

Alameda County Mental Health Board Minutes
August 10, 2009 ♦ 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, Luvenia Jones, Sup. Gail Steele, Patricia Sweetwine, Lisa Gifford, Sheldon Koiles, Pat Buchanan, Kelly O’Lague- Dulka and Laura Mason

Absent: Maxine Oliver-Benson, David Avila, Dorothy King, Stephen Post, and Ravi Sodhi

BHCS Staff: Barry Hall, Gary Spicer, Barbara Majak, Agnes Catolos, Margaret Walkover, Andree Reyes, Jaleah Winn, Carl Pascual and Gilda Mansour

Public: Terri Dougherty (JGPP), Dennis Romano (ACCMHA), Steve Bischoff (MHAAC), Margot Dashiell (ACFC), Sam Greyson, Francesca Tenenbaum (Patients’ Rights Advocate), Hazel King (Patients’ Rights Advocates), Bonnie Wheatley, Michael Diehl (BMHC), Abdul Kazeem (Howie Harp) and Joseph Carter (Howie Harp)

ITEM	DISCUSSION	ACTION
Public Comment	None	
Approval of June and July 2009 MHB minutes	Not approved...no quorum	
Correspondence	The following handouts were distributed: <ul style="list-style-type: none"> • Family Education Research Center Update • Bonita House Newsletter 	
Action Item	None	
Presentation John George Presentation- Wellness and Recovery (Part I)	Ms. Terri Dougherty (Director of Occupational Therapy) and Margaret Walkover (Director of Wellness Recovery Resiliency (WRR) Hub) presented info on Wellness and Recovery at John George (JG). Ms. Walkover provided the following info:	

<i>ITEM</i>	<i>DISCUSSION</i>	<i>ACTION</i>
<p><i>John George Presentation (Cont.)</i></p>	<ul style="list-style-type: none"> • <i>WRR Hub is responsible for project management around bringing recovery education strategies to the BHCS.</i> • <i>The BHCS Dept. acquired a contract with the Yale Program on Recovery and Community Health about a year ½ ago; the program was brought to JG to bring wellness practices into the culture and operations of the hospital to provide better care for patients and also to provide better conditions to staff.</i> • <i>The WRR Hub and Yale consultants work with JG’s Wellness Recovery Workgroup in collaboration with the Patients’ Rights Advocates and they designed the intervention for that hospital that will have 3 practice change workshops where staff, consumers and family members share their own experience of recovery, talk about what is going on at JG and what they want to change.</i> <p><i>Ms. Daugherty provided the following info:</i></p> <ul style="list-style-type: none"> • <i>JG’s Goal for Recovery-Hope; Personal Responsibility; Education; Self-Advocacy and Support</i> • <i>Working towards Wellness at JG; what have JG done thus far? e.g.</i> <ul style="list-style-type: none"> ▫ <i>Competency Fair</i> ▫ <i>Encouraged staff to mentor wellness</i> ▫ <i>Walked at the NAMI walk</i> ▫ <i>Engaged with BHCS, WRR Hub and Yale Group</i> ▫ <i>Did 2 workshops-1st workshop was very successful with interdisciplinary staff from JG; 2nd workshop included ancillary staff e.g. security guards now approaches patients and families differently.</i> • <i>Comments from Workshops e.g.</i> <ul style="list-style-type: none"> ▫ <i>It was very helpful, the consultants were great and loves having the consumers involved.</i> ▫ <i>Seeing it through the eyes of the patient is eye opening.</i> ▫ <i>I will listen to the patient.</i> • <i>Future of Wellness and Recovery at JG e.g.</i> <ul style="list-style-type: none"> ▫ <i>Continues to be a priority</i> ▫ <i>Would like continued training by the WRR Hub and Yale consultants</i> ▫ <i>Would like to be a location for WRAP groups</i> <p><i>Ms. Walkover related that the Yale consultants identified that JG facility is designed for more wellness oriented programs where there’s a lot of space e.g. there’s an outdoor courtyard and there’s a place for people to gather.</i></p>	

