

Alameda County Mental Health Board Minutes
January 12, 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, Lisa Gifford, Luvenia Jones, Dorothy King, Sheldon Koiles, and Sup. Gail Steele
 Pat Buchanan, Dr. Laura Mason, Maxine Oliver-Benson, Dr. Stephen Post and Ravi Sodhi

BHCS Staff: Agnes Catolos, Barry Hall, Barbara Majak, Gary Spicer and Marye Thomas, MD

Public: Lorenzo Kearney (HHMSC), Joseph Carter (HHMSC) and Abdul Olorode (HHMSC/TAS)

ITEM	DISCUSSION	ACTION
<u>Approval December 2008 MHB Minutes</u>	No correction was made to the December 2008 MHB minutes.	Approval of Dec. 2008 MHB Minutes M/S/C Ms. Friedrich/ Ms. Oliver-Benson All Favored
<u>Correspondence:</u>	Ms. Elias related the following: <ul style="list-style-type: none"> ◦ Kelly Dulka (who will be appointed soon) invited MHB members to the Tri-Valley YMCA 9th Annual Martin Luther King Breakfast on April 27th from 7:30am-9:30am ◦ A judge from Alameda County Municipal Court expressed interest in joining the mental health court. ◦ A researcher/clinician from UCSF who does research on early psychosis expressed interest in collaborating with the county and Ms. Elias stated that she will provide details to Dr. Thomas. 	
<u>Presentation:</u> Full Service Partnerships (FSP)	Ms. Majak described what FSP's are and how they got started; FSP's are funded through the 1 st component of the MHSA which is called the Community Supports and Services (CSS) with particular focus on reaching out to populations that are homeless and in need of more intensive client intervention and engagement; all 58 counties have FSP's. Systems	

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<p><i>FSP Presentation (Cont.)</i></p>	<p><i>of Care that use FSP are: Adult, TAY and Older Adults. Bonita House-Homeless Outreach and Stabilization Team (HOST) Program is the first program implemented.</i></p> <p><i>Mark Shotwell (Program Director for Bonita House HOST Program) presented the following info:</i></p> <ul style="list-style-type: none"> <i>• HOST Program is designed to reach to homeless individuals who had been underserved or unserved by the mental health system which opened in spring 2007 and enrolled their 1st partner on May 30, 2007 and currently they are at full capacity with 90 partners.</i> <i>• HOST Outreach has interacted with over 360 unique individuals for preliminary screening since opening; if individuals do not qualify for the program alternative resources are provided.</i> <i>• HOST Outreach does “whatever it takes” to engage potential partners throughout Central and Northern Alameda County and they go to variety of places i.e. under the freeways, streets, creeks, encampment etc.</i> <i>• HOST utilizes the “housing first” model to move partner from the streets or encampments into emergency housing and then into their own apartments; they have 55 partners in permanent housing; 96% housing retention and 4% are individuals who lost their units due to ongoing issues i.e. substance abuse or landlord eviction. The average time to move partners from emergency housing to permanent is about 2 to 3 months.</i> <i>• HOST provides Supported Employment Program which is a consumer driven approach to employment services that include: on the job training, career exploration, job advancement, supported education and brokerage to other vocational and educational resources. Employment Gains: 30% are engaged in job search for competitive employment; 36% are enrolled in vocational and/or educational programs; 75% are actively working in immediate Opportunities for Employment Programs that allows partners to learn on the job functions for selected occupations i.e. moving assistance team, emergency food warehousing team, etc. HOST does Adopt a Block Program in Oakland to earn income for same day employment and give back to the community and to play an active and ongoing role in cleaning, greening and maintaining the neighborhoods and streets in Oakland. HOST collaborated with Wardrobe for Opportunity that provides the clothing and make over for individuals who wants to return to employment.</i> <i>• How HOST is different in other services in the county:</i> <ul style="list-style-type: none"> <i>▫ Field based</i> <i>▫ Intensive Outreach</i> <i>▫ Housing First</i> <i>▫ Full team approach</i> <i>▫ All services provided by the team</i> <i>▫ 24/7</i> <i>▫ Flex funds</i> <i>▫ Whatever it takes</i> 	

