>Approval October 2008 MHB Minutes</u>	No correction was made to the October 2008 MHB minutes.	Approval of Oct.2008 MHB Minutes M/S/C Ms Oliver-Benson/Ms. Mason All favored
<u>Presentation:</u> ACCESS and Crisis Response Program (CRP)	<p>Presentation on Acute Crisis Care and Evaluation for System-wide Services (ACCESS) presented by Ms. Lillian Schaechner (Director Of ACCESS Program)</p> <ul style="list-style-type: none"> • Overview of ACCESS i.e. <ul style="list-style-type: none"> ◦ ACCESS Program is a systemic-wide point of contact for the ACBHCS Behavioral Health Plan.(BHP) ◦ ACCESS Program expects to deliver a timely, clinically appropriate, person centered, culturally competent intervention or referral for mental health and alcohol and drugs services ◦ ACCESS receives crisis calls and urgent inquiries 	

<i>ITEM</i>	<i>DISCUSSION</i>	<i>ACTION</i>
<p><i>Presentation: ACCESS and CRP (Cont.)</i></p>	<ul style="list-style-type: none"> ◦ <i>ACCESS is staffed by Licensed Clinicians (i.e. MFT's, Psychologists, etc.); business hours 8:30-5pm, M-F; after working hours and weekend calls are answered by Crisis Support of Alameda County</i> • <i>Services Provided by ACCESS i.e. Verification of BHP eligibility (Medi-cal, Child and Family Services, etc.); Telephone screening of clinical service need (medical necessity criteria); Crisis screening and referral; Determination of appropriate level of service and provider selection, etc.</i> • <i>Specialty Mental Health Services Insurance Plans-Beginning Nov. 1, 1997, ACBHCS became responsible for: implementing the consolidation of Medi-cal Specialty mental health services (Phase II) established in BHP and people of all ages receiving Short-Doyle/Medi-cal services, etc</i> • <i>ACBHCS Insurance Plans i.e. Medi-cal, Child & Family Services, CALWorks, Medically Indigent Children, Prop. 36, etc.</i> • <i>EPSDT Programs-ACBHCS has contracted with many CBO's to expand mental health services for child and youth who qualify for EPSDT</i> • <i>Authorization of Out-of-Plan Services-County BHP's ensures access to outpatient specialty mental health services for adopted, foster care and Kin-gap children place out of county origin.</i> • <i>Level of Care for Children and Adults:</i> <ul style="list-style-type: none"> ◦ <i>Level 1 Services-are intensive, comprehensive mental health services provided by an organizational provider that include case management or wrap around services</i> ◦ <i>Level 3 Services-are less intensive office-based mental health services delivered by a single practitioner.</i> • <i>Crisis and Urgent Care for Youth and Children i.e. Willow Rock Center, Children's Hospital BERT the Crisis Response Program, Mobile Crisis Response, etc.</i> • <i>Crisis and Urgent Care for Adults - Sausal Creek, John George, Mobile Crisis Response, Crisis Response Program, Berkeley Mental Health</i> • <i>Info on the State Dept. of Mental Health Medi-Cal Managed Care-Medical necessity for specialty mental health services that are the responsibility of the mental health plans</i> <p><i>Presentation on CRP presented by Julie DaCosta (Assistant Program Director of CRP)</i></p> <p><i>CRP's mission is to avoid unnecessary hospitalizations, to provide short-term voluntary therapeutic treatment and case management of adults in crisis, and to link adults to appropriate longer term mental health services.</i></p>	

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<p><i>Presentation: ACCESS and CRP (Cont.)</i></p>	<p><i>CRP provides the following services for adults in Alameda County residents (excluding Berkeley and Albany)</i></p> <ul style="list-style-type: none"> ◦ <i>Provide telephone and walk-in crisis intervention, screening info and referral</i> ◦ <i>Evaluation of adults for assignment to Level 1 ACBHCS Case Management Services</i> ◦ <i>Provide brief psychiatric treatment including medication support as appropriate</i> ◦ <i>Provide psychiatric consultation to primary care providers</i> ◦ <i>Disaster response as necessary</i> ◦ <i>Provide Mobile Crisis response for adults in Downtown Oakland</i> ◦ <i>Non-urgent mobile outreach for adults by appointment in other areas of Alameda County</i> <p><i>Ms. Jones felt that Mobile Crisis Team should be relocated because she believed that Downtown Oakland is pretty cleaned up.</i></p> <p><i>Ms. King asked if Mobile Crisis Team do outreach to business owners in Downtown Oakland because some homeless people destruct businesses.</i></p> <p><i>Ms. Majak responded that some homeless individuals don't meet the criteria for 5150, they are not considered a danger to themselves or others (a criteria described by LPS law) to be picked up by the police or to be voluntary detained.</i></p> <p><i>Sup. Steele stated that in most cases police will not call Crisis Response or will not 5150 homeless individuals due to some disagreement about gravely disabled and she felt that the board should look at the definition of the gravely disabled.</i></p> <p><i>Ms. Elias would like to have law enforcement attend MHB meeting.</i></p> <p><i>Sup. Steele responded that it would be difficult because it differs in each city and most difficult populations are in Oakland and Hayward.</i></p> <p><i>Mr. Koiles would like to know the percentage of 5150 done by the Oakland Police versus the CRP because he felt that the Mobile Crisis has more understanding of 5150 than the police.</i></p> <p><i>Ms. Majak responded that they need to be in contact with the Oakland Police to get figures of 5150 done by the police.</i></p>	