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<p><i>John George Presentation (Cont.)</i></p>	<p><i>Questions and Answers such as:</i></p> <p><i>Ms. Gifford expressed interest in doing a site visit to JG and asked who funds Yale Consultants and when is it over?</i></p> <p><i>Ms. Walkover responded that the funding for Yale consultants came from MHSA one-time fund and the contract will expire in 2010.</i></p> <p><i>Ms. Elias asked how much time Yale Group spend at JG.</i></p> <p><i>Ms. Walkover responded that the Yale Group go to Alameda County once a month for the whole week and they go to JG during that week to do the Practice Workshop which is a 2 day workshop.</i></p> <p><i>Ms. O'Lague-Dulka asked for clarification re: JG's staffing issues whether its because of retention issues or hiring of substitutes.</i></p> <p><i>Ms. Dougherty responded that they have lots of travelers (nurses who travel to work in a facility for a certain period of time) and what they are struggling right now is providing training to somebody who is not going to stay.</i></p> <p><i>Ms. Elias asked if JG has looked into the issue of employee burn out.</i></p> <p><i>Ms. Dougherty responded that she understands that the managers are very sensitive to employee burn out and that as a manager herself, she is aware of the stress in working in a high anxiety environment.</i></p> <p><i>Ms. Dashiell asked what JG is doing to engage families.</i></p> <p><i>Ms. Dougherty responded that families are also part of the 2-day workshop and they've had family members participated and shared family members perspective of their experience with JG.</i></p> <p><i>Mr. Koiles expressed that he thought the main purpose of JG is to get the patient a medicine to stabilize them, but he pointed out that he didn't hear anything about medication on the presentation.</i></p> <p><i>Ms. Dougherty responded that they do want to talk to the patients that taking medication will help them manage their illness better, they want to discuss to patients why they don't</i></p>	

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<i>John George Presentation (Cont.)</i>	<p><i>want to take medication though patients have a right to refuse medication and they want to work with patients how to take control of their mental illness without taking medication.</i></p> <p><i>Ms. Walkover stated that one of the reasons why MHSA passed was to provide funding for education services and support around how to use medication better and also other things that people need to do to take care of themselves. She added that there are several initiatives going on in the community to create more opportunities for peer support that impacts mental health.</i></p>	
<i>Innovations Planning</i>	<p><i>Ms. Gilda Mansour distributed a handout that described guidelines and planning process and provided the following info on MHSA and Innovations Planning:</i></p> <ul style="list-style-type: none"> ▫ <i>MHSA’s intent is to transform the public mental health and to serve people with mental illness who never received treatment before. Five funding streams of MHSA were: 1) Community Service and Supports 2) Prevention and Early Interventions 3) Workforce Education and Training 4) Capital and Technology 5) Innovations (INN)</i> ▫ <i>INN funding is 5% of the total funding for Alameda County and it is funded for 2 years for a total of \$2.1 mil.</i> ▫ <i>INN Project is one that contributes to learning rather than a primary focus on service delivery; it’s a mental health project that never been done before to make a change to existing mental health approaches including adaptation for a new setting or community and it introduces a new application to the mental health system of a promising community driven practice that has been successful in non-mental health settings.</i> ▫ <i>7 steps of BHCS’ Proposed INN Grant Project:</i> <ol style="list-style-type: none"> <i>1) Community Education was developed provide education on the INN guidelines and mental health system. Individuals/Informal groups; Partner Agencies; Community Agencies; Other County Agencies e.g. Social Services, Probation, etc will be invited to participate in the process. This phase is where Innovation Board is created which will be comprised of non-traditional mental health stakeholders.</i> <i>2) INN Project Pitches-will provide an opportunity to interested parties to submit a 2 page narrative of innovative project grant pitch and it should contain learning component to promote an “outside the box” thinking to really improve the quality of mental health programs and services.</i> <i>3) INN Board Recommendations-will look at the projects, they will make recommendations and will decided whether or not a project will be funded.</i> <i>4) INN Draft Project Plans-the INN Board will work with the BHCS Executive</i> 	

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<p><i>Innovations Planning (Cont.)</i></p>	<p><i>Administration to further refine the project plans.</i></p> <p>5) <i>INN Projects Comment and Review-community members will be able to provide comment and review of the process to the OPC.</i></p> <p>6) <i>The Alameda County INN Project Portfolio- will include a learning component and will improve the quality of services and better outcomes.</i></p> <p>7) <i>INN Project Feedback and Sharing of Best Practices Cycle-where people will share successes, challenges and lessons learned.</i></p> <p>▫ <i>INN Project will be posted on Friday, August 14th and public hearing will take place on Sept. 14th.</i></p> <p><i>Questions and Answers:</i></p> <p><i>Ms. Jones asked if somebody can apply with a very small scale project.</i></p> <p><i>Ms. Mansour clarified that individuals or group with fiscal sponsor can apply and the scale of the project does not really matter as long as it is a new practice that will be new in the system.</i></p> <p><i>Ms. Mason asked how do agencies apply?</i></p> <p><i>Ms. Mansour responded that there will be a formal application process, they've developed a draft of the application form, the provider should be able to answer a few questions e.g. what is the goal of the project?; what is the learning question?; what is the amount of budget?; what is the anticipated timeframe? Etc.</i></p> <p><i>Ms. Gifford asked what is the timeframe in completing the process of the grant.</i></p> <p><i>Ms. Mansour responded that they are still planning on the timeframes and they plan to release info at the community education meeting. She stated that Sept. 14th is the date for public hearing for INN Plan, then the plan will be submitted to the State for approval which usually takes 30 to 60 days; they don't anticipate to start the process until January 2010.</i></p> <p><i>Mr. Koiles asked about what "contribute to learning" really meant.</i></p> <p><i>Ms. Mansour responded that the INN funding stream is a formal way to capture the specific learning question for a project.</i></p>	