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<p><i>FSP Presentation (Cont.)</i></p>	<ul style="list-style-type: none"> • <i>Eligibility Requirements:</i> <ol style="list-style-type: none"> 1. <i>Chronically and currently homeless</i> 2. <i>Severe and persistent mental health disorders</i> 3. <i>Unserved by the mental health system</i> • <i>Referrals come from: Outreach, families, clients themselves, police, hospitals, crisis teams, all social services providers. Call HOST Program for brief screening.</i> <p><i>Michelle Burns (Director of Transitional Age Youth (TAY) provided some background on TAY which is a new population that has been designated as in need of services and as underserved by the system; they are young people aging from 18-24; they don't fit very well in children's and adult category; the kind of services need to be offered to them are combination of adult and children services.</i></p> <p><i>Vanessa Garcia (STARS Program) presented info on what services they provide to TAY clients i.e. most clients who are not homeless are served in board and care; clients are referred for intensive services and they will try to find them housing in board and care.</i></p> <p><i>Ms. Burns stated that one priority for TAY is housing.</i></p> <p><i>Roger Daniels (Fred Finch) presented info on the Supportive Housing for TAY (STAY). He stated that STAY is part of Fred Finch Youth Center and as a FSP their referral is very similar to HOST Program, they provide the following services:</i></p> <ul style="list-style-type: none"> ◦ <i>Employment-STAY has partnership with organizations in the community to support youth programs.</i> ◦ <i>STAY works with 18-24 year old individuals who have severe mental illness/challenges i.e. major depression, bipolar schizophrenia and may need long term intensive treatment and not able to function independently.</i> ◦ <i>TAY works with Transition Age Assessment Team (TAT) which is a partnership with providers and the county to try to discuss youth that may be referred for FSP services.</i> ◦ <i>Causes of Youth Homelessness: 1) No family support 2) Family breakdown 3) Systems failure i.e. youth who have been in foster care and did not have support.</i> ◦ <i>Characteristics of Youth: 1) Lack of self-sufficiency skills 2) Lack of financial resources 3) mental health problems including PTSD</i> ◦ <i>What helps:</i> <ol style="list-style-type: none"> 1. <i>Continuum of housing options emergency to permanent housing. Shelter i.e. YEAH, Dream catcher, Covenant House, etc.</i> 	

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<p><i>FSP Presentation (Cont.)</i></p>	<p>2. <i>Continue dependence for foster care youth</i></p> <p>3. <i>Training in self-sufficiency skills and independent living</i></p> <p>4. <i>Mental and physical health services i.e. STAY, STARS, TIP services</i></p> <p>5. <i>Relationships with caring adults mentoring programs i.e. Youth Uprising and Berkeley Youth Alternatives</i></p> <p><i>Daniel Cohen (Supervisor for the North County Senior Homeless Program (NCSHP) at Bay Area Community Services (BACS) provided agency overview as follows:</i></p> <ul style="list-style-type: none"> • <i>BACS was founded in 1953, their first housing services with mental health focus started in mid '80s they started with halfway house followed by supported independent living program and now they are moving into housing first model with all their programs in helping people who have mental health and homelessness issues.</i> • <i>BACS as an agency has many different services i.e. senior services wing and mental health services wing. Senior services are meals on wheels, senior home services, In Home Support Services (IHSS) Registry; Mental services are: Woodroe Crisis Residential Program, case management, housing etc.</i> • <i>NCSHP has been the first program of BACS that integrate two wings of their agency by providing mental health services to homeless seniors.</i> • <i>NCSHP collaborates with other programs at BACS i.e. they use meals on wheels to ensure that seniors have nutrition on a daily basis; they work with IHSS registry to provide in home support as well as Woodroe Place; they collaborate with Lifelong Services that provides psychiatrist and nurse practitioner.</i> <p><i>Michael King (Peer Counselor at BACS) provided program overview as follows:</i></p> <ul style="list-style-type: none"> • <i>NCSHP Program Description:</i> <ul style="list-style-type: none"> ◦ <i>It is a FSP that serves seniors, age 60 and over, who have severe and persistent mental health issues and are either homeless or at risk of becoming homeless.</i> ◦ <i>They provide assertive case management, medical care, medication management, benefits advocacy, education, employment services, emergency and permanent housing and assist with overcoming barriers to apartment living.</i> ◦ <i>They do “whatever it takes” to engage with the potential partner and support partners to reach their goals of wellness and recovery.</i> • <i>Eligibility Requirements:</i> <ul style="list-style-type: none"> ◦ <i>Age 60 and over</i> ◦ <i>Resident of Oakland, Alameda, Emeryville, Berkeley, Albany or Piedmont</i> ◦ <i>Homeless or at risk of becoming homeless</i> 	

