

Alameda County Mental Health Board Minutes
October 13, 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: Pat Buchanan, Rochelle Elias, Alane Friedrich, Lisa Gifford, Luvenia Jones, Dorothy King, Sheldon Koiles, Maxine Oliver-Benson, Dr. Laura Mason and Sup. Gail Steele

Excused: Dr. Anthony Hare

Absent: Dr. Stephen Post

BHCS Staff: Agnes Catolos, Gigi Crowder, Barry Hall, Barbara Majak, Carolyn Novosel, Carl Pascual, Marye Thomas, MD, Toni Tulleys, Margaret Walkover and Rosa Warder

Public: Darnell Levingston, Barbara Jacobs (ACFC), Khatera Aslami (PEERS) Juan Gonzalez (POCC) and Ravi Sodhi

ITEM	DISCUSSION	ACTION
<u>Approval September 2008 MHB Minutes</u>	No correction was made to the Sept. 2008 MHB minutes.	Approval of Sept.2008 MHB Minutes M/S/C Ms. Buchanan/ Ms. Oliver-Benson All favored
<u>Presentation:</u> Community Services and Supports (CSS) Progress Report	Mr. Pascual stated that CSS is the first component of the MHSA; which were designated as Full Service Partnerships (FSP) that targeted homeless individuals of all age ranges in Alameda County and Outreach and Engagement/System Development (OE/SD) Programs. The State required the Dept. to provide progress report at the end of every calendar year to highlight achievements and challenges. Mr. Pascual distributed a handout that highlighted what happened in 2007 as follows: Page 1 & 2: Described implementation progress of CSS programs e.g.	

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<p>CSS Progress Report (Cont.)</p>	<p><i>FSP 1-Homeless Outreach & Stabilization Team (HOST)-Bonita House completed start-up phase and began enrollment of clients.</i></p> <p><i>Page 3: Described the major implementation challenges that the county has encountered in 2007 which were resolved in 2008 such as:</i></p> <p><i>1) Family Education and Resource Center (FERC)-the implementation of FERC has been limited; an RFP was issued but only one proposal received; in 2008, the RFP was awarded to the AC Mental Health Association.</i></p> <p><i>2) Integrated Mental Health and Primary Care Integration for Older Adults-the hiring of the Older Adult Director in 2008 provided the necessary leadership and direction for these programs and it was assessed that it is more appropriate for these programs to operate under the less restrictive guidelines of PEI.</i></p> <p><i>Page 4-5: Described examples of a successful activities, strategies or programs implemented through CSS.</i></p> <p><i>Page 6: Described efforts to address disparities</i></p> <p><i>Page7: Described one challenge the county faced in implementing efforts/strategies to overcome disparities.</i></p> <p><i>Page 8: Described stakeholder involvement.</i></p> <p><i>Exhibit 6: Three-year Plan: Quarterly Progress Goals and Report-Listed FSP's and OE/SD Programs from FY 07-08 up to Aug. 08.</i></p> <p><i>MHSA CSS-System Transformation Initiatives (Updated October 2008)</i></p> <ul style="list-style-type: none"> <i>• Cultural Competence- Ms. Crowder (Ethnic Services Manager) stated that the Cultural Competence Committee (CCC) reconvened in May 2007 which is made of individuals that represented family members, consumers, providers, community and BHCS Staff. CCC worked with Ethnic Language and Disparities Group in PEI planning; CCC made 9 recommendations to the Ongoing Planning Council (OPC) such as: to address issues specific to the inappropriately served i.e. African-American males. Ms. Crowder stated that her primary responsibility is reducing disparity.</i> <i>• Family Initiatives: 1) Rosa Warder (newly hired Family Relations Manager) described what her responsibilities are e.g.: to provide leadership, to increase family involvement and to address family needs. 2) FERC -Ms. Warder provided some updates on FERC i.e. they are in the process of recruiting the Program Director; FERC main site will be located in Eastmont Mall with satellite sites in Livermore and Fremont and another site in North Oakland.</i> <i>• Wellness/Recovery/Resiliency (WRR) - Ms. Walkover (Director of WRR) stated that the hub's role is to provide consultation and technical assistance. Examples of what they</i> 	