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<p><i>Presentation: ACCESS and CRP (Cont.)</i></p>	<p><i>CRP locations and hours of operation: Brief Outpatient Services 8:30am-5pm, M-F; North County Office located in Oakland and South County Office located in San Leandro at the Fairmont Campus; CRP has 3 satellite sites in Fremont, Valley and Livermore.</i></p> <p><i>Mobile Crisis Team in Downtown Oakland hours: 10am-8pm, Monday to Friday; Non-urgent mobile outreach for adults by appointment in other areas of Alameda County, 8:30am-5pm</i></p> <p><i>Referral Sources i.e.: ACCESS 800#; John George; Sausal Creek; Primary Care Clinics, Villa IMD/Morton Bakar, Crisis Support of Alameda County, Criminal Justice MH, etc.</i></p> <p><i>CRP Staffing: Licensed Clinicians i.e. Social Workers, Psychiatrists; with culturally diverse staff with Spanish, Tagalog, Cantonese and Korean Speakers; refer Spanish speakers consumers to La Familia and La Clinica and Asian speakers to Asian Community Mental Health; AT&T language services and Translation Services including ASL.</i></p> <p><i>CRP Activity in 2007: 4000 requests for services; 712 Mobile Crisis Team Requests; Approximately 25% of adults evaluated were assigned to Level 1 services.</i></p> <p><i>Guidelines of Level 1 Assignment-Adult residents of Alameda County who have serious and persistent mental illness which causes substantial impairment in community functioning and no other appropriate source of mental health treatment.</i></p> <p><i>Screening Dimensions: Demographics; availability of alternative treatment, diagnosis (medical necessity); psychiatric and substance abuse history and danger to self of others</i></p> <p><i>Included diagnoses for Level 1: i.e. Schizophrenia; other psychotic disorders; Bipolar 1 disorder; major depressive disorder that is severe and persistent with psychotic features and multiple hospitalizations; severe obsessive compulsive disorders, etc.</i></p> <p><i>Excluded diagnoses: i.e. Delirium, dementia, mental disorders due to general medical conditions, substance related disorders, etc.</i></p> <p><i>Co-occurring Disorders-an individual may receive services for an included diagnosis when an excluded diagnosis is also present</i></p> <p><i>Categories for Brief Treatment Eligibility:</i></p> <ul style="list-style-type: none"> <i>• Crisis need-need an evaluation due to imminent risk, may be danger to self or others,</i> 	