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Director's Report	<p><i>Ms. Majak provided the following updates on the budget:</i></p> <ul style="list-style-type: none"> • <i>Reduction on Prop 36 (Crime Prevention Act) funding- Mr. Spicer stated that Alameda County has received about \$5 mil Prop 36 funding for substance abuse services to be provided for non-violent drug offenders as an alternate to incarceration. At present, there is about \$45 mil Prop 36 allocation statewide which used to be \$108 mil; some of the amendment funding is coming from a federal level which is called the Offender Treatment Program (OTP) funding; Alameda County can get about \$2 mil to cover a \$5 mil, but it gets complicated because the OTP funding is not allowed to be used for any administrative cost support, it can only be used for direct services...Prop 36 implementation is a partnership with other county agencies e.g. BHCS (as the lead agency), Probation Dept, Public Defender's Office, District Attorney's Office, etc. and without any administrative cost support its highly at risk. Alameda County will have a total resource of about \$3 mil because in addition to the \$2 mil there is a \$1 mil that the BHCS Dept. has accumulated at the county level to be carried over. Mr. Spicer stated that the dept's. goal is to keep as much Prop 36 programs as they can and related that they are communicating with their partners on how to provide Prop 36 without administrative cost support.</i> • <i>Medi-Cal Managed Care Reduction-Ms. Majak stated that Alameda County is the managed care organization for county residents who have Medi-cal and in need of specialty mental health care; the State is taking back money that they had allocated 17 years ago, the BHCS Dept. does not know how much portion of the allocation for Alameda County will be taken back, but their guess is \$1.7 mil; the dept. is still waiting for DMH's allocation methodology and they are also waiting for clarification re: Medi-Cal benefit for individual who needs a level of care in a facility like Gladman, Villa Fairmont or Morton Bakar. She added that they believed that the State has decided to not pay the ancillary services in this year's budget e.g. x-ray, pharmacy, medications, lab work, etc.</i> • <i>CalWorks Reductions-CalWorks started about 10 years ago and it has been funded through a protected pot of money from Social Services Agency (SSA) which is dedicated to provide alcohol and drug and mental health services for individuals who were participating in CalWorks program in order to achieve employment status and in this year's Governor's budget the protection for CalWorks funding has been lifted, and now SSA is facing a significant reduction in CalWorks as well as other services that will affect clients e.g. In-home Support Services. Ms. Majak related that they will be meeting with SSA and they may know whether SSA would want to continue funding mental health services and alcohol and drugs or use those dedicated funding for other aspects of CalWorks.</i> 	

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<i>Director's Report (Cont.)</i>	<ul style="list-style-type: none"> <i>Ms. Majak stated that up to this moment nothing is certain with the budget because of the significant impact of the state budget to the county.</i> <p><i>Sup. Steele stated that there is no clear idea what the county will be going to do with the budget issues and related that the State is taking \$40 mil of property taxes in addition to other reductions that are direct services to people e.g. Medi-Cal services.</i></p> <p><i>Mr. Romano stated that although the CBO's have not gotten cuts in their contracts but with no COLA or maintenance of effort increase it creates a substantial impact to CBO's and as a result many of the agencies are making cuts such as reducing staff and services. He expressed that there may be more cuts later on.</i></p>	
MHB Chair Report	<p><i>Ms. Elias would like to have an additional item to the agenda re: the priority issues that was discussed at the MHB Gathering Workshop.</i></p> <p><i>Ms. Gifford made a motion to add a discussion item on priority issues to the agenda.</i></p>	<p><i>The motion did not pass, the majority of MHB members abstained.</i></p> <p><i>Further discussion will take place at the Executive committee.</i></p>
Committee Chairs Reports <i>Adult Committee</i>	<i>Ms. Friedrich distributed Adult Committee July minutes; she stated that the committee's August meeting was canceled and at the Sept. meeting they will have presentation on Alcohol and Drug.</i>	
<i>Children's Advisory Committee (CAC)</i>	<i>No report given.</i>	
<i>Public Awareness Committee (PAC)</i>	<i>Ms. Elias stated that the PAC met with Jay Mahler and talked about having Speaker's Bureau in different faith communities to do outreach about doing mental health awareness in various regions of Alameda County.</i>	
Public Comments	<i>Mr. Kazeem addressed his concern re: Howie Harp, he felt that its not fair to delegate somebody else to provide services at Howie Harp, he would like to be included in the selection process and he addressed that he does not want his center to be closed down.</i>	
Board Comments	<i>None.</i>	

Meeting was adjourned @ 2:20PM