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<p>CSS Progress Report (Cont.)</p>	<p>are doing are: Providing consultation to John George to integrate homeless recovery practices into patient care and Psychiatric Emergency Services (PES); they are working with Creating Homes; they design PEER support wellness component; they are working in collaboration with Workforce Development and also to MHSA planning to bring self help into the service teams. Their planning effort's main focus is the WWR Task Force which will assist the hub to develop strategies and recommendations for the BHCS System of Care Directors; the task force will be implemented with the assistance of Yale University Program and in collaboration with Consumer Relations Teams.</p> <ul style="list-style-type: none"> • Consumer Involvement-Jay Mahler (Consumer Relations Manager) stated that in the development of CSS plan back in 2005 there really wasn't any infrastructure that organize to have consumer involvement; the BHCS Admin. recognized it and provided Mr. Mahler the authority to form the Pool of Consumer Champions (POCC) and he was able to use the CSS one time only \$s to help organize the group, POCC now have 206 members and consist of 7 committees i.e. Criminal Justice Committee, Trauma Committee, Orientation Committee, etc. POCC members who participate in committees receive stipend and they also had the opportunity to be sent to conferences i.e. Cultural Summit Conference, CA Network Conference, etc. Mr. Mahler mentioned that the other 2 important issues to be identified are: 1) the role of spirituality and the faith based community initiative 2) trauma informed care. <p>Ms. Jones stated that she really appreciate that JG is working together with Ms. Walkover. She related that she's happy to be part of the POCC and mentioned that she's involves in 4 committees.</p> <p>Mr. Levingston stated that the POCC should be recognized a little bit more and be provided with more resources.</p> <p>Mr. Koiles expressed his gratitude to POCC because he has been to various places and never really get connected to anything it's through POCC where he finally was able to be connected to the community and that it became his family.</p> <p>Ms. King stated that she's happy to hear that services do exist because as a parent of a consumer she had difficulty looking for services for his son it's the reason why she became board member and she would like to have info about the parity bill.</p> <p>Dr. Thomas stated that there's a 1 page parity bill info that can be emailed to the MHB.</p>	

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<p><i>Workforce Education and Training (WE&T) Planning</i></p>	<p><i>Ms. Tulleys (WE&T Manager) stated that prior to working in Alameda County she was the Director of Workforce Development for CA. Institute for Mental Health; she was working with the State Dept. of Mental Health and with the counties all over CA. to plan their workforce piece. Ms. Tulleys distributed a handout that consisted the following:</i></p> <p><i>A Brief Overview of WE&T Planning:</i></p> <ul style="list-style-type: none"> <i>• WE&T component is divided between local/county initiatives and state administered initiatives.</i> <i>• Counties must complete and submit a WE&T Plan to the State DMH for review and approval to receive funding.</i> <p><i>County WE&T Plan Requirements:</i></p> <ul style="list-style-type: none"> <i>• Involve community process</i> <i>• Workforce needs assessment using a State template to provide a snap shot of what the county's workforce currently look like</i> <i>• Identify Action/Strategies with outcomes</i> <i>• Budget</i> <i>• 30 Day Public Review of Draft Plan</i> <p><i>DMH WE&T Funding Categories:</i></p> <ul style="list-style-type: none"> <i>• Workforce Staffing Support</i> <i>• Training and Technical Assistance</i> <i>• Career Pathways</i> <i>• Financial Incentive Program</i> <i>• Residency & Internship Programs</i> <p><i>AC WE&T Plan Framework</i></p> <ul style="list-style-type: none"> <i>• VISION-to ensure a workforce that is sufficient in size, diversity and with linguistic capacity to deliver services and supports to consumers and family members that are culturally competent and integrate the values of wellness, recovery and resiliency.</i> <i>• Five Primary Goals:</i> <ul style="list-style-type: none"> <i>◦ To increase consumer, family member and parent partner employment and retention rates</i> <i>◦ To increase workforce diversity, cultural competency and language capacity</i> <i>◦ To recruit and retain individuals in hard to fill positions</i> <i>◦ "Grow Our Own" To develop career pathways and financial incentives for current ACBHCS staff</i> <i>◦ To partner with educational institutions to create articulated educational pathways</i> <i>• Actions:</i> <ol style="list-style-type: none"> <i>1) WE&T Coordination and Infrastructure</i> <i>2) Consumer & Family Member Training & Employment Toolkit</i> 	