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<i>Presentation: ACCESS and CRP (Cont.)</i>	<p><i>may need to get police involvement and can go to Sausal Creek for voluntary admission.</i></p> <ul style="list-style-type: none"> <i>• Urgent need-need an evaluation due to some risk but not imminent and may wait 1-3 days for contact.</i> <i>• Crisis Prevention need-evaluation is needed if all indications of crisis is likely to develop in the next few weeks without some assistance</i> <i>• Diagnostic clarification-diagnosis is unclear and there is a possibility that individual may meet criteria for level 1 services.</i> <p><i>Length of Brief Treatment: Consumers are treated long enough to resolve the immediate crisis and coordinate disposition; treatment is usually 30 days but can be extended when more time is needed for connection to appropriate services.</i></p>	
<p><u>Action Items:</u> <i>A. To Approve a Letter to Gov. Schwarzenegger and Steve Mayberg (DMH Director) re: Spending MHSA Fund</i></p>	<p><i>Ms. Friedrich made a motion to approve the letter to Gov. Schwarzenegger and Steve Mayberg.</i></p> <p><i>Discussion took place whether to use the words “confiscate or bail out” in place of borrowing.</i></p> <p><i>Ms. Mason amended the motion to approve the letter with the revision on the first paragraph as suggested by Sup. Steele that will strongly convey that the board is objecting to the use of Proposition 63 money to cover the budget deficit.</i></p>	<p><i>M/S/C Ms. Mason/ Dr. Post 10-Ayes/ 2-Abstained Motion Passed</i></p>
<p><i>B. To approve a letter to ask CALMH Board to take action re: MHSA Fund to be spent by the Governor</i></p>	<p><i>Ms. Mason made a motion to approve the letter to be sent to the CALMHB with the Sup. Steele’s revision on the first paragraph of the letter.</i></p>	<p><i>M/S/C Ms. Mason/ Ms. Gifford 10-Ayes/ 2-Abstained Motion Passed.</i></p>
<p><u>Discussion Items:</u> <i>MHB Training on Saturday, Nov. 15, 2008</i></p>	<p><i>Ms. Elias stated that the MHB Training held on Saturday, Nov. 15th turned out really good and expressed that she really appreciates the people who organized the training. Ms. Elias commended Mr. Hall for an excellent job he had done with the training and thanked him for his help with the recruitment of the board and added that if board members have questions about the board process and logistics they can contact Mr. Hall.</i></p>	
<p><u>Director’s Report</u></p>	<p><i>Ms. Majak stated that the BHCS Budget Task Force will resume meeting early next year; the MHB was asked to select 5 members to attend the budget meeting which takes place every Tuesday from 3pm-6pm in Alameda Room at BHCS Offices, 2000 Embarcadero Cove in Oakland.</i></p>	

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<i>Director's Report (Cont.)</i>	<p><i>Mr. Spicer provided updates on the following:</i></p> <ul style="list-style-type: none"> • <i>Prevention Early Intervention (PEI) Plan-the PEI plan has been submitted to the state; the DMH was charged in approving county plans except the PEI and innovative programs, the Oversight and Accountability (OAC) will approve the PEI plans; the OAC was appointed by the Governor. . .the PEI plan is on calendar of the Nov. 20th meeting of OAC.</i> • <i>Workforce Education and Training (WET) Plan-The draft of the WET Plan was released for public review for 30 days; there were 6 public info session across the county. Mr. Spicer related that most of the comments from the hearings have been really favorable to the plan and about 80% of the comments are appreciation for the plan. The MHB will be conducting the final public hearing for WET Plan on Dec. 8th.</i> <p><i>Mr. Spicer stated that they met with the staff of the Board of Supervisors (BOS), a question and answer session occurred to be sure that BOS staff has understanding of the plans.</i></p>	
<u>MHB Chair Report</u>	<p><i>Ms. Elias welcomed new board members and expressed that she was really pleased with their involvement and participation on the board. Ms. Elias made an announcement of the MHB Holiday Gathering on Dec. 14th at Alane's home; all MHB members are invited.</i></p> <p><i>Ms. Friedrich added that various committee members and BHCS staff are invited as well.</i></p>	
<u>Committee Chair Report</u> <i>Adult Committee</i>	<p><i>Ms. Friedrich stated that the Adult Committee minutes from previous meeting was included in the MHB meeting packet, she encouraged board members to come to Adult Committee meeting and mentioned that in November meeting they will have Wellness Recovery and Resiliency presentation by Margaret Walkover.</i></p>	
<i>Children's Advisory Committee (CAC)</i>	<p><i>Sup. Steele stated that the CAC had round table discussions with mental health and alcohol and drug providers for children and youth in Alameda County and expressed that one difficulty they faced was a lot of difference in opinions around substance abuse.</i></p> <p><i>Ms. Majak mentioned that the State Dept. of AOD hardly funded any alcohol and drugs issues for adolescent, the BHCS Dept. developed a lot programs with their own resources. The State Dept. of AOD did not also pursue with the expansion of EPSDT.</i></p>	
<i>Public Awareness Committee (PAC)</i>	<p><i>Ms. Elias stated that the PAC is moving toward working with media to give PAC some guidance in regards to some issues i.e. housing issues.</i></p>	
<u>Public Comments</u>	<p><i>Mr. Carter and Mr. Attaway provided some updates on what is happening at Howie Harp. Mr. Kearney provided info on Howie Harp's winter shelter.</i></p>	
<u>Board Comments</u>	<p><i>None.</i></p>	

Meeting was adjourned @ 2:15PM
Minutes submitted by Agnes F. Catolos