

**Alameda County Mental Health Board
ADULT COMMITTEE MINUTES
November 16, 2009 ♦ 12:00pm-2:00pm
Strawberry Canyon Room**

Meeting called to order @ 12:10pm by Alane Friedrich

HOUSEKEEPING

Roll Call/Introduction of Guests

MHB Members: Alane Friedrich, Rochelle Elias, Sam Greyson, Lisa Gifford, Laura Mason, and Sheldon Koiles

Attendees: Beverly Bergman (Family Caregiver Advocate), Pansy Taft-Butkowski (Sausal Creek), Mary Suilmann (Telecare)
Francesca Tenenbaum (Patients' Rights Advocate), Dennis Romano (ACCMHA), Kathie Zatzkin

BHCS Staff: Agnes Catolos, Michael Lisman and Evelyn Egger

ITEM	DISCUSSION	PLAN/ACTION
Approval of Adult Committee Sept. 2009 Minutes	Ms. Gifford made a motion for the approval of the Adult Committee Sept. 2009 minutes.	M/S/C Ms. Gifford/ Ms. Bergman Motion passed.
PRESENTATION: A. Areas the Adult System covers, why?	<p>Mr. Lisman provided an overview of Adult Services that included the following info:</p> <ul style="list-style-type: none"> ▪ Peter Alevisos (Director of Adult System of Care) oversees ACCESS and Crisis Response Program. ▪ ACCESS Program is the 800# that people can call to find out what services are available and it provides screening and referral services. ▪ Crisis Response Program (CRP is supervised by MaryAnn D-Onofrio)-assess individuals and make referral to service teams; CRP is located in 5 sites: 1) Downtown Oakland 2) Fairmont Hospital Campus in San Leandro 3) Family Resource Center in Fremont 4) Multi-service Center in Livermore 5) Valley Community Support Center in Pleasanton. ▪ Service Teams provide services to individuals with serious mental ill who needs case management kind of psychiatry services. There are 18 service teams in the county; Mr. Lisman is responsible for the 5 county operated service team sites; there are about 8 CBO Service Teams: BOSS, BACS, Bonita House, La Clinica, La Familia, Asian Community Mental Health, STARS and West Oakland. 	

<p>Areas the Adult...(Cont.)</p>	<p>Mr. Koiles asked how are the Service Teams compared to Assertive Community Treatment (ACT) Teams.</p> <p>Mr. Lisman responded that Service Teams have a ratio between case manager and the clients that they serve which is about 1 case manager to 30 - 35 clients while the ACT Teams serve about 10 -15 clients per case manager.</p> <p>Ms. Friedrich asked to clarify if everyone gets a Service Team or not.</p> <p>Mr. Lisman responded that no, people have to qualify, they have to be serious enough with their illness because it's a high level of resource.</p> <p>Ms. Elias asked what would happen to patients discharge from John George who is serious enough mental illness and how would they access the Service Teams or the ACT Team.</p> <p>Ms. D'Onofrio responded that the Service Teams have a system with John George if somebody was identified, they can be referred directly to Service Teams either they set up an appointment at the hospital before the person leaves or they review the documentation and make the determination if the person meets the criteria to be assigned to a Service Team.</p> <p>Ms. Zarkin asked how do people get off ACT Team or Service Team to make more room for people who can probably benefit for those services?</p> <p>Mr. Lisman responded that he believed that when ACT Team was created the thought was for people to stay with the team for a year or 2 and then they will step down to service team but there is no clear outline of how people graduate from ACT Team and Service Team as a result Choices for Community Living (formerly Creating Homes) was created to provide housing, intensive employment services and peer support to help people graduate and be able to live independently in the community. The Choices Program will also teach the case managers how to be more partnership oriented with the clients that they serve through wellness and recovery concept.</p>	
<p>John George Pavilion</p>	<p>Diane Stewart was introduced, she is the new Interim Administrator at John George. She stated that she is still meeting with staff and doctors and attending various meetings to get familiar.</p> <p>Ms. Sohn stated that people who go to John George go through an ambulance after they have been medically cleared by a facility where 5150 was done e.g. Eden Hospital,</p>	

<p>John George Pavilion (Cont.)</p>	<p>Washington or St. Rose.</p> <p>Ms. Eggert clarified that medically cleared means the patient is verified with stable physical condition e.g. no high blood sugar, no infection or not intoxicated prior to being admitted in a psychiatric inpatient.</p> <p>Ms. Stewart added that medical clearance is done: 1) to make sure that the psychiatric program to be provided is the appropriate treatment 2) to make sure that individuals doesn't have unwind medical condition and they meet criteria to come to a psychiatric hospital.</p>	
<p>REPORTS: Sausal Creek (SC) Report</p>	<p>Ms. Taft-Butkowski provided an overview of services at SC and stated that they were created in 2002 as an alternative program for clients who needs assistance with their mental health conditions that perceived as an urgent but not necessarily emergent enough for someone to be hospitalized. She presented the Sausal Creek Oct. report; the report included data e.g. Admission - 339 Walk-ins- 232 Mental Health Referrals- 95 AOD Providers Referrals- 12 Uninsured- 205 Ave. Length of Waits for services (minutes)- 120 Ave. Length of Visits (hours)- 5 5150's-John George-6 Self/Family/Friends- 283 Clients New to Sausal Creek- 90 Clients New to County System-53 Not in need of new referral to ACBHCS system- 160</p>	
<p>Patients' Rights Advocates (PRA) Report</p>	<p>Ms. Tenenbaum presented the PRA Oct. report; the report included data e.g. Total Calls Received: 708 ▫ Complaints of Codes/Regulations Violations-14 ▫ Requests for Information/Assistance-694 ▫ Voicemail Message Received- 248 Investigations Conducted-14 Facility Monitoring Visits- 16 Training/Educational &/or Consultation Sessions-20 Source of Patient Calls Including Messages Left i.e.: JGP-162; Fremont-74; Herrick-51 Type of Calls i.e.: ◦ Abuse-11 ◦ Patients' Rights- 119 ◦ Quality of Care-39 ◦ Legal-203 Patient Representation: 5250 Certifications (14 day holds) # of patients certified - 430 Number of Patients upon who petitions were filed- 51</p>	

PRA Report (Cont.)	<p>Ms. Tenenbaum related the following info:</p> <ul style="list-style-type: none"> ▪ PRA continue monitoring JG and some of the issues that they are currently addressing e.g. patients should be wearing their own clothes and the quality of snack that patients are getting. ▪ Herrick Hospital continues to be unwilling to have PRA provide trainings to their staff and doctors. Herrick has done some violations around due process and making more mistakes around involuntary holds. Ms. Tenenbaum stated that they are taking a much harder approach to get Herrick work with them. 	
Family Caregiver Report	<p>Ms. Bergman presented the Family Caregiver Oct. Report; the report included the following:</p> <ul style="list-style-type: none"> ▪ She received a total of 116 calls in October (40- repeat calls from family members; 98 call from Alameda county; 17 from other counties) ▪ John George: she had 46 contacts with new family members; 58 contacts with repeat family members. ▪ She related that the Wellness and Recovery Committee at JGP developed a proposal to be submitted to BHCS to request the Yale Group to comeback to continue the Practice Change Workshops at John George. 	
Consumer & Family Grievance Report	*Consumer and Family Grievance Report was distributed.	

*Meeting Adjourned @ 2PM
Minutes submitted by Agnes Catolos*