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<i>WE&T Planning (Cont.)</i>	<p>3) ACBHCS Training Institute 4) Community College Career Pathway 5) Educational Campaign to Increase Workforce Diversity 6) Stipend Programs/Financial Support-Certificates-Graduate School 7) Loan Assumption Program 8) Coordinated Internship Program</p> <ul style="list-style-type: none"> • Objectives • Outcomes <p>November 2008-review draft WE&T Plan December 2008-present final WE&T Plan following 6 public comment sessions throughout the county</p> <p><i>Ms. Tulleys stated that she is available for any comments and suggestions.</i></p> <p><i>Ms. Mason stated that she is the Director of Training in the PhD Program at UC Berkeley and she would like to know how can she participate in a training and cultural competence and be able to share it to her students at UC Berkeley.</i></p> <p><i>Ms. Tulleys responded that it would be great to meet with Ms. Mason together with Ms. Crowder.</i></p>	
<p><u>Action Items:</u> To Make a Recommendation to Administration to Offer MHB Members Stipend for Attending Board Meeting</p>	<p><i>Ms. Elias made a motion to recommend to the Admin. that the MHB members be offered a stipend similar to Berkeley Mental Health Commission but eliminating the income requirement; the acceptance of the stipend depends on individual decision; members can either accept or decline; stipend will be \$40 for official meeting not to exceed 2 meetings each month.</i></p> <p><i>Ms. Friedrich stated that there is no history for MHB members receiving stipend for attendance and they are only allowed to claim transportation expenses which is permitted in the legislation. She believed that other county commissions do not get paid to attend meetings and the Mental Health Planning Commission on the state level does not get paid as well. She stated that the idea of participation is volunteerism and addressed that there are few volunteers now.</i></p> <p><i>Ms. Elias added that the Berkeley policy in stipend is based on trying to assist individuals who may have some type of economic hardship.</i></p>	<p><i>M/S/C Ms. Elias/ Ms. Buchanan Favored-8 Opposed-2 Motion Passed</i></p> <p><i>Dr. Thomas stated that they will accept the recommendation but they will have to go to the BOS and to County Council.</i></p>

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<p><i>To Make a Recommendation to Administration to Offer MHB Members Stipend for Attending Board Meeting (Cont.)</i></p>	<p><i>Ms. Oliver-Benson related that she seats on another board and receives stipend and stated that in order to claim mileage expense need to have at least 30 miles to submit reimbursement.</i></p> <p><i>Sup. Steele stated that she has no problem in getting mileage reimbursement but she does not support that board members should get paid in attending meetings especially now that the budget is really a concern.</i></p>	<p><i>Dr. Thomas will check on the 30 miles limit in submitting claim.</i></p>
<p><u>Discussion Items:</u> <i>A. Public Awareness Committee (PAC) Stigma Reduction Project</i></p>	<p><i>Ms. Elias stated that at the previous PAC meeting they've discussed the Request for Proposal (RFP) for PEI funding for Stigma Discrimination component and what she would like to happen is to have a vendor's conference to ensure a comprehensive approach to stigma reduction, reduce disparities and be culturally effective.</i></p> <p><i>Dr. Thomas stated that before RFP happens they usually do a vendor's conference where any of interested parties are able to come and hear the overall principles that the Dept. is looking for.</i></p> <p><i>Ms. Elias asked if the Dept. has ever done the vendor's conference in a specialized interest or with specific area i.e. vendor's who address stigma reduction in underserved communities.</i></p> <p><i>Dr. Thomas responded that what they will probably do in the overall context of the vendor's conference is to address issues on stigma and discrimination, to ensure cultural competency meets some of the guidelines that have been put forth by the Cultural Competence Committee and to include family and consumers. Dr. Thomas related that what had occurred recently in the RFP process was they had vendors partner with another vendor and submitted a single RFP.</i></p> <p><i>Ms. Elias would like to work with Ms. Crowder to find out what is going on with Cultural Competence Committee.</i></p> <p><i>Sup. Steele addressed her concern about county agencies that discriminates children who have mental illness and also addressed to make sure that families have not become an adjunct to what the system is doing.</i></p> <p><i>Ms. Warder stated that she is a family member and she will ensure that family members and children are included in the process.</i></p>	