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<p><i>FSP Presentation (Cont.)</i></p>	<ul style="list-style-type: none"> ◦ <i>Have serious mental health issues</i> ◦ <i>Are unserved or underserved</i> • <i>Personal Service Coordination: NCSHP will...</i> <ul style="list-style-type: none"> ◦ <i>Assist partners in obtaining benefits</i> ◦ <i>Provide access to medical and mental health care including psychiatric evaluation</i> ◦ <i>Assist partners in providing for their basic needs and help them develop goals to improve quality of life</i> ◦ <i>Provide 24/7 emergency access and support</i> ◦ <i>Provide substance abuse support services i.e. counseling, motivational intervention, etc.</i> • <i>Housing Services: NCSHP collaborates with housing agencies, landlords and rental companies and they are able to offer a variety of housing options i.e.</i> <ul style="list-style-type: none"> ◦ <i>Emergency housing</i> ◦ <i>Immediate short-term and permanent housing</i> ◦ <i>Move-in cost assistance</i> ◦ <i>Housing subsidy</i> ◦ <i>In-home support services</i> ◦ <i>Assistance with household furnishings</i> ◦ <i>Assistance in overcoming any barriers to housing</i> <p><i>Ms. Majak stated that they meet regularly with the FSP once a month, they are learning from each other and one challenge they are recognizing is that there is more needs than resources.</i></p> <p><i>Ms. Elias asked about what are actual figures of homeless mentally ill for Alameda County.</i></p> <p><i>Ms. Majak asked to wait for the figures of homeless mentally ill because they are about to do a new homeless survey under EveryOne Home initiative; the last survey in 2004 there were 6000 homeless for Alameda County.</i></p> <p><i>Ms. Elias would like to know what kind of relationship exist between the HOST Program and law enforcement because she felt that the law enforcement have the highest number of contacts with the homeless.</i></p>	

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<p><i>FSP Presentation (Cont.)</i></p>	<p><i>Mr. Shotwell pointed out that one of the FSP that is not present is the Forensic Assertive Community Treatment (FACT) Team which is designed to work with people that in addition to not being serve by the mental health system and have severe and persistent mental illness have a very high history of incarceration at Santa Rita Jail. It is a partnership between FACT Team and mental health staff at the jail and in the courts to work with individuals to begin to partner with them while incarcerated so that they will have housing and an intensive support system when they comeback into the community. He stated that it is really necessary to partner with the law enforcement because they are able to figure out where the homeless people are and they have more relationship with homeless individuals i.e. OPD make referrals to HOST and partner with them in doing outreach.</i></p> <p><i>Ms. King expressed that family is missing in the presentation, she didn't hear any family participation and she felt that family should be included in programs i.e. recovery, employment, older adults, TAY, homeless.</i></p> <p><i>Mr. Daniels responded that family was not mentioned at their presentation but they do have programs that focus families and they do family meetings to try to build relationships.</i></p> <p><i>Mr. Shotwell responded that Ms. King's inquiry re: family is an important point missed in the presentation and he related that at HOST Program they do try to include families as much as possible and they also try to help families reunite with children that they've lost contact with.</i></p> <p><i>Ms. Jones stated that she is glad to hear about the wardrobe for opportunity that provide clothing and asked how often are the youth get diagnosed to not end up misdiagnosed.</i></p> <p><i>Mr. Daniels responded that in the STAY Program they meet everyday to talk about what is going on with participants and they do monitor diagnosis which is built in to their structured program and they review their treatment plans every 6 months.</i></p>	
<p><u>Action Items:</u></p>	<p><i>None.</i></p>	
<p><u>Discussion Items:</u> <i>Creation of a Consumer/Family Committee</i></p>	<p><i>Ms. King stated that there is a need for consumer/family committee to be able to come together to address issues of the services that the county currently provides and to look for more programs for consumers and families.</i></p> <p><i>Mr. Koiles stated that it is a great opportunity for consumers to be able to assert themselves to grow but he would like to have social inclusion as well.</i></p>	