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B. MHB and Committees' Goals & Work Session	<p><i>Ms. Elias stated that the board needs to start looking at goals and she proposed to have a work session in January to be partially facilitated by CIMH staff and would like to set up an ad-hoc committee to design the work session. She stated that the board needs to develop a collective vision to help with what the board wants to accomplish and to undertake on the responsibility in the mission statement i.e. Adult Committee will embark on doing site visits. Ms. Elias would like to know what tools to use to effectuate site visits as a means of reviewing Alameda County mental health needs. She would like the board to start looking at how or what recommendations to make to the Admin. in improving the situation of mentally ill homeless. She would like various committees to start thinking of setting goals.</i></p> <p><i>Ms. Elias asked who would be interested to be involved in planning the work session.</i></p>	<p><i>Members who expressed interest in planning the work session were: Maxine Oliver-Benson, Alane Friedrich and Luvenia Jones.</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>• BHCS Budget Task Force-the MHB will need to appoint members to attend Budget Task Force meeting which will reconvene soon; the budget meeting takes place every Tuesday from 3pm-6pm, in Alameda Room at BHCS Bldg; the MHB is encouraged to have 5 members participate in the budget process.</i> <i>• State Budget-the Dept. anticipated most of what was at the state budget and incorporated most of what passed in their budget.</i> <i>• Criminal Justice Inpatient Program Update-the Dept. is moving forward with the implementation plan that will allow to hospitalize inmates who need acute inpatient treatment in Alameda Count and it will be located in North County Jail as opposed to sending inmates to Santa Clara County.</i> <i>• Mental Health Court-BHCS Admin. have visited mental health courts in San Francisco, Santa Clara and Contra Costa County because they will be developing a model that is appropriate to Alameda County; the goal will be to keep people in treatment and to reduce the recidivism into the jail system.</i> 	
<u>MHB Chair Report</u>	<p><i>Ms. Elias stated that there are 6 new board members, she and Mr. Hall will set up board training for new members on Nov. 15th and if this date is not possible will ask members for an alternative date.</i></p>	
<u>Committee Chair Report</u> <i>Adult Committee</i>	<p><i>Ms. Friedrich stated that the Adult Committee minutes from previous meeting were included in the packet. In Nov. meeting, they will be discussing site visit and how to evaluate the system as a whole and mentioned that Dr. Ratner will be doing a Housing Presentation. Ms. Friedrich hoped that the new members can attend Adult Committee meeting which takes place every 3rd Monday of the month from 1-3pm in Alvarado Niles Room at BHCS Bldg.</i></p>	

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<i>Children's Advisory Committee (CAC)</i>	<i>Ms. Novosel stated that in CAC Sept. meeting they did some work with the co-occurring initiative and in Oct. Meeting they've started integrating the adolescent alcohol and drug providers to attend CAC and it's a working progress.</i>	
<i>Public Awareness Committee (PAC)</i>	<i>Covered under Discussion A.</i>	
<u>MHB Liaison Committee</u> <i>Budget Task Force</i>	<i>Not meeting yet.</i>	
<i>Criminal Justice Oversight Committee</i>	<i>No report given</i>	
<i>Housing</i>	<i>No report given.</i>	
<i>MHSA/OPC</i>	<i>No report given.</i>	
<i>Quality Improvement Committee</i>	<i>Ms. Friedrich stated that the Quality Improvement Committee has an upcoming meeting at the end of Oct.</i>	
<u>Community Liaison Report</u> <i>Alameda County Family Coalition</i>	<i>No report given, Ms. Dashiell was not present.</i>	
<i>Berkeley Mental Health</i>	<i>No report given, Mr. Diehl was not present.</i>	
<u>Public Comments</u>	<p><i>Mr. Gonzalez thanked the board for the recognition of his participation in Mental Health Matters. He related that the first time he's attended the MHB meeting the board was lacking consumer members and he is pleased that there are now consumer members on the board and added that hopefully the board will have more diverse members i.e. Latinos, Asian/Pacific Islanders, etc.</i></p> <p><i>Mr. Levingston would like to know which mental health court is consumer friendly, he felt that Santa Clara & San Francisco mental health courts are not consumer friendly. He also addressed issues concerning stigma discrimination and dual diagnosis and mentioned the need to have a consumer run board.</i></p>	
<u>Board Comments</u>	<i>None.</i>	

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