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Creation of a Consumer/Family Committee (Cont.)	Ms. Majak reminded everyone that there is a consumer voice through Jay Mahler that involve more than 200 consumers and family voice through Rosa Warder and she will be developing strategic plan in relationship to family involvement.	
<u>Director's Report</u>	<p>Dr. Thomas discussed the following:</p> <ul style="list-style-type: none"> • PEI-has a section for anti-discrimination and social inclusion to find ways for people who have been mental health consumers to be totally included in their community and they have rights to have employment, housing and any other available services. Dr. Thomas suggested having a presentation on recovery or may be have board members participate in a task force to look at the definition of recovery and what it looks like. • Budget Issues-Dr. Thomas provided info on some of the challenges that the BHCS Dept. is facing due to budget status i.e. <ul style="list-style-type: none"> ◦ Hiring freeze-some projects are on hold due to hiring freeze i.e. 3 South-inpatient unit for incarcerated ◦ The Dept. is being asked to look at budget adjustments in the current fiscal year because some of the changes that the legislature in Sacramento is doing will impact the current and upcoming fiscal year. ◦ Reduction in the rate for medical reimbursement which was built into the CBO's budget and the Dept. needs to go back and make reductions in the county budget. ◦ Realignment Revenues-which comes through a certain portion of sales tax and vehicle license fees but with the current economy status i.e. nobody's buying any cars and sales tax is down as well as a result there will be temporary reduction in realignment revenue; the Health Care Services Agency has projected that there will be \$14mil reduction in realignment revenue in this fiscal year, Mr. Kears has 1-time only money from Measure A; Tobacco Master Settlement Funds and some savings from last year which is called Fiscal Management Reward that is typically use to offset any budget deficits in the upcoming fiscal year and not in the current fiscal year but to make reductions less painful and less challenging they will ask the Board of Supervisors to allow them to use those funds in the current fiscal year. • Budget Meeting-the BHCS Budget Meeting will convene every Tuesday starting Feb. 17th until June and encouraged the board to appoint 5 members to be part of the budget meeting. <p>Ms. Friedrich asked about what happen to the trailer bill.</p> <p>Dr. Thomas responded that Gov. Schwarzenegger still wants to use Prop. 63 to offset some of the state budget crisis and he is recommending that it goes back to the voters since the</p>	

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<i>Director's Report (Cont.)</i>	<p><i>voters approved the initiative same with Prop. 10 which is an initiative for 0-5; the Gov. is pushing for an early ballot, it will take 2/3 votes to change the initiative language and he would take away the realignment funding in the mental health budget and replace them with the MHSA process. Dr. Thomas stated that the tricky part is that when this issue was on the newspaper it only mentioned about having the voters modify the millionaire's tax and did not mention modifying an initiative to fund mental health programs. Dr. Thomas encouraged everyone to be very watchful of this initiative.</i></p> <p><i>Ms. Majak related that the original plan was to be able to borrow MHSA money for 18 months or a year but now what is being talked about is to change the supplantation language so that the state can borrow MHSA or Prop 10 funds whenever they want.</i></p>	
<u>MHB Chair Report</u>	<i>No report given.</i>	
<u>Committee Chair Report</u> <i>Adult Committee</i>	<p><i>Ms. Friedrich stated that the next Adult Committee meeting is rescheduled to Jan. 21st due to county holiday on Jan. 19th and one topic in their Jan. agenda is re: end of life issue. Ms. Friedrich related that Eden Hospital is offering classes on Durable Power of Health Care starting Jan. 15th at 2pm and the class will be held every 3rd Thursday of the month.</i></p>	
<i>Children's Advisory Committee (CAC)</i>	<i>Ms. Novosel stated that at the previous CAC meeting they've worked on the consensus building exercise related to the integration of co-occurring in mental health services and she stated that a summary will be in the next CAC minutes.</i>	
<i>Public Awareness Committee (PAC)</i>	<i>Ms. Elias stated that the PAC is planning to expand to print media and related the she will be meeting with Dr. Thomas to look at PAC's plan.</i>	
<u>Public Comments</u>	<p><i>Lorenzo Kearney spoke about the need for collaboration between agencies in providing services.</i></p> <p><i>Abdule Olorede addressed the following: need collaboration, consultation, counseling. He related that he teaches life skills and money management skills to clients.</i></p> <p><i>Joseph Carter addressed that the HHMSC is in need of new washer and dryer.</i></p>	
<u>Board Comments</u>	<i>None.</i>	

*Meeting was adjourned @ 2:20PM
Minutes submitted by Agnes F. Catolos*